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Block Design Measure for Children-IV/ Wechsler Preschool and Primary Scale of Intelligence
(WISC-IV/WPPSI-III)

Availability:	<p>Please visit these websites for more information about the instrument:</p> <p>Wechsler Intelligence Scale for Children website.</p> <p>Wechsler Preschool and Primary Scale of Intelligence</p>
Classification:	Supplemental: TBI
Short Description of Instrument:	<p>The Block Design subtest is part of the assessment for performance IQ, which yields an IQ between 40 and 160 (M=100, SD=15).</p> <p>Administration: The tests are individually administered and completed by paper-and-pencil. Individuals qualified to use the instrument would have a doctorate in psychology, education, or a related field.</p> <p>Scores: FSIQ, Index Scores (Verbal Comprehension, Perceptual Reasoning, Working Memory, Processing Speed), and Subtest Scaled Scores. The Index Scores can be used to examine specific areas of cognitive impairment/strength/preservation.</p> <p>Scoring Options: Scoring Assistant® software, Report Writer™ software, or hand scoring</p> <p>Report Options: Score, Client, and Interpretive.</p> <p>Software Available: Yes</p> <p>Publication Date: WISC-IV was published in 2003 and WISC-V revision available in Fall 2014. WPPSI-III was published in 2002; WPPSI-IV was published in 2012</p> <p>Ages / Grades: Children 2:6 to 7:3 can complete the WPPSI-III and children 6-16 can complete the WISC-IV.</p> <p>Psychometric Properties: See link below for specific data; Wechsler tests are the most widely used, “gold standard” instrument for testing intellectual functioning</p> <p>Wechsler Intelligence Scale for Children IV Technical Report #2</p>

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<p>Special Comments / Rationale for Recommendations:</p>	<p>There is a Wechsler test covering every age group and therefore could be useful in longitudinal studies and studies comparing patients across age groups. The updated WISC-V is more analogous to the most recent update of the WAIS-IV (adult version of the Wechsler Test), making longitudinal comparison easier.</p> <p>The Wechsler scales are the most common tests of general cognitive abilities. The primary advantage of the WPPSI-III includes the comprehensiveness of the assessment, which includes measures of working memory and processing speed in addition to verbal and non-verbal measures. Thus, normative performances on domain-specific WPPSI-III subtests can be characterized relative to each other based upon formal difference scores derived from WPPSI-III normative sample. In addition, the tests and scale itself is a downward extension of the WISC, which is a CDE for older children. Thus, using tests in the same family facilitates longer term longitudinal studies in which children may cross age thresholds for test administration.</p> <p>There is no formal short form of the WPPSI-III. Researchers wishing a use short form may generate FSIQ estimates derived from either 2-subtest (Vocabulary, Matrix Reasoning) or 4-subtest (Vocabulary, Similarities, Block Design, Matrix Reasoning) combinations. This test selection corresponds to the 2- and 4-subtest combinations for the WASI. There is no Spanish version of the test.</p>
<p>Selected References:</p>	<p>Wechsler related bibliography across study populations: Wechsler Intelligence Scale for Children-IV bibliography across study populations</p> <p>WPPSI-IV validity studies with various diagnostic groups: Pearson Clinical Website</p> <p>Wechsler, D. (2002). Wechsler Preschool and Primary Scale of Intelligence, 3rd edition administration manual. Pearson Assessments: San Antonio, TX.</p> <p>Wechsler, D. (2003a). WISC-IV administration manual. Pearson Assessments: San Antonio, TX.</p> <p>Wechsler, D. (2003b). WISC-IV technical and interpretive manual. Pearson Assessments: San Antonio, TX.</p> <p>Prigatano, G., and Gray, J. (2008a). Predictors of performance on three developmentally sensitive neuropsychological tests in children with and without traumatic brain injury. <i>Brain Inj</i> 22(6), 491-500.</p> <p>Prigatano, G., Gray, J., and Gale, S. (2008b). Individual case analysis of processing speed difficulties in children with and without traumatic brain injury. <i>Clin Neuropsychol</i> 22(4), 603-619.</p>