

Cooper Screening of Information Processing

Short Form

By Richard Cooper, Ph.D.

Personal Information

Screening Date ___/___/___ Client's Date of Birth ___/___/___ Age _____

Client's Name _____ Screener _____
(Student's Name)

Address _____ Agency _____

_____ Martial Status S ___ M ___ D ___ W ___

City _____ State _____ Zip _____

Phone _____

Educational History

- How many years did you attend school? _____ Years
- Were you ever in special education classes or attended a special school? Yes ____
- Were you ever tested for a learning disability, Attention Deficit Disorder or other problems? Yes ____
- Were you ever labeled? (e.g. LD, ADD, dyslexic, brain damaged
emotionally disturbed, retarded, a behavioral problem, slow learner, etc.) Yes ____
- Educational History Total _____

Auditory

- Do you find yourself listening to more than one conversation at a time? Yes ____
- Do you often mishear words that are said to you? Yes ____

Rhyme the word:

CAT _____

SLOW _____

QUICK _____

- Person has difficulty rhyming? Yes ____

Auditory Total _____

Right/Left Discrimination (Confusables)

- Do you confuse your right and left? Yes ____
- Check: How do you know your right and left? _____
- Did you reverse letters or numbers as a child? Yes ____
- Do you reverse letters or numbers now, or get phone numbers wrong? Yes ____
- Do you have difficulty making choices (what to eat, where to go, what to do)? Yes ____
- Do you get lost in large buildings, malls or parking lots? Yes ____

Right/Left Discrimination Total _____

Organizational Skills

- Are you organized or disorganized? If disorganized Yes ____
- Do you tend to collect too many things? Yes ____
- Is your living or workspace messy or disorganized? Yes ____

Organizational Skills Total _____

Oral Communication

Do you believe that your speaking vocabulary is smaller than others? Yes ____
When you speak, do people have difficulty understanding what you
are trying to communicate to them? Yes ____
Oral Communication Total ____

Writing

Do you have difficulty with spelling? Yes ____
Do you write a lot or only what you have to? Only what one must Yes ____
Writing Total ____

Handwriting

Turn to the handwriting sample page and have the person do the following:

Print your full name.
Write your full name in cursive, script, sign your name.
Write a sentence about why you are here.
*If not able to write that, can you write a sentence about anything.
(If the person is not able to write anything, move to the next item.)*
Write or print the alphabet.
Write the numbers 1 to 20.
Draw a picture.

Is the person's handwriting slanted up or down the page? Yes ____
Is the person's handwriting difficult to read? Yes ____
Are the letters oversized for his/her age? Yes ____
Is the alphabet incomplete? Yes ____
Does the person mix capital and small letters? Yes ____
Are there any reversals? Yes ____
Does the sentence have any errors? Spelling ____ Missing words ____ Incomplete ____ Yes ____
Handwriting Total ____

Basic Math Skills

Do you often count on your fingers or in your head? Yes ____
Does the person have difficulty with the addition facts? Yes ____
Check: $9 + 7$ ____
 $8 + 6$ ____
Does the person have difficulty with subtraction facts? Yes ____
Check: $17 - 9$ ____
 $12 - 5$ ____
Did you have difficulty learning the multiplication tables? Yes ____
Does the person have difficulty with multiplication facts? Yes ____
Check: 8×7 ____
 7×6 ____
 9×6 ____

Basic Math Skills Total ____

Math Vocabulary

Does the person have difficulty defining these words. *Mark "C" (correct) if the person can define the word. If the person cannot define the word but can use the word in a sentence, mark "S" (sentence). If the person cannot define the word, mark "I" (incorrect).*

EQUAL		C	S	I	
AVERAGE		C	S	I	
UNIT		C	S	I	
VARIABLE		C	S	I	
COMPOUND INTEREST		C	S	I	

Math Vocabulary Total _____

Reading

Do you read a lot or only what you have to?	Only what you have to	Yes _____
Do you like to read?	dislikes reading	Yes _____
Are you embarrassed to read out loud?		Yes _____

Have the person read from the progressive reading list..

Does the person have poor word attack skills?	Yes _____
Does the person have poor phonic skills?	Yes _____
Does the person substitute words for similar words?	Yes _____
Does the person skip lines?	Yes _____

Reading Total _____

ball an exit pike bent ear rattle but over catch much
below lifetime ground glaze early pounds dress slower word
knives picture turtles release underestimate beard entice register
flute suggestive unstable official appease transportation
defused prehistoric explorative technically belligerent phosphate
hexagon inundate conscience proficiency photosynthesis
anthropologist bouquet articulate curvaceous peregrinations

Number of words Correct Total _____

Reading Comprehension

Do you have difficulty paraphrasing, or summarizing in your own words, what you read? Yes ____
Do you find yourself reading whole pages without knowing what you read? Yes ____
Do you need to read things more than once? Yes ____

Reading Comprehension Total ____

Vocabulary

Does the person have difficulty defining the following words? Mark "C" (correct) if the person can define the word. If the person cannot define the word but can use the word in a sentence, mark "S" (sentence). If the person cannot define the word, mark "I" (incorrect).

Level I

LAKE	_____	C ____	S ____	I ____
REVERSE	_____	C ____	S ____	I ____
DEVELOP	_____	C ____	S ____	I ____
CAUTION	_____	C ____	S ____	I ____
NECESSARY	_____	C ____	S ____	I ____
SECTION	_____	C ____	S ____	I ____
MOTIVE	_____	C ____	S ____	I ____
ARTIFICIAL	_____	C ____	S ____	I ____

Level I Total C ____ S ____ I ____

Level II

PHILOSOPHY	_____	C ____	S ____	I ____
INNOVATION	_____	C ____	S ____	I ____
PRECISE	_____	C ____	S ____	I ____
THEORY	_____	C ____	S ____	I ____
DILEMMA	_____	C ____	S ____	I ____
ANTHROPOLOGY	_____	C ____	S ____	I ____
COLLECTIVE	_____	C ____	S ____	I ____

Level II Total C ____ S ____ I ____

Handwriting Sample Page

Screening Summary

Name _____

Date _____

Educational History	_____	x 1	_____
Auditory	_____	x 3	_____
Right/Left Discrimination	_____	x 3	_____
Organizational Skills	_____	x 2	_____
Oral Communication	_____	x 1	_____
Writing	_____	x 1	_____
Handwriting	_____	x 2	_____
Basic Math Skills	_____	x 2	_____
Math Vocabulary	_____	x 1	_____
Reading	_____	x 1	_____
Progressive Reading List	Words correct _____ - 50	x .5	_____
Reading Comprehension	_____	x 1	_____

Subtotal _____

Number of years (0 – 12) in school _____ **- 12** **minus** _____

Subtotal _____

Vocabulary

Level I	Level II
C _____ x 3 _____	C _____ x 5 _____
S _____ x 2 _____	S _____ x 4 _____

Level I Total _____ + Level II Total _____ Vocabulary Total _____

If the vocabulary total is less than 25, subtract 25 from the subtotal. -- _____

If the vocabulary total is between 26 y 30, add 30 to the subtotal. + _____

If the vocabulary total is more than 30, add that number to the subtotal. + _____

Total _____

If the total is 75 or larger the person may have a learning disability and should be referred for additional testing.

Published by:

Learning disAbilities Resources
6 E. Eagle Rd.
Havertown, PA 19083
800-869-8336
www.learningdifferences.com