

C-SIP

Cooper Screening of Information Processing

Short Form (Red); Full Screening (Red and Black)

This screening was developed by Dr. Richard Cooper as part of two special projects in 1992, one in Pennsylvania and one in South Carolina. This instrument is not meant to be a standardized test but rather a diagnostic teaching instrument. It is not designed to enable teachers to diagnose learning disabilities, but it may be the first step in an evaluation process that ultimately results in such a diagnosis. A student who answers yes to the majority of the questions on the screening may have a learning disability. This student should be referred for further testing.

In response to many requests for a short form of this screening, the creator, Dr. Richard Cooper has restructured the screening to provide a short form within the original C-SIP. The short form, printed in red, includes the basic information needed to determine if the person should be referred for more testing for a diagnosis of a learning disability. The short form is included within the original because the person administering the screening may want to use the short form on all students and the full C-SIP on only those who evidence problems. If the administrator of the C-SIP wants the full screening, he or she should ask all the questions (red and black).

The best results are obtained from students who have a good and honest knowledge of themselves. Sometimes adult students will not understand the severity of their own difficulties. For example, when asking a student about spelling, the student might believe that spelling is not a problem because he or she can write simple sentences. However, when compared to others, the student might indeed have a spelling problem. In those cases, the administrator of the screening needs to make a judgment rather than simply record the student's response. The more one uses this screening, the more information one can obtain from it about the students. The screening, long version, takes about 45 minutes to administer to most individuals. (The short form takes about 10 or 15 minutes.) It takes less time to administer to students with very low skills or who have limited self-awareness, and it takes more time to administer to those students who talk a great deal and try to explain each answer.

Learning disAbilities Resources (free catalog 1-800-869-8336) has a videotape of Dr. Cooper administering the C-SIP to a student followed by an explanation of the process. There is an *Administration Manual* and an *Interpretation Manual* that provides answers to many questions about how to use and interpret the C-SIP. If you have questions about the screening and how to administer it, you can call Dr. Cooper at 610-446-6126 or contact him through our web site (www.learningdifferences.com). Dr. Richard Gacka, Director of the Pennsylvania Learning Differences Center, has prepared a scoring assistant for the C-SIP. The scoring assistant provides graphs of the results that can be printed and given to the student. You can access the scoring assistant at: www.able.state.pa.us/able/cwp/view.asp?a=15&q=88413.

Participant's Printed Name

Signature

Date Signed

When informed consent is required and participant is under 18, parent/guardian signature is required.

I have read, or have been told, and understand the purpose of this screening.

Parent's/Guardian's Printed Name

Signature

Date Signed

Cooper Screening of Information Processing

Evaluation Date ___/___/___ Client's Date of Birth ___/___/___ Age ___

Client's Name _____ Interviewer _____

Address _____ Agency _____

_____ Marital Status S ___ M ___ D ___ W ___

City _____ State _____ Zip _____

Phone _____

Reason for the Screening _____

Referred by _____ at _____

Educational History

Current grade, last grade completed, or the number of years the person attended school. _____

Schools _____

Best Subject _____

Worst Subject _____

Did you drop out of high school before graduation? Yes ___

Did you like school? (Mark yes if the person disliked school.) Yes ___

Did you ever fail a subject or repeat a grade? Yes ___

Did you ever have to attend summer school to make up work? Yes ___

Did you have difficulty with English or Language Arts classes? Yes ___

Did you have difficulty with math classes? Yes ___

Were you ever in special education classes? Yes ___

Were you ever tested for a learning disability, ADD or other problems? Yes ___

If yes, at what age? _____

Were you ever labeled? (e.g. LD, ADD, dyslexic, brain damaged, Yes ___

emotionally disturbed, retarded, a behavioral problem, slow learner, etc.)

What Label (s) _____

Reported Problems _____

Summary of Educational History: Number yes Short total ___ Total red and black ___

Do you have any vision problems or wear glasses? _____

Do you have any hearing problems or use a hearing aid? _____

Attention

- Were you an active child? Yes _____
Were you ever called hyper or hyperactive, even informally? Yes _____
Are you an active person now? Yes _____
Do you have a high energy level compared to your peers? Yes _____
Do you find your mind racing so you get too many ideas or thoughts at once? Yes _____
Do you have many tasks, projects, going on at once? Yes _____
Do you have a short attention span? Yes _____
Do you have a tendency to daydream? Yes _____
Do you leave doors and drawers open? Yes _____
Are you easily distracted? Yes _____

Summary of Attention Problems

Number Yes Total _____

Motor Skills

- Do you have poor handwriting? Yes _____
Did you avoid playing sports as a child? Yes _____
Do you avoid playing sports now? Yes _____
Do you find driving difficult? Yes _____
Are you a poor driver? Yes _____
Do you frequently drop or spill things? Yes _____
Do you consider yourself clumsy? Yes _____
Do you have problems with hand/eye coordination? Yes _____

Summary of motor problems

Number Yes Total _____

Auditory

- Do you find yourself listening to more than one conversation at a time? Yes _____
Rhyme the word:
CAT _____
SLOW _____
QUICK _____
- Person has difficulty rhyming? Yes _____
Do you often mishear words that are said to you? Yes _____
Do you misinterpret what is said to you? Yes _____
Do you take things that are said too literally or miss double meaning or jokes? Yes _____
Do you have difficulty paying attention to long conversations or lectures? Yes _____
Do you have difficulty hearing what one person is saying when there are a lot of people talking? Yes _____
Does your mind race ahead thinking about the first thing that was said to you so you do not hear or pay attention to the rest of what was said? Yes _____
Do you have difficulty with spelling? Yes _____
Do you have difficulty reading (decoding or sounding out) unfamiliar words? Yes _____

Summary of Auditory Problems

Number yes

Short total _____

Total red and black _____

Right/Left Discrimination

- 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 to stop and think when someone tells you to turn right or left? Yes ____
Do you have difficulty making choices (what to eat, where to go, what to do)? Yes ____
Do you have to stop and think which way to loosen a screw that is tight? Yes ____
Do you point one way when you mean the other or say the opposite as you point? Yes ____
Do you have difficulty with North, South, East and West? Yes ____
Do you find *True and False* questions difficult or do you read too much into questions? Yes ____
Do you find the same is true for some multiple choice questions, or have difficulty deciding between two answers which are similar? Yes ____
Do you find yourself stopping for green lights? Yes ____
Do you get lost in large buildings, malls or parking lots? Yes ____
Do you have difficulty reading maps or have to turn them to match the direction you are traveling? Yes ____

Summary of Right/Left Discrimination: Number yes _____ Short total ____ Total red and black ____

Organizational Skills

- Are you organized or disorganized? disorganized Yes ____
Do you tend to collect too many things? Yes ____
Is your living or work space messy or disorganized? Yes ____
Do you misplace or lose things, especially little things such as keys, combs glasses, pens, pencils, homework, tools, utensils, etc.? Yes ____
Are you often late? Yes ____
Do you have difficulty planning or using free or unstructured time? Yes ____
Do you have difficulty organizing your ideas when you write? Yes ____
Do you have difficulty organizing your ideas when you speak? Yes ____

Summary of Organizational Skills: Number yes _____ Short total ____ Total red and black ____

Employment

- Are you employed or unemployed? unemployed Yes ____
Do you have difficulty learning new jobs? Yes ____
Do you have difficulty completing tasks on the job? Yes ____
Have you ever been fired because of such problems? Yes ____
Are you or have you been a client of Vocational Rehabilitation? Yes ____
What types of jobs have you had?

Summary of Employment _____ Number Yes Total ____

Emotional

Are you a moody person?	Yes	_____
Are you a nervous person? (more than most)		Yes _____
Are you a worrier?	Yes	_____
Any problems with alcohol?		Yes _____
Any problems with drugs?	Yes	_____
Do you, or have you suffered from test anxiety?		Yes _____
Have you ever gone blank, or froze, on a test?	Yes	_____
Have you ever been on medication for psychological reasons? (e.g. depression, anxiety, etc.)		Yes _____
Have you ever been hospitalized for psychological reasons?	Yes	_____
Did you ever have a severe head injury? If yes, at what age? _____		Did _____
you have problems in school before the injury? _____	Yes	_____
Summary of Emotional		Number Yes Total _____

Social and Family

Are you shy or outgoing? shy	Yes	_____
Do you have difficulty making friends?		Yes _____
Would you say you have only a few friends?	Yes	_____
Do you have difficulty getting along with members of the opposite sex?		Yes _____
Would you consider yourself a social person or a loner? loner	Yes	_____
Do you have any children?		
If yes, how many? _____ ages? _____		
Do they or did they have any learning problems or difficulties in school?		Yes _____
Do you have any siblings?		
If yes, how many? Brothers _____ Sisters _____		
Do they or did they have any learning problems or difficulties in school?	Yes	_____
Your father's occupation? _____		
Did he have any learning problems or difficulties in school?		Yes _____
Your mother's occupation? _____		
Did she have any learning problems or difficulties in school?	Yes	_____
Summary of Social and Family		Number Yes 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 _____
Are there any words that you have difficulty pronouncing or get you tongue-tied?	Yes	_____
Do you have a tendency to ramble, changing the topic often?		Yes _____
Do you talk too much? (Check: Does the person talk too much or take too long to answers these questions?)	Yes	_____
Do you interrupt others?		Yes _____
Summary of Oral Communication: Number yes		Short total _____ Total red and black _____

Writing

- Do you have difficulty with spelling? Yes
Do you write a lot or only what you have to? Only what one must Yes
Is expressing your thoughts and ideas in writing difficult for you? Yes
Do you have difficulty deciding what to write about? Yes
Do you have difficulty taking notes? Yes
Spelling Handwriting Main Idea Can't write and listen
Do you speak better than you write? Yes
Do you find that when you write some of your sentences are incomplete? Yes
Do you often write run-on sentences? Yes
Do you have difficulty with grammar or with the less-used grammar rules? Yes
Do you have difficulty with punctuation (e.g. commas, semicolons, etc)? Yes
Do you skip words when you write? Yes
Do you procrastinate on writing assignments? Yes

Summary of Writing: Number yes Short total Total red and black

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
Does the person write the second digit before the 1 when writing the teen numbers? Yes
Does the person hold the pen or pencil in an unusual way? Yes
Is the person's drawing disproportionate, too simple, very unusual? Yes

Notable observations _____

Summary of Handwriting: Number yes Short total Total red and black

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 ____
Do you tilt your head when you read or study? Yes ____

Have the person read from the progressive reading list starting where you think the person will begin to have difficulty.

- Does the person have poor word attack skills? Yes ____
Does the person have poor phonic skills? Yes ____
- Does the person leave off word endings? Yes ____
Does the person add endings to words? Yes ____
- Does the person leave off or change prefixes? Yes ____
Does the person misread many words? Yes ____

Have the person read something from a book, newspaper, magazine.

- Does the person add words? Yes ____
Does the person skip words? Yes ____
- Does the person evidence Flickering? (*misreading of "a-the", "in-on" etc.*) Yes ____
Does the person substitute words for similar words? Yes ____
- Does the person read synonyms for some words? Yes ____
Does the person have difficulty pronouncing words? Yes ____
- Does the person ignore punctuation? Yes ____
Does the person have a tracking problem? Yes ____
- Does the person use a finger or a marker as a guide? Yes ____
Does the person skip lines? Yes ____

Summary of Reading: Number yes **Short total** ____ Total red and black ____

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 ____
- Are you distracted by some of the words on the page (Fireworks)? Yes ____
Do you have difficulty identifying the main idea when you read? Yes ____
- Do you have difficulty finding details when you read? Yes ____
Do you have difficulty going back and finding something that you read? Yes ____
- Are you easily distracted when you read? Yes ____
Do you find reading textbooks difficult? Yes ____
- Do you find that there are many words you don't know the meaning of when you read? Yes ____
Do you need to read things more than once? Yes ____

Summary of Reading Comprehension: Number yes **Short total** ____ Total red and black ____

Vocabulary

Does the person have difficulty defining the following words? There are three sets of words. Sets I and II are used for the short form; all three sets are used for the long form. They are for different age or ability groups or to provide the administrator with many words to check a person who evidences particular difficulty with vocabulary. Place a mark next to the "C" (correct) if the person can define the word. If the person cannot define the word but can use the word in a sentence, place a mark next to the "S" (sentence). If the person cannot define the word, place a mark next to the "I" (incorrect).

Set 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	_____

Set II

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

Set III

SLOW	_____	C	_____	S	_____	I	_____
CAPTURE	_____	C	_____	S	_____	I	_____
SMOKE	_____	C	_____	S	_____	I	_____
BEAUTIFUL	_____	C	_____	S	_____	I	_____
BIOLOGY	_____	C	_____	S	_____	I	_____
PASSIVE	_____	C	_____	S	_____	I	_____
DEDICATE	_____	C	_____	S	_____	I	_____
FOREIGN	_____	C	_____	S	_____	I	_____
DEVISE	_____	C	_____	S	_____	I	_____
RELUCTANT	_____	C	_____	S	_____	I	_____
TRANQUILIZE	_____	C	_____	S	_____	I	_____
EXTENSIVE	_____	C	_____	S	_____	I	_____
CONTEMPLATE	_____	C	_____	S	_____	I	_____
RENAISSANCE	_____	C	_____	S	_____	I	_____

Is the person's vocabulary underdeveloped? Yes _____

Is the person's vocabulary ambiguous? Yes _____

Does the person define with another part of speech? (e.g. tranquilize - pill) Yes _____

Summary of Vocabulary: Set I Number "C" _____ Number "S" _____

Set II Number "C" _____ Number "S" _____

The total "I" (both red and black) + the Number of Yes _____

Avoidance

Is there anything or are there any activities that you completely avoid? Yes ____
If yes, what? _____

Is there anything you are very fearful of in any area of your life? Yes ____
If yes, what? _____

Is there anything, in any area of your life, you really dislike to do? Yes ____
If yes, what? _____

Is there anything, in any area of your life, that you are unable to do? Yes ____
If yes, what? _____

Are there any school (academic) subjects you are fearful of? Yes ____
If yes, what? _____

Are there any school (academic) subjects you really dislike? Yes ____
If yes, what? _____

Are there any school (academic) subjects that you are unable to do? Yes ____
If yes, what? _____

Do you ever get angry about school work? Yes ____
If yes, about what? _____
Angry with: myself ____ the subject matter ____ teachers ____ school ____

Do you or did you clown around a lot in school? Yes ____
If yes, because you were:
good at it ____ bored ____ distracting people from your school work ____

Summary of Avoidance Number Yes Total ____

Optional Section

GOALS

What are your goals? Short Range _____

Long Range _____

What do you want from this assessment? _____

What are your career plans? _____

Do you plan to continue your education? How? _____
Where? _____

Observations, Notes

Handwriting Sample Page

1 **ball** **an** **exit** bed mine bark doll no her made
2 **pike** **bent** **ear** black that town seek play does sheep
3 **rattle** **but** **over** now raw lark roads gave went thing
4 **catch** **much** **below** carpool bigger what bean stone
5 **lifetime** **ground** **glaze** skiing meat basketball know heaven
6 **early** **pounds** **dress** dirty sample born slot crosswalk
7 **slower** **word** **knives** protest teller feather dice orange
8 **picture** **turtles** **release** infusion please messenger transact
9 **underestimate** **beard** snoop beginning retract preserve
10 **entice** **register** convert dispute queen smoky radical
11 **flute** **suggestive** tournament counsel platoon rapture flaunt
12 **unstable** **official** equalize traditional desirable curious aquarium
13 **appease** **transportation** establish apprenticeship progression obtuse
14 **defused** **prehistoric** license conqueror scented monitored eruption
15 **explorative** **technically** adventurous intuitive conformist hesitantly
16 **belligerent** **phosphate** leprosy philanthropy competency preoccupied
17 **hexagon** **inundate** perpendicular antibacterial characteristically
18 **conscience** **proficiency** synonym exquisite gargantuan physiologically
19 **photosynthesis** **anthropologist** protagonist precipitation reminiscence
20 **bouquet** **articulate** fratricide paleontology anesthesiologist marquis
21 **curvaceous** **peregrinations** loquacious pungent sophist mnemonics

Educational/Employment Plan

Reading

Spelling

Writing

Vocabulary

Math

Organization

Study Skills

Adaptations/Modifications/Assistive Devices

C-SIP Screening Summary

Name _____ Date _____

Educational History	3 – 4 _____	5 – 6 _____	7 – 9 _____
		1 _____	2 – 3 _____
Attention	2 – 3 _____	4 – 6 _____	7 – 10 _____
Motor Skills	2 – 3 _____	4 – 6 _____	7 – 8 _____
Auditory	2 – 3 _____	4 – 6 _____	7 – 10 _____
		1 _____	2 – 3 _____
Right/Left Discrimination	3 – 5 _____	6 – 8 _____	9 – 13 _____
		1 – 2 _____	3 – 5 _____
Organizational Skills	1 – 2 _____	3 – 4 _____	5 – 8 _____
		1 _____	2 – 3 _____
Employment	1 _____	2 – 3 _____	4 – 5 _____
Emotional	2 – 3 _____	4 – 5 _____	6 – 10 _____
Social and Family	3 – 4 _____	5 – 6 _____	7 – 9 _____
Oral Communication	1 – 2 _____	3 – 4 _____	5 – 6 _____
		1 _____	2 – 3 _____
Writing Skills	2 – 4 _____	5 – 7 _____	8 – 12 _____
		1 _____	2 _____
Handwriting	2 – 3 _____	4 – 6 _____	7 – 10 _____
		1 – 3 _____	4 – 7 _____
Basic Math Skills		1 – 2 _____	3 – 5 _____
		1 – 2 _____	3 – 5 _____
Math Skills	1 – 2 _____	3 – 6 _____	7 – 14 _____
Math Vocabulary	1 _____	2 – 3 _____	4 – 5 _____
	1 _____	2 – 3 _____	4 – 5 _____
Reading Skills	3 – 7 _____	8 – 12 _____	13 – 20 _____
Reading Comprehension	3 – 4 _____	5 – 6 _____	7 – 10 _____
Vocabulary			
Set I & II	2 – 4 _____	5 – 9 _____	10 – 15 _____
Set I, II & III	4 – 13 _____	14 – 23 _____	24 – 32 _____
Avoidance	2 – 3 _____	4 – 6 _____	7 – 9 _____
Reading List*	100–116 _____	21 – 99 _____	1 – 20 _____
	26-40 _____	11 – 25 _____	0 – 10 _____

* (Number Correct or with little hesitation)

Place a check mark to indicate the total number of yes from each section. (Red – Short Form, Black - Long Form) Check marks in the column to the right indicate that the person has a significant problem with that area. Check marks in the middle column indicate a moderate problem and check marks in the column to the left indicate either no problem or a mild problem.

C-SIP Screening Summary (Short Form)

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 50 - _____ (words correct)	_____	x . 5	_____
Reading Comprehension	_____	x 1	_____

Subtotal _____

Number of years in school _____ (If more than 12 enter 12)

12 minus the number of years in school _____

minus _____

Subtotal _____

Vocabulary

Set I

C _____ x 3 _____

S _____ x 2 _____

Set II

C _____ x 5 _____

S _____ x 4 _____

Set I Total _____ + Set II Total _____ Vocabulary Total _____

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

If the vocabulary total is between 26 and 30, add 30 to the subtotal.

If the vocabulary total is more than 30, add 35

-- _____

+ _____

+ _____

Total _____

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

Produced by Richard Cooper, Ph.D.

Learning disAbilities Resources

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