

4-YEAR PSYCHOLOGICAL EXAMINATION ADDITIONAL OBSERVATIONS

1. PATIENT IDENTIFICATION

2. NAME OF CHILD

3. DATE OF BIRTH MO. DAY YEAR	4. AGE	5. SEX <input type="checkbox"/> MALE 1 <input type="checkbox"/> FEMALE 2	6. RACE <input type="checkbox"/> W 1 <input type="checkbox"/> N 2 <input type="checkbox"/> OR 3 <input type="checkbox"/> PR 4 <input type="checkbox"/> OTHER 8
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7. EXAMINED BY	8. DATE OF EXAM MO. DAY YEAR
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9. FACE

- 0 Normal
- 1 Asymmetry
- 2 Little or no change of expression
- 8 Other (Describe)

10. MOUTH

- 0 Normal
- 1 Open most of the time
- 2 Excessive drooling
- 3 Unusual movements
- 8 Other (describe)

11. EYES

- | | | | |
|----------------------------------|------------------|----------------------------|----------------------------|
| | | RIGHT | LEFT |
| Normal | Strabismus | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| <input type="checkbox"/> 0 Right | Nystagmus | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 0 Left | Epicanthic fold | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| | Other (Describe) | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |

12. EARS

- 0 Normal
- 8 Other (Describe)

13. UNUSUAL MUSCULAR MOVEMENTS OR POSTURAL ADJUSTMENTS

- 0 None

If checked below, specify type of movement such as tremor, tics, spasms, athetoid movements, poor coordination, etc., in the comments column:

- 1. HEAD AND NECK
- 2. ARMS AND SHOULDERS
- 3. HANDS
- 4. TRUNK
- 5. LEGS AND FEET
- 6. TOTAL BODY

14. COMMENTS

4-YEAR PSYCHOLOGICAL EXAMINATION ADDITIONAL OBSERVATIONS

16. DEVIANT OR STEREOTYPED BEHAVIOR

None

0

- 1. DROPPING, THROWING, PUSHING OFF TABLE.....
(not due to poor coordination)
- 2. EXCESSIVE AND PERSISTENT THUMB SUCKING.....
- 3. EXCESSIVE AND PERSISTENT NAIL BITING.....
- 4. UNUSUAL AND MEANINGLESS HAND MOTIONS.....
- 5. MEANINGLESS SMILING AND LAUGHING.....
- 6. EXCESSIVE CRYING.....
- 7. ECHOLALIA.....
- 8. OTHER (Describe).....

17. OBVIOUS DEFECTS OR ANOMALIES

None

0

- 1. MONGOLOID CHARACTERISTICS.....
- 2. VERY SMALL HEAD.....
- 3. VERY LARGE HEAD.....
- 4. ASYMMETRY OF SKULL.....
- 5. VERY OBESE.....
- 6. UNUSUALLY SMALL.....
- 7. SKIN CONDITION.....
- 8. OTHER (Describe).....

18. IS HE IN NURSERY SCHOOL NOW?

Yes

0

No

1

19. COMMENTS

**4-YEAR PSYCHOLOGICAL EXAMINATION
MANUAL FOR THE
ADDITIONAL OBSERVATIONS**

(For Form PS-24)

THE COLLABORATIVE STUDY OF CEREBRAL PALSY, MENTAL RETARDATION AND
OTHER NEUROLOGICAL AND SENSORY DISORDERS OF
INFANCY AND CHILDHOOD

August 1963

4-YEAR PSYCHOLOGICAL EXAMINATION
MANUAL FOR THE ADDITIONAL OBSERVATIONS

(For Form PS-24)

GENERAL: The purpose of these additional observations which should be made on every child during the 4-Year Psychological Examination is to supplement information on vision and motor responses which are not obtained on other examinations of the 4-Year Psychological Battery.

The sheet of Additional Observations places these observations together for recording purposes. Space is provided for writing in any other unusual deviations or suspected abnormalities. Also, left and right responses are differentiated whenever necessary.

DIRECTIONS:

Item 9 – Face:

1. **Asymmetry** of the face or mouth is usually observed when the face is at rest. There may be drooping of one side of the mouth. Asymmetry of the face may also be observed when the child is laughing, if one-half of the mouth turns up considerably more than the other half.
2. **Little or no change of expression** refers to an unchanging and immobile expression even under conditions of amusement, pleasurable excitement, fear or fright. In other words, the expression of the child's face does not change in response to any stimuli.

Item 10 – mouth:

1. **Open most of the time** is self-explanatory.
2. **Excessive drooling** should be checked as present if the child drools considerably more than most children examined in the local hospital.
3. **Unusual movements** of the mouth refer to constant chewing movements, continued sucking movements or any repeated lateral movements of the mouth and face.
4. **Other** – A protruding tongue or a small pointed tongue may also be observed.

Item 11 – Eyes:

1. **Strabismus** refers to the lack of parallel gaze. When the child is seated directly opposite the examiner, either one or both eyes may appear to turn in or out. The most commonly known of this group of conditions might be bilateral internal strabismus or "cross eyes." When one eye turns out while fixation is held with the other eye the condition is known as right external strabismus. Alternating strabismus is seen when fixation shifts from one eye to the other, depending on the direction of the gaze.
2. **Nystagmus** is an abnormal condition in which the eyes oscillate rapidly from side to side, vertically, or in a rotary motion, so that the observer finds it most difficult to know if the child is even able to fixate momentarily. This condition is usually found bilaterally.
3. **Epicanthic fold** describes a condition in which an excess fold of skin covers the upper eyelid at the bridge of the nose, similar to the eye appearance in mongoloidism.
4. **Other** – Excessive squinting, tics and ptosis may also be observed.

Item 12 – Ears: The "other" category is to be checked by the examiner if he has occasion to note or suspect that the child may have a hearing deficiency, based upon the child's responses to tests involving verbal instructions and content. "Other" may be checked also if the examiner notes unusual physical formation of the ear, such as "cauliflower" ear, unusually large and pendulous earlobes, etc. At any rate, if "other" is checked the examiner must provide detailed comments indicating the specific basis for his conclusions.

Item 13 – Unusual Muscular Movements or Postural Adjustments: As the notations on the scoring sheet indicate, this area emphasizes the aspect of muscular coordination between major parts of the body, e.g., arms and shoulders, total body, with provisions for entries concerning aberrations in the muscular movements of specific body parts (e.g., hands, trunk). The examiner must make a check mark in the box corresponding to the body areas in which any aberrations are observed, with notations in the "comments" column of the type of aberration noticed, e.g., tics, spasms, athetoid movements, poor coordination, etc.

Item 16 – Deviant or Stereotyped Behavior: With the exception of the item "unusual and meaningless hand motions," all other items in this section are self-explanatory. "Unusual and meaningless hand motions" is distinguished from "unusual muscular movements of the hand (Item 13)" by the fact that (1) the child manifests such movements in response to stressful situations encountered during the examination, or as by-products of his anxiety in a novel situation; and, (2) the hand movements themselves do not show the following characteristics, or combinations of characteristics, such as athetoid, vermicular movements of the hand, involuntary and persistent positioning of the hand in a rigid and unnatural position, uncontrollable tremors, fine and gross, etc.

Item 17 – Obvious Defects or Anomalies: Although it is not the purpose of the psychologist to make a medical diagnosis, obvious defects or anomalies may be recorded at this time. The other category can be used by the examiner whenever he may note such things as abnormalities of ears or earlobes (atresia), skin conditions such as eczema, skin rashes, discolorations, large and conspicuous birth-marks, etc.