

# 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:  $8 \times 7$  \_\_\_\_  
 $7 \times 6$  \_\_\_\_  
 $9 \times 6$  \_\_\_\_  
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 \_\_\_\_\_

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

**Subtotal** \_\_\_\_\_

**Number of years (0 - 12) in school** \_\_\_\_\_ **- 12**                      **minus** \_\_\_\_\_

**Subtotal** \_\_\_\_\_

## Vocabulary

<b>Level I</b>		<b>Level II</b>	
<b>C</b> _____ <b>x 3</b> _____		<b>C</b> _____ <b>x 5</b> _____	
<b>S</b> _____ <b>x 2</b> _____		<b>S</b> _____ <b>x 4</b> _____	

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:

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Havertown, PA 19083  
800-869-8336  
[www.learningdifferences.com](http://www.learningdifferences.com)