4-YEAR PSYCHOLOGICAL TEST SUMMARY

1. PATIENT IDENTIFICATION

2. NAME OF CHILD

3. DATE OF BIRTH
   MO. | DAY | YEAR
   ___ | ___ | ___

4. AGE
   MALE | FEMALE
   ___ | ___

5. SEX
   1 | 2

6. RACE
   W | M | UR
   ___ | ___ | ___
   PR | OTHER

7. EXAMINED BY

8. DATE OF EXAM
   MO. | DAY | YEAR
   ___ | ___ | ___

CLINICAL IMPRESSION

9. INTELLIGENCE *
   1 | 2 | 3 | 4
   Superior | Average | Borderline | Mentally Defective

10. FINE MOTOR DEVELOPMENT
    1 | 2 | 3
    Normal | Suspect | Abnormal

11. GROSS MOTOR DEVELOPMENT
    1 | 2 | 3
    Normal | Suspect | Abnormal

12. CONCEPT FORMATION
    1 | 2 | 3
    Normal | Suspect | Abnormal

13. BEHAVIORAL
    1 | 2 | 3
    Normal | Suspect | Abnormal

14. ADEQUACY OF EXAMINATION
    1 | 2
    Adequate | Not Adequate (Explain)

15. SUMMARY STATEMENT (OVERALL IMPRESSION)
    1 | 2 | 3
    Normal | Suspect | Abnormal

*For Summary Sheet Purposes and Guidelines:
SUPERIOR AND AVERAGE = NORMAL
BORDERLINE = SUSPECT
MENTALLY DEFECTIVE = ABNORMAL

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