

Examiner Record Form

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Section 1. Identifying Information

Name _____

Female ☐ Male ☐

Grade _____

Date Tested _____

Year

Month

Day

Date of Birth _____

Age* _____

School* _____

Examiner's Name _____

Examiner's Title _____

*Use years and months. Do not round up.

*If appropriate

Section 2. Record of Scores

Core Subtests	Raw Score	Age Equiv.	%ile Rank	Scaled Score	SEM	Descriptive Term
Written Word Vocabulary (WWV)	_____	_____	_____	_____	(1)	_____
Rapid Orthographic Naming (RON)	_____	_____	_____	_____	(1)	_____
Silent Orthographic Efficiency (SOE)	_____	_____	_____	_____	(1)	_____
Sum of Scaled Scores =						
Early Reading Index (ERI) _____					(4)	_____
Supplemental Subtests						
Phonological Awareness (PA)	_____	_____	_____	_____	(1)	_____
Receptive Vocabulary (RV)	_____	_____	_____	_____	(1)	_____

Section 3. Descriptive Terms

Scaled Score	1-3	4-5	6-7	8-12	13-14	15-16	17-20
Descriptive Term	Very Poor	Poor	Below Average	Average	Above Average	Superior	Very Superior
Index Score	< 70	70-79	80-89	90-110	111-120	121-130	> 130

Section 4. Interpretation and Recommendations
