IVA-2 Standard Report

Name: A

Age: 9 Sex: F Report Date: 3/11/2024 Test Date: 4/21/2018 06:46 PM On Meds: U

OVERVIEW OF THE IVA-2 CPT AND GENERAL INTERPRETIVE GUIDELINES

This IVA-2 Standard Report requires the test to be administered in accordance with the specified test guidelines under the supervision of a licensed health care professional who is qualified in the use and interpretation of psychological tests. The test is not to be used as a standalone diagnostic instrument. By itself, it does not identify the presence or absence of any clinical diagnosis. The function of the IVA-2 CPT is to aid examiners in making their diagnosis as part of a comprehensive evaluation of clients who present with ADHD-type symptoms. The relevant strengths and weaknesses for each of the Attention and Response Control Global Scales will be reviewed.

In accordance with professional standards this confidential report is only to be distributed to others after it has been carefully reviewed, modified as needed, and signed by the examiner. The report provides interpretive suggestions and hypotheses for the examiner to consider, but it is not to be construed as prescriptive, definitive, or diagnostic. The clinical determinations that are indicated by the test results and are by no means conclusive. Examiners will need to exercise their clinical judgment in determining if the test is fully valid and to integrate it with other clinical data in preparing their signed interpretive report. If in the examiner's judgment, these IVA-2 test results are incongruent with the individual's clinical history and other test data, it is recommended that less weight be given to these test results in making a diagnosis. The authors and publisher of this test are not responsible for any inaccuracies or errors that may result from its usage.

VALIDITY OF IVA-2 TEST RESULTS

The IVA-2 test was taken on a Windows PC. The main test results were found to be valid. All global and primary test scale scores can be interpreted without reservation. This individual's response pattern did not reveal any apparent abnormalities in her responses to either visual or auditory test stimuli.

SUMMARY OF TEST RESULTS FOR THE IVA-2 GLOBAL SCALES

Her **Auditory Response Control** quotient scale score was 67 (PR=1). This global scale score fell in the severely impaired range. The **Visual Response Control** quotient scale score for this individual was 83 (PR=14). This global scale score fell in the mildly impaired range.

Her **Auditory Attention** quotient scale score was 97 (PR=42), and this global scale score fell in the average range. The **Visual Attention** quotient scale score for this individual was 95 (PR=38). This global scale score was classified as falling in the average range.

Her global **Auditory Sustained Attention** quotient scale score was 97 (PR=42), and it fell in the average range. The global **Visual Sustained Attention** quotient scale score for this individual was 84 (PR=14). This score was found to fall in the mildly impaired range.

IVA-2 DIAGNOSTIC CONSIDERATIONS

The IVA-2 test results suggest that the examiner consider the diagnosis of **Attention-Deficit/Hyperactivity Disorder, combined presentation**. This individual's pattern of responding was indicative of impairments likely to impact her functioning in the home and school settings.

The global Full Scale Response Control quotient scale score indicated a moderate impairment. There were three Response Control Primary scales that fell in the substantially impaired range. Her global Full Scale Attention quotient scale score fell in average range. One scale (Auditory Steadiness) measuring omission errors showed that she had significant attentional deficits. These IVA-2 test findings will need to be included in the examiner's diagnostic decision making process.

I have reviewed this interpretive report and have modified it as necessary in accordance with my comprehensive evaluation, the client's history and other relevant clinical data.

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Name		ACE SILES	com
Title		Neg.	*04.

IVA-2 Standard Scale Analysis

Name:

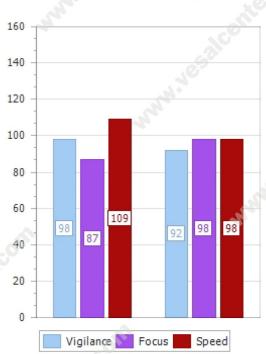
Test Date: 4/21/2018 6:46 PM Age: 9 DOB: 7/14/2008 Sex: F On Meds: U

Highest Education: Examiner ID: Unknown

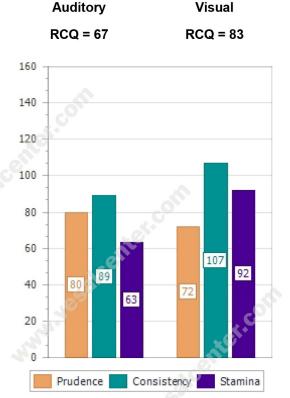
FS Attention Quotient = 96

Auditory Visual

AQ = 97 AQ = 95



FS Response Control Quotient = 72



Sustained Auditory Attention Quotient = 97

Sustained Visual Attention Quotient = 84

Auditory Response Validity Check: Valid Visual Response Validity Check: Valid

Attention Factor: Positive Impulsive Hyperactivity Factor: Positive

	Auditory		ATTENTION	ıal	
	Raw Quotient 95.6% 98		Primary Scales	nary Scales Quotient	
			Vigilance	92	88.9%
	69.7%	87	Focus	98	71.4%
	704 ms	109	Speed	98	569 ms

Aud	litory	RESPONSE CONTROL	VIS	uai	
Raw	Quotient	Primary Scales	Quotient	Raw 83.1%	
84.0%	80	Prudence	72		
69.3%	89	Consistency	107	74.2%	
76.0%	63	Stamina	92	93.2%	

Fine Motor Hyperactivity		- colu		_
alth.	WNL	Mild Mod	Sev	Ext
Hyperactive Events: 10		Fine Motor Hy	peractivity:	100

Symptomatic	Raw	Quotient	WNL	Mild	Mod	Sev	Ext
Comprehension (A)	97.7%	93	-	50			
Comprehension (V)	94.3%	89					7. CO.
Persistence (A)	98.2%	104	- The			1000	
Persistence (V)	92.6%	95			~16	50	
Sensory/Motor (A)	311 ms	103			Jan Mi		
Sensory/Motor (V)	269 ms	98					60

Test Version IVA-2 2017.4

Device: Windows PC