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ISBN 0-612-16485-3
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Acknowledgments

A thesis is the end result of the commitment of a team. I wish to thank the team behind the work presented here.

Thanks to Dr. Irmingard Lenzer for agreeing long ago to supervise my thesis. She has been responsible for some of the most difficult, and rewarding lessons in my academic career, not the least of which is the project presented here. I thank her for the faith she showed in my ability, the push to make sure the work happened, and her obvious commitment to the people and subject matter of the paper presented here. Finally, I thank her for the guidance provided and patience taken by her throughout our work together.

I am grateful to Dr. Sam Danquah who was always able to provide succinct direction and guidance throughout the course of our conversations. Thanks also for his ability to instill confidence when that was exactly what was required.

To Dr. Norman Greenberg, who provided encouragement and direction often during casual chats, a heartfelt thanks. The clarification of ideas for the writing and support for the process was appreciated.

The "fourth member" of my committee deserves a special note of thanks. Faizal Junus shared his knowledge effortlessly from our first contact in his office. Truly, the work that follows could not have happened without you. Thanks Faizal.

Dr. Michael Vallis, my external reader, also provided seemingly effortless guidance during a very busy schedule. His insights are apparent in the direction the final product has taken.

Without my family the idea for this thesis would still be just that, an idea. I would like to mention my family in several ways.

My Mom and Dad: Thanks for encouraging me always to think, for encouraging freedom of expression in our home, and for teaching their children to believe in themselves. It worked for all of us.
My sister Michelle and my brothers Mike and Keith. We have always been able to be there for each other. You make a difference.

My children: For the patience and encouragement of my son, Josh and daughter, Kate as I wrote, read and typed for the last many years when they would rather have been playing some game with their Dad (or just not studying with me), to them; I'm finished!

My wife: My anchor through it all; Mary Jane. If ever there should be a time to add a second name to a diploma, this is it. How many of my papers has she read? How many "scholarly" quotations provided to her, and ideas had "bounced off" her? I have no idea, but it worked. You were able to see the end clearly, sometimes when I could not.

My colleagues at Regional Residential Services Society deserve a tremendous amount of thanks as well. Everyone has supported me at all times in my school work. I would like to thank Bev Wicks and Carol Ann Brennan in particular for their encouragement.

I would like to express my sincere thanks to the staff who gave of their time to complete the assessments with me for this paper.

Finally, I would like to thank the "participants" in this study who, as always, are at the core of why we do what we do in this field of endeavor. Their help in "writing my book" has been invaluable.
August 26, 1996

To whom it may concern:

Permission has been given verbally by the authors of the assessments used in this thesis for the use of the material presented in the appendices. Assessment information presented in the appendices is the only extensively quoted material in the current study.

Jim Fagan
Criterion-Related Validation of the California Adaptive Behavior Scale

James Joseph Fagan

A Thesis Presented in Partial Fulfillment
of the Requirements for the Degree of
Master of Science in Applied Psychology (Clinical)

Saint Mary's University

Halifax, Nova Scotia
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Abstract

The California Adaptive Behavior Scale (CABS), an assessment tool for the evaluation of skill levels of mentally handicapped persons, was compared to the Basic Life Skills Scale (BLS) in an attempt to provide criterion-related validation of the CABS as an adaptive behavior scale. Pearson Product Correlation Coefficients were used to demonstrate validity. Principal Component Factor Analysis was conducted to determine the set of variables the CABS may share with the BLS among extracted factors. Results showed that the CABS overall score had a high relationship with the BLS overall score, and there was a high degree of relationship between skills measured by both scales. Extracted factors showed clear differentiation between groups of variables of both scales. Use of the CABS seems to have prescribed limits which must be considered. The findings of the statistical analyses indicated that while the BLS and CABS measure adaptive behavior, they do so in different ways. Further study is required to provide a larger sample base for normative data. The CABS provides a simple, quick assessment of skills in the mentally handicapped population and is a valuable method of measuring adaptive behavior in the population used in this study.
Criterion-Related Validation of the California Adaptive Behavior Scale

Definitions for mental retardation are derived from either the Diagnostic and Statistical Manual: Fourth Edition (DSM IV; American Psychiatric Association [APA], 1994) or the American Association on Mental Retardation (AAMR), formerly the American Association on Mental Deficiency (AAMD, 1992). Both diagnostic systems specify the following criteria: (a) Age of onset before 18 years, (b) an Intelligence Quotient (IQ) of less than 70, and (c) significant impairment in adaptive abilities. McCarver & Campbell (1987) provided two primary reasons for the inclusion of a significant impairment in adaptive behavior in the diagnostic definition of mental retardation: a) To counter the cultural bias of intelligence tests and b) to avoid labeling those whose low IQ scores in school did not present difficulties after their school years (p. 197). DSM IV also stated that an individual with an IQ greater than 75 with significant impairment in adaptive behavior may be considered mentally retarded. Conversely, someone with an IQ of less than 70 but with no significant impairment in adaptive functioning should not be considered mentally retarded (p. 39-40). Greenspan and Granfield (1992) suggested that adaptive behavior and intelligence are not separate; they are points along a continuum of intelligence factors.

The focus of the current study is on adaptive behavior. This is not to minimize the importance of IQ in diagnosis and placement decisions. However, Kamphaus (1987) and DesNoyers Hurley (1989) suggested that adaptive behavior measures can be at least as valid as standard measures of intellectual functioning in determining levels of care for individuals. Harrison (1987) provided data from 41 studies on the relationship between adaptive behavior scales and IQ with the majority of Pearson Product Correlations in the moderate range. Cibiri and Jackson (1981, p. 78) showed the relationship between Independent Functioning Index (IFI) scores on the Basic Life Skills Scale (BLS) and intellectual level (see Figure 1), intellectual levels were categorized according to the
DSM IV levels of handicap (mild: IQ 50 to 70, moderate: IQ 35 to 49, severe: IQ 20 to 34, and profound: IQ below 20).

Relationship Between IQ and IFI
(N = 554)

Selection of an Appropriate Scale:

Adaptive behavior assessment scales which have diagnostic utility and are able to provide programmatic direction, are important components in the delivery of service to the mentally handicapped (AAMD 1992; Blacher, Hanneman, & Rousey, 1992; Clinger, Finc, Johnson, Schwartzman & Orude, 1988; Cone, 1987; Hemming, 1986; Langone & Burton, 1987; Raynes, 1991). For this reason careful selection from the range of scales available is warranted (AAMD, 1992; Gresham & Elliot, 1987; Greenspan & Granfield, 1992, DeNoyers Hurley, 1989; Mathias & Nettelbeck, 1992; Raynes, 1991).

The literature has provided direction in the area of scale selection. Criteria suggested for assistance in the selection of an appropriate adaptive behavior assessment scale have included the following: (a) The cost of the administration (Raynes 1991), (b) the various environments in which the individual functions (Bruininks et al., 1987), (c) development of individualized education and training programs (Cone, 1987), (d) the ease and speed with which the instrument can be administered (Raynes 1991), (e) appropriateness of the test for clients regarding age, gender and level of disability (Raynes 1991), (f) the number of domains and related items covered (Raynes 1991), and (g)
evidence of reliability and validity of the instrument (Rayner, 1991). Table 1 uses the suggested criterion in the selection of the scales to be used for this research.

In reviewing this table, several important points should be highlighted. First, the purchase prices noted in Table 1 for the Adaptive Behavior Scale (ABS), the BLS, and the California Adaptive Behavior Scale (CABS) are all reasonably cost effective.

Table 1

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</tr>
<tr>
<td>Method of admin.</td>
<td>booklet</td>
<td>booklet</td>
<td>checklist</td>
</tr>
<tr>
<td>Speed of admin.</td>
<td>2.5 hours</td>
<td>2 hours</td>
<td>10-25 min</td>
</tr>
<tr>
<td>Number of domains</td>
<td>24</td>
<td>22</td>
<td>24</td>
</tr>
<tr>
<td>Number of skills/criteria</td>
<td>629</td>
<td>393</td>
<td>332</td>
</tr>
<tr>
<td>Reliability and validity</td>
<td>available in literature</td>
<td>provided with manual</td>
<td>minimal available</td>
</tr>
</tbody>
</table>

ABS = Adaptive Behavior Scale
BLS = Basic Life Skills Scale
CABS = California Adaptive Behavior Scale

(the cost for each scale is $35, $90 and $200, respectively). It should be noted that while the CABS is nearly six times more expensive than the ABS, the reduction possible in scoring time will offset the initial cost. The price includes administration manual, scoring sheets/forms and scale development information. Each scale requires additional scoring booklets/forms obtained for a nominal fee. The booklets and instructions are presented clearly and concisely. There is no renewal fee or cost per client for any of the scales.

Second, the BLS has the option of pre-developed Individual Program Plan (IPP) forms for clinicians to use in long or short-term treatment. The complete report of the CABS
clinicians to use in long or short-term treatment. The complete report of the CABS provides a list of identified strengths and needs of the individual being assessed. Third, completion time may vary depending on familiarity with the particular scale and clinical experience. The times noted in Table 1 include time taken to rate each CABS, it did not include time taken to produce a CABS report (which would add only minutes to the total assessment time). Entering raw data does not require a clinician, but can be done by secretarial staff. On the other hand the calculation of the ABS and BLS domain scores must be done by hand; this adds considerably to the time taken to complete the assessment.

The ABS and the BLS referenced in Table 1 meet the selection criteria in all areas for an adaptive behavior scale. The CABS meets criteria for all but one category. The external validity information provided with the administration manual (see Appendix A) by Gardner and Breuer (1985) lacks criterion validation to a recognized, contemporary, adaptive behavior scale such as the BLS.

The ABS is referenced in various reviews of adaptive behavior scales (Cone, 1987; Kamphaus, 1987; Evans & Bradley-Johnson, 1988). Harrison's (1987) comprehensive review of adaptive behavior scales provided reference to 29 studies using the ABS as an adaptive behavior scale with mentally handicapped persons. Within the context of a standard measure of adaptive behavior in the delivery of services to the mentally handicapped, the ABS is presented for comparison of findings in the current study. The BLS is the adaptive behavior scale used in the community setting in this study and has been the assessment tool of choice for the past eleven years. As is clear from Table 1, there is ample justification for the use of the BLS as a referent. It meets selection criteria and it compares favorably to the ABS.
Adaptive Behavior

Detailed historical perspectives on the origins of adaptive behavior in service delivery for the mentally handicapped are provided in the literature (Bruininks, Thurlow & Gilman, 1987; Greenspan & Granfield, 1992; Raynes, 1991). Many definitions of adaptive behavior are currently used (AAMR, 1992; Cone, 1987; Greenspan & Granfield, 1992; Raynes, 1991; Mathias & Nettelbeck, 1992; McCarver & Campbell, 1987; Olurin & Sturmey, 1989). In the present study three published definitions (from AAMR) of mental handicap will be used to attempt to define the construct of adaptive behavior. No single definition of mental handicap can provide as complete an understanding of adaptive behavior as does the blending of the three definitions. The 1961 definition stated: "Mental retardation refers to the subaverage general intellectual functioning which originates in the developmental period and is associated with impairment in adaptive behavior" (Raynes, 1991 p. 83). Grossman (1983) stated: "Adaptive behavior refers to the quality of everyday performance in coping with environmental demands. The quality of general adaptation is mediated by level of intelligence; thus the two concepts overlap in meaning" (AAMR, 1992, p. 38). Currently AAMR uses limitations in adaptive skills rather than adaptive behaviors in their definition. "... the application of the definition stresses that specific adaptive limitations often coexist with strengths in other adaptive skill areas, the existence in adaptive skills must be documented within the context of community environments typical of the individual's age peers and indexed to the person's individualized needs for support" (AAMR, 1992, p. 25).

The AAMR (1992) then describes the following adaptive skills: (a) communication skills, (b) self care skills, (c) home living, (d) social functioning, (e) community abilities, (f) self direction, (g) health and safety behavior, (h) functional academics, (i) leisure activity, and (10) work activity. Impairment in more than one skill is required in order for an individual to be diagnosed with a mental handicap.
Adaptive Behavior Scales

As noted in Table 1, three adaptive behavior scales have been identified for the purpose of this study. Each may be used as an "all purpose" program planning tool. That is, each scale is suitable for the initial assessment of skill levels and provide treatment direction. Each scale chosen incorporates the theoretical construct of adaptive behavior as presented above and is designed to be completed by the following persons: a) Staff members who are familiar with the individual, b) family members or c) school personnel who are familiar with the individual. Direct testing is not always required, rather, familiarity with the individual to be assessed by the rater is seen as a validity criterion. The three scales chosen are typical of the choice of assessments available.

The Adaptive Behavior Scale ([ABS] [see Appendix B]) developed by Nihira, Foster, Shellhaas, and Leland (1974) stands out from other adaptive behavior scales in the literature as an important assessment tool. The ABS is particularly useful when maladaptive behavior is an issue in treatment. Maladaptive behaviors may be defined as those activities which, although not directly related to a particular skill, affect execution of tasks involving certain skills. For example, the self stimulatory behavior of staring at lights may not be directly related to the ability to wash dishes, but if an individual stares at lights to the exclusion of doing daily chores, his/her ability to "complete the skill" is affected.

The ABS is a two part assessment. Part I is divided into 10 domains. Each domain assesses daily living skills and abilities (e.g., physical development and socialization). Part II is divided into 14 domains which identify maladaptive or "problem behaviors" (e.g., violent and destructive behavior and sexually aberrant behavior). All items in each domain are scored by the rater. Summary information for Part I and Part II is displayed by recording domain scores and which are entered in a grid-like profile summary. Summary scores are presented in deciles for ease of comparison of individuals to themselves and their peers.
A second scale, the BLS, was developed in Canada (Cibiri & Jackson, 1981); it is composed of six sections (see Appendix C). An important feature of the BLS is its rating of the presence of abilities, rather than deficits, as is the case with the ABS. High scores on the BLS indicate high adaptability. High scores on the ABS indicate high levels of maladaptive behavior. The BLS also provides a measure of the quality of the individual environment. Part I of the BLS is called basic life skills. It consists of seven domains of daily living skills which include self-care skills and community living skills (e.g., "wash and dry dishes" and "know own age in years"). The basic life skills domains are organized from least to more complex skills. Part I is correlated very highly (r = .88, r² = .77, p ≤ .01) with Part I of the ABS (Dalton, Cibiri, Baker, Malik & Wu, 1981). Part II (personal social behaviors) includes 11 domains, which include adaptability to change and frustration tolerance. Items such as "remaining calm in disputes and arguments" and "predictability of behavior" are rated in these domains. Each of the items in Parts I and II are rated on a scale of 0-5. Although the criterion for rating is slightly different from Part I to Part II, the rating of "0" indicates least adaptive and "5" most adaptive, representing "typical" or adaptive community behavior. Part II of the BLS does not correlate as highly (r = -.42, r² = .18, p ≤ .01) with Part II of the ABS (Dalton, et al., 1981). The negative correlation is expected since the "higher ABS score denote maladaptive behavior whereas higher BLS scores denote adaptive behavior" (Cibiri & Jackson, 1981, p. 84). Part III (moral awareness) evaluates the person's skills "related to distinguishing right from wrong in daily conduct" (Cibiri & Jackson, 1981, p. 14). Part IV (physical state) details information (e.g., general health and vision) about the individual being assessed. Part V (services currently received) establishes care needed (e.g., staff hours per week, type of supervision). Part VI (assessment of person's living and program environment) documents living conditions such as quality of living environment and involvement in leisure activities. Raw scores and averages for each domain are displayed by graphical representation of the scores in two summary sections. Section III is rated with a letter score.
(A to D) [least moral awareness to most moral awareness]). The summary rating for the BLS is the Index of Functional Independence (IFI). The IFI is composed of averaged scores from the following BLS sections: (1) basic life skills, (2) personal social behavior, and (3) moral awareness.

The CABS ([shown in Appendix D] [Gardner & Breuer, 1991]) is the assessment tool which will be the focus of the present research. Due to its brief (i.e., 10 to 25 min.) completion time, the CABS may be particularly useful when there is limited time to document abilities. The CABS consists of 24 domains (displayed in Table 3).

<table>
<thead>
<tr>
<th>Table 3</th>
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<tbody>
<tr>
<td>CABS Domain Headings</td>
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<td>23</td>
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</tbody>
</table>

Each domain is composed of daily living skills and abilities with corresponding age referenced norms for each skill. For example, in section 17, academic, #7 (prints first name) is referenced to age 5.5. In this manner, when an individual has been assessed using the CABS, the final score of each domain is related to chronological age (see Appendix E). The age referenced scores are displayed to the right of each skill. The final CABS report is computer generated.

The CABS is composed of 332 items distributed over the 24 domains. The number of items in each domain ranges from seven (in the section labeled fastening) to 19 (in sections on leisure, expressive language, gross motor, perceptual motor, and eating). Domains are organized from the most complex skill (at a rating of "01") to the least
complex (i.e., the highest rating per domain). Only the highest level of performance (i.e., the lowest number) in each domain is selected by the rater. It is assumed that those skills which rank below the highest skill are also accomplished by the individual being rated.

Each individual's scores are displayed in a computer printout (see Appendix D, Gardner & Breuer, 1991). The report includes: (a) The individual's chronological age, (b) computed adaptive age, (c) a listing of individual domain skills with corresponding computed age level, (d) vocational age (if appropriate), and (e) a list of strengths and needs based on the average skill level of the individual.

The CABS computer program has internal measures of validity and reliability. There are 20 reliability items (see Appendix F) and 31 validity items (see Appendix G). Reliability items are "distributed so they occur in all areas and across all age groups. This is designed so that the reliability check can be made with as many items as possible." (Gardner and Breuer, 1991, p. 20). Validity items "are constructed so that each item is paired with a second item which is theoretically a prerequisite for the initial item." (Gardner and Breuer, 1991, p. 21). For example in order to make change to 25 cents (8.5 years) one should be able to count to 25 ([5.0 years] [Gardner and Breuer, 1991, p. 21]). With regard to reliability, if it does not meet a level of 75% or higher (as determined by the program), the assessment cannot be completed as rated and must be readministered. The computer scoring program automatically conducts these internal reliability and validity checks.

The CABS is in use in all 50 states in the continental United States, and is the principal adaptive behavior scale in Texas and South Carolina. It is also one of three scales approved statewide in Michigan. Clearly, the CABS is becoming a scale relied upon in service settings. Until validity data are collected however, strong reliance on the CABS is not scientifically defensible. The current study will help provide needed validity data.
Validity

In their original study, Gardner & Breuer (1985) found that computing the internal validity check the CABS met the criteria for internal validity at a level of 98%. The question of external validity was not as easily answered. The original study demonstrated that the scores were valid in relation to the individuals who participated in the initial research. The study did not support, however, similar validity beyond the scope of that study. While indices of external validity were provided in the original study, the statistical analyses use the Vineland Adaptive Behavior Scale as the adaptive behavior measure referent. Direct comparison to a more accepted scale (e.g., the BLS) is lacking. Validity statements of a qualitative nature ([e.g., staff members answered the question, "Which report is more useful to you in accomplishing your objectives?"]) [Gardner & Breuer, 1985, p. 211] were provided by users of the scale. While individual, clinical judgment is critical in practice, face validity is not sufficient.

In the research literature, the BLS has been statistically linked with another valid measure of adaptive behavior, the ABS. In order to be recognized as an alternate choice in measuring adaptive behavior, a similar comparison is required for the CABS. A clinician will then be in a position to make a choice based on the most appropriate measure required. Concurrent validation of the CABS will provide the degree of statistical relationship (if any) between the BLS and the CABS. The CABS is the predictor variable and the BLS is the criterion variable.

Purpose of Research

The purpose of the research presented here is to evaluate the concurrent validity of the CABS as a measure of adaptive behavior, in relation to Part I of the BLS. The design used for this study is similar to that used by Cibiri and Jackson (1981).
Hypotheses

There are five main hypotheses to be examined in this study; each is stated as the null hypothesis.

(1) CABS raw scores obtained by multiple raters will show no significant relationship when correlation coefficients are used to compare the scores.

(2) When the CABS score for AA (adaptive age) is correlated with the IFI (index of functional independence) score of the BLS there will be no relationship as shown by correlational analysis.

(3) CABS domains with similar names and similar content as BLS domains will show no relationship.

(4) Principal component factor analysis of the combined domain scores of the CABS and the BLS will show no shared variables among factors when compared to the domain scores of Part I of the BLS.

(5) Principal component factor analysis conducted for the BLS and the CABS separately will show no variables or factors common to the analysis conducted on the combined analysis of the scales.

Method

Participants

There were 38 mentally handicapped individuals from eight group homes in a community agency who participated in the study. While 42 individuals consented and contributed data, only 38 BLS scores were available for final comparison with completed CABS assessments. The participants had varied levels of abilities. IQ values were not available for the participants. There were 16 individuals living in group homes and 22 living in developmental residences. There were three persons with a diagnosis of autism, three with a diagnosis of epilepsy, seven with a physical disability, six with a mental health diagnosis and two individuals with Down's syndrome. There were 23 males and 15
females. The mean chronological age was 38 years (SD 9.17), with ages ranging from 22 to 56 years. The male participants had a mean chronological age of 36 years (SD 9.1), with ages ranging from 21 to 56 years. The female participants had a mean chronological age of 40 years (SD=8.9), with ages ranging from 28 to 54 years.

Materials

For the purpose of this study, a CABS assessment form (see appendix D) was completed for each participant. A Basic Life Skills Scale (BLS) assessment (see Appendix C) was also used for each participant although, as stated earlier, new BLS assessments were not completed for this study.

BLS assessments for the participants were obtained from house files. Four BLS assessments were obtained prior to 1994; these were dated 1993. It is not expected that this time difference in BLS assessment dates will affect the validity of these data for comparison with the CABS assessments. While adaptive behavior may change over time within the population studied, it remains fairly stable over short periods of time as was the case in the current study.

Consent

Several steps were followed in order to obtain consent. First, if potential participants were able to provide informed consent, the study was explained and his/her participation requested directly. Ability to consent was determined by discussing with home staff the participants' ability to give consent to scenarios similar to the research proposed, (for example, his/her ability to consent to routine medical examinations or to make plans to engage in social interactions). If he/she was able to adequately evaluate the above scenarios, the individual was considered to be able to consent to participation in this study.

Eight persons were able to provide informed consent in this manner. One person required extensive explanation before providing consent (this person was concerned that someone may be able to identify participants by reading the study). Consent was reached when confidentiality was ensured. All participants who were able to give personal consent wished
to be informed of the study outcome. Second, where a participant's informed consent was not considered appropriate, family members were approached for consent. Where family members provided consent, and individuals were typically included in decisions of this type, individual participants were still approached for their final consent. Four persons were approached in this manner. When participants were not able to give consent on their own, family members were contacted. Consent was reached for 26 persons in this manner.

Regardless of the consent process, full disclosure of the purpose of the research was made to each family member or participant. Similarly, full disclosure of the purpose of the research was made to each staff member. All participation was voluntary (see Appendix H for consent form and introductory letter).

**Rater Selection**

Individual CABS assessments were conducted on an in house basis by direct care workers of each participant, under supervision of the author. The author's familiarity with the participants was not sufficient to complete a valid assessment. The CABS relies on observational information and does not require direct testing. All direct care workers were completing the CABS on the basis of two criteria: a) Their familiarity with the participant and b) availability to participate in the assessment times scheduled in house. All but one of the direct care workers participating in the study had known the participants they were rating for at least one year. One staff member knew the participants she was rating for eight months. Several staff members had known the participants for more than five years.

**Rater Instruction**

The author met with staff persons from each group home. Staff members received standard instructions from the author regarding the method of administration of the CABS. The instructions were provided verbally to both staff members at the same time. Direction was given in the following manner:

1) The instruction section at the beginning of the CABS assessment form, domain section, was read (see Appendix C)
2) Independent functioning was explained to mean that the participant was able to complete a given skill in a particular domain, as much as possible, without assistance (i.e., he/she would initiate the task/skill, and complete it over a variety of settings with a variety of persons).

3) If the exact skill being rated had not been observed directly by the staff, but a similar skill had been observed, competency was assumed for the skill being rated. For example, although staff may not have seen a participant dance (#3, section 13, gross motor) there was no reason, given other gross motor skills, to presume the person was not able to dance.

4) Where the chosen skill clearly met the criteria for independent functioning, but one or more skills below did not, referred to as splintered skills by Gardner and Breuer (1991, p. 24), and the other lower skills did not affect level of care, staff members had the option to select the higher skill ([staff members were required to provide the author with justification for this decision during the clarification stage] [see rater instruction # 10]).

5) Where a person communicated nonverbally using sign or augmentative communication methods, both were rated as spoken language.

6) Where a person was physically capable of performing a skill with a prosthesis, and actually used that prosthetic device, credit was to be given for that activity. Steps 1 to 5 of the above instructions were consistent with instructions provided by Gardner and Breuer (1991).

7) Clarification of the prescribed rating method was solicited by the author prior to any completion of the CABS.

8) Each staff member was instructed to put a "1" or "2" in a top corner of his/her rating sheet. The author was thus able to contact the staff member at a later time if corrections were required by the internal reliability and validity measures in the CABS program. It was necessary to contact four staff members for correction, as reliability levels had fallen below 75%.
9) For each participant, name and date of birth were recorded on the rating sheet to allow for possible follow-up regarding score inconsistency and for computation of adaptive age.

10) Following presentation of the instructions and subsequent clarification, staff members began completing the CABS in the presence of the author. Staff members were asked not to discuss any questions they might have regarding individual domain criteria during the assessment. When both staff members had completed the assessment, individual questions regarding particular domain criteria were clarified by the author. Questions of clarification referred to one of two categories: (a) Interpretation of domain criteria (e.g., "What does 'goes about at night unrestricted' mean in section 18 'translocation'?") and (b) individual participant skill levels (e.g., "I'm not quite sure how the resident we are assessing can disassemble simple objects [section 14, perceptual motor] I've never seen him do that."). If clarification resulted in a change in the rating of an item, an asterisk was made next to the original item and the new rating placed on the line at the top of the domain. The clarification process was important in obtaining as accurate an assessment as possible. Raw (uncorrected) scores were noted on the rating sheet for interrater reliability and corrected scores provided the data entered into the CABS computer program. Each participant was rated in this manner.

Statistical Analysis

Descriptive statistics will be completed on the time it takes both raters to complete the CABS assessment.

Interrater reliabilities (Pearson Product Coefficients) will be completed on the raw domain scores (i.e., ratings before correction) of the CABS to determine if ratings by more than one rater provide similar AA scores for the individual assessed.

Pearson Product Correlation Coefficients will also be computed on domains which have the same or similar names or when analyzed for content similarity. A positive
correlation will be taken to indicate that the two scales measure similar skills within domains.

The correlation matrix for the combined BLS and CABS factor analysis will be produced. Examination of the correlation matrix will be important in the early analysis of variables to determine the degree of relationship within the domains of the two scales.

Correlation (Pearson Product) coefficients will be completed on the IFI scores of the BLS and AA scores of the CABS. A positive, moderate to high relationship of the IFI to the AA will indicate that a similar relationship exists as that reported by Dalton, et al. (1981) between the BLS and the ABS. The assumption is, that the two scales assess similar skills and/or tap the same construct, i.e., adaptive behavior.

Principal component factor analysis will be conducted separately on the domain scores for Part I of the BLS and domain scores of the CABS. Principal component factor analysis will also be conducted for the combined domain scores of the BLS and the CABS. Separate analysis will be necessary to determine whether factors extracted from each scale separately share common variables when domains are combined. Combined factor analysis will be conducted in an attempt to establish whether there are variables that may be shared among factors extracted from both scales. Similarity in the type of shared variables may indicate that the two scales measure a similar construct, adaptive behavior.

For each principal component factor analysis, factor extraction and varimax rotation will be conducted. Factor extraction will be limited to a few factors for the analysis rotation, thus providing a more accurate examination of variable membership in the factors following rotation. Unrotated and rotated factor matrices will be completed for each of the three analyses. A factor matrix (sorted with a limit of \( r > .50 \)) for each scale will be conducted separately and for the BLS and CABS combined, which will permit comparison of variables with a medium to high relationship to the extracted factors.

The Statistics Package for Social Sciences (SPSS) 6.1 for Windows, Student Version, and the SPSS/PC+ 4.0 will be used for statistical analysis of the data collected.
Results

The mean adaptive age of the sample as computed by the CABS was 6 years, 3 month ([SD = 3.9] [with ages ranging from 1 year, 1 month to 14 years, 7 months]). The mean adaptive age of the 23 males in the sample was 6 years 8 months ([SD = 3.75] [with ages ranging from 1 year, 5 months to 14 years, 7 months]). The mean adaptive age of the 15 females in the sample was 5 years 2 months ([SD = 4.26] [with ages ranging from 1 year, 1 month, to 14 years 3 months]). The mean adaptive age of the 16 individuals living in group homes in the sample was 9 years, 5 months ([SD = 3.5] [with ages ranging from 4 year to 14 years 7 months]). The mean adaptive age of the 22 individuals living in developmental residences in the sample was 9 years 5 months ([SD = 2.3] [with ages ranging from 1 year, 1 month to 8 years, 7 months]).

Descriptive statistics for time taken to complete the CABS are displayed in Table 3. The mean time it took to rate an individual using a CABS assessment was 11.56 minutes (SD = 4.6 with times ranging from 5 to 23 min.). Scores for thirty-three participants were available for analysis; five were not available due to interruptions during assessment.

Table 3
Descriptive Statistics on the Time (in Minutes) for the Completion of CABS

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Mean</td>
<td>11.56</td>
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<tr>
<td>SD</td>
<td>4.60</td>
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<tr>
<td>Range</td>
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<td>Minimum</td>
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<td>Maximum</td>
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</table>

n = 33

Reliability

Interrater reliability correlations are presented in Table 4. Thirty five pairs of scores were available for analysis. Due to the inconsistent marking of corrections during rating three assessments could not be used in the analysis. Results indicate that the mean interrater
Pearson Product Moment Correlation was \( r = .77 \) (SD .17). Only two pairs of scores were significant at an alpha value of .003 (\( r = .45 \) p<.027 & \( r = .30 \) p<.15).

Table 4
Mean Interrater Reliability Coefficients (Pearson Product) for Raw CABS Scores

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<thead>
<tr>
<th></th>
<th>Mean</th>
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<th>Range</th>
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<th>Maximum</th>
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<td></td>
<td>0.77</td>
<td>0.17</td>
<td>0.69</td>
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<td>0.89</td>
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</table>

n=35

Validity
The IFI scores (see Table 5) of the BLS and the AA scores of the CABS were correlated at \( r = .72 \) (\( r^2 = .52 \), \( p \leq .001 \)). The proportion of the variance (\( r^2 \)) indicates that 52%
of the variance of the AA score of the CABS was accounted for by the IFI score of the BLS.

Pearson Product Moment Coefficients for similarly named or similar content domains of the CABS and BLS are presented in Table 5. A complete correlation matrix for all BLS and CABS domain variables is displayed in Appendix I. Each of the 12 coefficients were significant ([p≤.001] [toileting/toileting r=.57, dressing/dressing r=.64, eating/eating r=.72, personal interaction/social manners r=.61, group participation/human relations r=.34, receptive language/spoken language r=.58, expressive language/expressive language r=.68, leisure/recreation skills r=.49, gross motor/gross motor r=.60, perceptual motor/fine motor r=.76, personal management/concept of self r=.77, home management/domestic r=.80]). Two of the compared variables with correlations below .50 ([p≤.001] [group participation/human relations r=.34 and leisure/recreation skills r=.49]).

A correlation matrix of BLS and CABS domains (presented in Appendix J) showed that all domain variables of the BLS and CABS had coefficients greater than r=.50 (p≤.01).

**Factor Analysis**

**Basic Life Skills Scale**

Table 6 displays initial principal component statistics including eigenvalues, percent of variance and cumulative percent of the variance for the extracted variables of the BLS.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Eigenvalue</th>
<th>Percent of Variance</th>
<th>Cumulative Percent</th>
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<tr>
<td>1</td>
<td>16.7118</td>
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<td>2</td>
<td>1.5883</td>
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<td>79.6</td>
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<td>3</td>
<td>1.0303</td>
<td>4.9</td>
<td>84.5</td>
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</table>
Nearly 85% of the total variance of the 23 variables was explained by the three extracted factors. Factor 1 = 72.7% of the variance, Factor 2 = 6.9% of the variance and Factor 3 = 4.9% of the variance. The remaining 20 factors accounted for 15.5% of the total variance of the variables.

The principal component factor analysis, rotated factor matrix (sorted with a limit of $r=.5$) for the BLS is displayed in Table 7. The unrotated and unsorted factor matrices are displayed in Appendix K and L, respectively.

Table 7 displays the sorted variables from Table 7 in groupings with descriptors for each factor extracted. Factor 1 has 11 variables explaining 72.7% of the proportion of total variance. These variables may be described as *daily living skills* based on the
grouping of variables. Factor 2 has six variables explaining 6.9% of the total variance and may be described as academic skills. Factor 3 has the 6 remaining variables within its 4.9% of the proportion of variance. Factor 3 may be described as motor skills.

Table 8
Factor descriptions for the BLS

<table>
<thead>
<tr>
<th>Factor 1: Daily Living Skills</th>
<th>Factor 2: Academic Skills</th>
<th>Factor 3: Motor Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISUAL DISCRIMINATION</td>
<td>COMMUNITY</td>
<td>GROSS MOTOR</td>
</tr>
<tr>
<td>AUDITORY DISCRIMINATION</td>
<td>CONCEPT OF SPACE</td>
<td>FINE MOTOR</td>
</tr>
<tr>
<td>TACTILE DISCRIMINATION</td>
<td>CONCEPT OF TIME</td>
<td>TOILETTING</td>
</tr>
<tr>
<td>EATING</td>
<td>READING</td>
<td>DRESSING</td>
</tr>
<tr>
<td>SPOKEN LANGUAGE</td>
<td>WRITING</td>
<td>PERSONAL HYGIENE</td>
</tr>
<tr>
<td>EXPRESSIVE LANGUAGE</td>
<td>MATH</td>
<td>DOMESTIC</td>
</tr>
<tr>
<td>HUMAN RELATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOCIAL MANNERS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RECREATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VOCATIONAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONCEPT OF SELF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

California Adaptive Behavior Scale.

Table 9 displays the initial principal component statistics including eigenvalues, percentage of variance and cumulative percent of the variance for the extracted variables of the CABS. The four factors accounted for 78.2% of the total variance of the

Table 9
Principal Component Analysis: CABS Domain Scores

<table>
<thead>
<tr>
<th>Factor</th>
<th>Eigenvalue</th>
<th>Percent of Variance</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>14.33</td>
<td>59.7 %</td>
<td>59.7 %</td>
</tr>
<tr>
<td>2</td>
<td>2.153</td>
<td>9 %</td>
<td>68.7 %</td>
</tr>
<tr>
<td>3</td>
<td>1.267</td>
<td>5.3 %</td>
<td>74 %</td>
</tr>
<tr>
<td>4</td>
<td>1.014</td>
<td>4.2 %</td>
<td>78.2 %</td>
</tr>
</tbody>
</table>

24 variables. Factor 1 = 59.7% of the variance, Factor 2=9% of the variance, Factor 3=5.3% of the variance and Factor 4=4.2% of the variance. The remaining 20 factors account for 21.8% of the total variance of the CABS variables.

The principal component factor analysis rotated factor matrix with Pearson Product Moment Coefficients (sorted with a limit of r=.5) for the CABS is displayed in Table 10.
Table 10

Rotated, Sorted Factors’ Matrix for the CABS

Varimax Rotation 1, Extraction 1, Kaiser Normalization

Varimax converged in 8 iterations.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
<th>Factor 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toileting</td>
<td>0.71369</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td>0.8369</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fastening</td>
<td>0.61886</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating</td>
<td>0.65524</td>
<td>0.54104</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathing</td>
<td>0.67096</td>
<td>0.54027</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grooming</td>
<td>0.86101</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toothbrushing</td>
<td>0.71658</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Interaction</td>
<td></td>
<td>0.85885</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Participation</td>
<td></td>
<td>0.6254</td>
<td>0.61928</td>
<td></td>
</tr>
<tr>
<td>Receptive Language</td>
<td>0.8367</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expressive Language</td>
<td>0.65909</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leisure</td>
<td></td>
<td>0.64084</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Motor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceptual Motor</td>
<td>0.50915</td>
<td>0.53503</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevocational</td>
<td></td>
<td>0.61479</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocational</td>
<td>0.65443</td>
<td>0.62402</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic</td>
<td>0.57829</td>
<td>0.56049</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Access</td>
<td></td>
<td>0.74155</td>
<td>0.52763</td>
<td></td>
</tr>
<tr>
<td>Money Management</td>
<td></td>
<td>0.52763</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Management</td>
<td>0.58509</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Management</td>
<td>0.69529</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>0.5396</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Awareness</td>
<td></td>
<td>0.74936</td>
<td>0.55227</td>
<td></td>
</tr>
<tr>
<td>Responsibility</td>
<td></td>
<td>0.55227</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The unrotated factor matrix and the unsorted factor matrices are displayed in Appendix M and N, respectively.

Table 11 displays the sorted variables form Table 10 in groupings with descriptors for each factor extracted. Factor 1 has nine variables explaining its 59.7% of the proportion of total variance. Based on their groupings, these variables may be described as self care skills. Factor 2 has five variables explaining 9% of the proportion of the
Table 11
Factor Descriptors for the CABS

Factor 1: Self Care Skills
- Dressing
- Feeding
- Eating
- Bathing
- Grooming
- Toothbrushing
- Personal Management
- Home Management
- Health

Factor 2: Personal Development Skills
- Toiletting
- Receptive Language
- Expressive Language
- Vocational
- Academic

Factor 3: Recreation Skills
- Group Participation
- Leisure
- Community Access
- Money Management
- Community Awareness
- Responsibility

Factor 4: Prevocational Skills
- Personal Interaction
- Perceptual Motor
- Prevocational

total variance and may be described as personal development skills. Factor 3 has six of the remaining variables within 5.3% of the proportion of variance. Factor 3 may be described as recreation skills. Factor 4 has three variables which account for 4.2% of the proportion of variance and may be described as prevocational skills. Only the domain gross motor is not included in the proportion of variance attributed to one of the four factors extracted by factor analysis of the CABS.

Combined BLS and CABS

Table 12 displays the principal component analysis initial statistics including eigenvalues, percent of variance, and cumulative percent of the variance for factors. Factor 1 accounts for 62.5% of the variance in the sample, Factor 2 accounts for 6.6% of the variance and Factors 3 to 6 account for 4.7%, 3.9%, 2.9%, and 2.4% of the sample variance respectively. The cumulative percent of the total variance of the 47 variables accounted for by the six factors extracted is 83.1%.
Table 12
Principal Component Analysis: BLS and CABS Domain Scores

<table>
<thead>
<tr>
<th>Factor</th>
<th>Eigenvalue</th>
<th>Percent of Variance</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>29.39561</td>
<td>62.5</td>
<td>62.5</td>
</tr>
<tr>
<td>2</td>
<td>3.10213</td>
<td>6.6</td>
<td>69.1</td>
</tr>
<tr>
<td>3</td>
<td>2.20914</td>
<td>4.7</td>
<td>73.8</td>
</tr>
<tr>
<td>4</td>
<td>1.84772</td>
<td>3.9</td>
<td>77.8</td>
</tr>
<tr>
<td>5</td>
<td>1.34502</td>
<td>2.9</td>
<td>80.6</td>
</tr>
<tr>
<td>6</td>
<td>1.14549</td>
<td>2.4</td>
<td>83.1</td>
</tr>
</tbody>
</table>

Table 13 displays the sorted variables from the combined factor analyses of the BLS and CABS (sorted with a limit of r = .5). The unrotated and unsorted factor matrices are displayed in Appendix N and O, respectively. Table 14 groups the variables with descriptors for each extracted factor. Factor 1 has 14 variables explaining 62.5% of the proportion of total variance with 13 of those variables drawn from the BLS and one from the CABS. These variables may be described as activities of daily living based on the grouping of variables. Factor 2 has 13 variables explaining 6.6% of the total variance and may be described as community living skills. Nine of the variables comprising Factor 2 are drawn from the CABS and 4 drawn from the BLS. Factor 3 has the 11 remaining variables within its 4.7% of the proportion of variance including four from the CABS and seven from the BLS. Factor 3 may be described as motor skills, with seven variables from the BLS and four from the CABS. Factor 4 has five variables all drawn from the CABS which account for 3.9% of the proportion of variance and may be described as personal hygiene Skills. Factor 5 has two variables explaining 2.9% of the proportion of the total variance, both variables are drawn from the CABS. Factor 5 may be described as concept of self.
### Table 13
Rotated, Sorted Factors' Matrix for the BLS and CABS

**Varimax Rotation 1, Extraction 1, Kaiser Normalization.** Varimax converged in 10 iterations.

<table>
<thead>
<tr>
<th>Variable</th>
<th>FACTOR 1</th>
<th>FACTOR 2</th>
<th>FACTOR 3</th>
<th>FACTOR 4</th>
<th>FACTOR 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROSS MOTOR</td>
<td>0.56965</td>
<td>0.83281</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FINE MOTOR</td>
<td></td>
<td>0.65723</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISUAL DISCRIMINATION</td>
<td>0.71649</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUDITORY DISCRIMINATION</td>
<td>0.56348</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TACTILE DISCRIMINATION</td>
<td>0.7274</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EATING</td>
<td>0.72295</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>TOILETING</td>
<td></td>
<td></td>
<td>0.59410</td>
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<td></td>
</tr>
<tr>
<td>DRESSING</td>
<td>0.52686</td>
<td>0.59331</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>PERSONAL HYGIENE</td>
<td>0.55911</td>
<td>0.62426</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPOKEN LANGUAGE</td>
<td>0.80011</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXPRESSIVE LANGUAGE</td>
<td>0.63129</td>
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</tr>
<tr>
<td>HUMAN RELATIONS</td>
<td>0.906</td>
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</tr>
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<td>SOCIAL MANNERS</td>
<td>0.79473</td>
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</tr>
<tr>
<td>RECREATION</td>
<td>0.81114</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOMESTIC</td>
<td>0.57532</td>
<td>0.62283</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNITY</td>
<td>0.51638</td>
<td>0.59466</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VOCATIONAL</td>
<td>0.67744</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONCEPT OF SELF</td>
<td>0.75609</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONCEPT OF SPACE</td>
<td>0.62975</td>
<td>0.51227</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONCEPT OF TIME</td>
<td>0.61643</td>
<td>0.53223</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>READING</td>
<td></td>
<td></td>
<td>0.62624</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td>0.55484</td>
<td>0.51863</td>
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</tr>
<tr>
<td>MATH</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Toileting</td>
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<td>0.50052</td>
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<tr>
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<td>0.50616</td>
<td>0.57348</td>
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</tr>
<tr>
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<td></td>
<td>0.55384</td>
<td>0.50616</td>
<td>0.57348</td>
</tr>
<tr>
<td>Bathing</td>
<td></td>
<td></td>
<td></td>
<td>0.57348</td>
<td></td>
</tr>
<tr>
<td>Grooming</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.82364</td>
</tr>
<tr>
<td>Toothbrushing</td>
<td></td>
<td></td>
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<td></td>
<td>0.66218</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>Group Participation</td>
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<td></td>
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<td>0.74422</td>
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</tr>
<tr>
<td>Expressive Language</td>
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<td>0.76224</td>
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<tr>
<td>Leisure</td>
<td></td>
<td></td>
<td>0.58602</td>
<td>0.64061</td>
<td>0.58619</td>
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<tr>
<td>Gross Motor</td>
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<td>0.58602</td>
<td>0.64061</td>
</tr>
<tr>
<td>Perceptual Motor</td>
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<td>0.58619</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocational</td>
<td></td>
<td></td>
<td>0.66218</td>
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</tr>
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<td>Academic</td>
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<td>0.75402</td>
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<td>0.71282</td>
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<td>Money Management</td>
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<td></td>
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</tr>
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<td>Personal Management</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Home Management</td>
<td>0.54371</td>
<td></td>
<td>0.53354</td>
<td>0.53992</td>
<td>0.7411</td>
</tr>
<tr>
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<td>0.53354</td>
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<tr>
<td>Community Awareness</td>
<td></td>
<td></td>
<td>0.53992</td>
<td>0.7411</td>
<td></td>
</tr>
<tr>
<td>Responsibility</td>
<td>0.50482</td>
<td>0.60219</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 14

Combined Factor Descriptors for the BLS and CABS

<table>
<thead>
<tr>
<th>Factor 1 - Activities of Daily Living</th>
<th>Factor 2 - Community Living Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISUAL DISCRIMINATION</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>AUDITORY DISCRIMINATION</td>
<td>READING</td>
</tr>
<tr>
<td>TACTILE DISCRIMINATION</td>
<td>WRITING</td>
</tr>
<tr>
<td>EATING</td>
<td>MATH</td>
</tr>
<tr>
<td>SPOKEN LANGUAGE</td>
<td>Group Participation</td>
</tr>
<tr>
<td>EXPRESSIVE LANGUAGE</td>
<td>Expressive Language</td>
</tr>
<tr>
<td>HUMAN RELATIONS</td>
<td>Leisure</td>
</tr>
<tr>
<td>SOCIAL MANNERS</td>
<td>Vocational</td>
</tr>
<tr>
<td>RECREATION</td>
<td>Community Access</td>
</tr>
<tr>
<td>VOCATIONAL</td>
<td>Money Management</td>
</tr>
<tr>
<td>CONCEPT OF SELF</td>
<td>Health</td>
</tr>
<tr>
<td>CONCEPT OF SPACE</td>
<td>Responsibility</td>
</tr>
<tr>
<td>CONCEPT OF TIME</td>
<td>Community Awareness</td>
</tr>
<tr>
<td>Personal Interaction</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Factor 3 - Motor Skills</th>
<th>Factor 4 - Personal Hygiene Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROSS MOTOR</td>
<td>Dressing</td>
</tr>
<tr>
<td>FINE MOTOR</td>
<td>Bathing</td>
</tr>
<tr>
<td>TOILETING</td>
<td>Grooming</td>
</tr>
<tr>
<td>DRESSING</td>
<td>Toothbrushing</td>
</tr>
<tr>
<td>PERSONAL HYGIENE</td>
<td>Home Management</td>
</tr>
<tr>
<td>DOMESTIC</td>
<td></td>
</tr>
<tr>
<td>RECREATION</td>
<td></td>
</tr>
<tr>
<td>Fastening</td>
<td></td>
</tr>
<tr>
<td>Eating</td>
<td></td>
</tr>
<tr>
<td>Gross Motor</td>
<td></td>
</tr>
<tr>
<td>Perceptual Motor</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Factor 5 - Concept of Self</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Receptive Language</td>
<td></td>
</tr>
<tr>
<td>Home Management</td>
<td></td>
</tr>
</tbody>
</table>

Eleven of the 13 BLS variables in Factor 1 of the combined BLS and CABS analysis were also common to Factor 1 of the BLS analysis. All four of the BLS variables in Factor 2 of the combined analysis were also common to Factor 2 of the BLS analysis. All seven of the combined variables in Factor 3 of the combined analysis were also common to the BLS analysis.

The single CABS variable in Factor 1 of the combined analysis was common to Factor 1 of the CABS analysis. Factor 2 of the combined analysis shared only one of the nine CABS variables with Factor 2 of the CABS analysis. There were no common variables with Factor 3 of the CABS analysis when compared to the combined analysis.
One factor in both the CABS and the BLS analyses accounted for the majority of the variance within the scales, 59.7% and 72.7% of the variance, respectively.

There were four domain variables of the BLS and CABS which were correlated at significant levels, and also grouped together in factors of the combined analysis (personal interaction/social manners, $r=.61$ [Factor 1], gross motor/gross motor, $r=.60$ [Factor 3], perceptual motor/fine motor, $r=.76$ [Factor 3], and personal management/concept of self, $r=.77$ [Factor 1]). The language domains in both scales also correlated at significant levels but did not group together in factors in the combined analysis (receptive language [Factor 5], spoken language [Factor 1], $r=.58$, and expressive language [Factor 2]/expressive language [Factor 1]), $r=.68$). The domains which measured leisure and recreation in both scales correlated at significant levels, did not group together in the same factor in the combined analysis (leisure [Factor 2]/recreation [Factor 1]), $r=.49$.

**Discussion**

The CABS has a high level of interrater reliability when instructions were provided for its administration. Based on this finding, the null hypothesis ([1] CABS raw scores obtained by multiple raters will show no significant relationship when correlation coefficients are used to compare the scores.) is rejected. Thus, clinicians receiving data from the CABS from direct care workers may be confident that scores are stable across multiple raters.

The findings regarding time to complete the CABS support claims made by Gardner and Breuer (1991). Thus, the CABS allows for a significant reduction in time from two hours for completion of the BLS, and still provides an adequate examination of an individual's abilities. It also represents a significant decrease in the cost of administration compared to the BLS as a major advantage.

The null hypothesis, ([2] When the CABS score for AA [adaptive age] is correlated with the IFI [index of functional independence] score of the BLS there will be no relationship as shown by correlational analysis.) can be rejected based on the findings of
this study. The high relationship between the AA of the CABS and the IFI of the BLS indicates that the two scales are measuring adaptive behavior. In a similar way, Cibiri and Jackson (1981) had evaluated the BLS and its ability to test skills which were similar to the ABS.

There was a high level of correlation between the variables of the CABS and BLS, and specifically between the 12 domains which were similar in content or name. The findings indicate that there is a significant proportion of variance common between the two scales for all the similar domains examined. These relationships are indicators that both assessments are measuring similar constructs within adaptive behavior. Considering this relationship, the null hypothesis, (I3) CABS domains with similar names and similar content as BLS domains will show no relationship.) is rejected for this sample.

The principal component factor analysis did not show that the combined analysis of factors consistently shared variables when compared to the separate analysis. There was not sufficient evidence to reject the null hypothesis (4) Principal component factor analysis of the combined domain scores of the CABS and BLS will show no shared variables among factors when compared to the domain scores of part I of the BLS) based on the combined and the individual factor analysis.

Specifically, Factor 1 of the combined analysis, activities of daily living dominates the skill pool measured by the analysis. Although the CABS contributes to this factor, it does so with only one variable, personal interaction (which is correlated with the respective BLS variable, social manners, and is also present in this factor).

The remaining factors of community living skills, personal hygiene skills and language skills share common BLS and CABS variables. A significant percent of the variance is already accounted for, however, by the first factor (activities of daily living).

On the basis of consistently high levels of correlational information, the two scales adequately evaluate adaptive behavior. While a high degree of relationship between similar domains is present, the correlated domains do not consistently group together in the same
factor groupings; this suggests that, although the BLS and CABS seem to evaluate adaptive behaviors, they do so in different ways.

With regard to this last point, the BLS seems to place more emphasis on an individual's skill level in relation to a community standard. The CABS uses an approach which promotes comparison of an individual to him/herself as the criterion for success. In concrete terms, the BLS would encourage the client to develop eating skills which would enable him/her to eat in a restaurant. The CABS may define success when a client is able to eat with less staff assistance than before; while this client would not be able to eat "adaptively" in a restaurant, he/she would enjoy more personal independence than in the past.

The BLS is a much more powerful assessment tool when analyzed on its own or in combination with the CABS. There were ten of the variables extracted to Factor 1 of the BLS analysis that surfaced in Factor 1 of the combined analysis of the BLS and the CABS. Based on this finding, the null hypothesis, ([5] Principal component factor analysis conducted for the BLS and the CABS separately will show no variables or factors common to the analysis conducted on the combined analysis of the scales.) may be rejected. When compared to the factor analysis of the BLS, the CABS variables do not group in a similar fashion when examined on their own. The BLS seems to drive the assessment and overpower the CABS in its ability to assess skills.

In all three analyses, one factor surfaces as a powerful indicator of assessed abilities: Daily living skills from the BLS analysis, self care skills from the CABS analysis, and activities of daily living from the joint analysis. They all address daily personal needs. Again, the BLS dominates with a more representative skill pool from which to draw.

The combined analysis of the two scales is highly influenced by the BLS. When analyzed on its own, however, the CABS seems to cluster some skills in a more discrete manner than the BLS. The CABS seems to isolate two factors (self care skills and
recreation skills) in a more homogeneous manner than does the BLS, when its factors, even with regard to Factor 3 of the BLS (motor skills) are examined for homogeneity. As is the goal of factor analysis, a great deal of parsimony regarding explanation of the variables has been achieved in the analysis of the CABS and the BLS. Three (BLS), four (CABS) and five (combined BLS and CABS) factors are responsible for most of the total variance of the variables from the two scales. It is thus possible to describe the factors which make up adaptive behavior with a significant reduction from 23 variables to three factors in the BLS, from 24 variables to four factors for the CABS, and from 47 variables to five factors when the two scales are combined. A study by Thackrey (1991) reported similar findings, when a comprehensive Test of Adaptive Behavior (CTAB) had six factors extracted with one factor (self help skills) accounting for 86% of the variance.

Limitations

The external validity of the results may be increased by using larger samples representing various levels of intellectual impairment, as well as levels of care, representative of institutional and community based agencies. Increasing the sample size in this manner would also provide normative data which are lacking in the literature at this time.

Based on the results of the current study use of the CABS may lead to significant savings of staff time completing assessment information.

The data presented here indicate that the CABS provides a quick, reliable and valid measure of adaptive behavior. Efficiency of the CABS should not be the only criterion for the selection of this scale. The selection criteria presented earlier must be used to choose the scale that will meet the needs for which treatment is required. Furthermore, it may be useful to administer more than one scale: the CABS may be used as the primary assessment tool, with the BLS or a similar scale serving as an adjunct to the information gathered by the CABS.
Recommendations

Based on the results of this study, the clinician in a community based agency should consider the CABS as a reasonable choice from the available adaptive behavior scales. The CABS is useful as an intake/initial assessment tool which delivers a satisfactory range of information regarding a person being considered for placement/treatment; it may also prove useful when administered to a client soon after admission to an agency. The CABS may also provide an ongoing baseline of ability for individuals in care (i.e., to compare the individual to him/herself over a period of time).

As has been accomplished with the BLS (Cibiri & Jackson, 1981) and the ABS (Harrison, 1987), an understanding of the relationship of the CABS to IQ, should be developed. Considering the lack of intelligence based measures on file for the participants in the current study, future placements of individuals to community agencies would benefit would benefit from measures relating IQ to both the BLS and CABS, in other words, a choice of tools is available to the clinician.

An examination of the relationship between level of care and performance on the CABS would also prove useful in future research. The following questions may be pursued: (a) Is the CABS a reliable and valid predictor of the level of care an individual requires? Decisions relating to the placement of individuals are, by definition, made prior to placement, at a time when clinical information regarding the individual's level of ability may be lacking. Although the CABS seems to be limited in the scope of adaptive behaviors it measures, it may provide sufficient information to assist with placement. (b) For what level of care is the CABS most useful (e.g., group homes, developmental residences, or independent care settings)? Findings from this study indicate that the CABS is suitable in the assessment of abilities related to self care and recreation: there are specific groups of individuals who may benefit from attention to these areas of adaptive behavior. (c) What is the relationship between CABS scores and presence of maladaptive behaviors? The CABS does not measure problem behaviors in any observable way. There may, however, be
relationships between factors of the CABS, the BLS, or the ABS which will help in
decisions of a predictive nature based on only scores of the CABS.

The CABS is appropriate for a variety of assessment purposes with the mentally
handicapped. Individuals who live in developmental residences often require extensive
training in self care skills and recreation skills. These individuals would benefit from the
assessment in these domain areas provided by the CABS, and the development of training
programs. Second, persons who are mentally handicapped and living quite independently
in the community, also require assistance with skills of recreation and self care, even
though they function at a more autonomous level than those living in developmental
residences. Thus, the CABS may prove useful by establishing an entry level of recreation
and self care skills (i.e., the minimum requirement for independent community living) for
this group of clients when admission is considered.

Children with a mental handicap would also benefit from the CABS. The age
referenced skills are particularly relevant when dealing with the developmental milestones
of childhood. However, at least at the present, the CABS does not appear to provide the
requisite information for assessment of the profoundly handicapped. While it would
measure skill deficits well at this level, program direction does not seem to be sufficient for
adequate planning strategies.

Where a measure of motoric abilities is a consideration for treatment, the CABS
provides a satisfactory measure throughout the various domains. Specific measurement and
subsequent evaluation of adaptive motor responses of an individual would be possible.

Consideration should be given to develop a package of reporting forms designed to
monitor treatment. Quality of treatment provided does not rest solely with the assessment
itself, but rather with repeated measurement of change in behavior over time. In the
ongoing evaluation and modification of treatment goals, a well constructed tracking system
which incorporates the domains of the assessment tool would provide the clinician with a
useful method for treatment planning and recording treatment success.
The CABS may become a more powerful adaptive behavior measure if changes were made to the manner in which the scale is administered. While the BLS measures adaptive behavior by providing a discrete score for each skill rated, the CABS rates only the skill which has been determined to be the most independent in each domain. If more lenient scoring (i.e., rating each skill regardless of assistance required) were allowed in the administration of the CABS, several treatment options would be possible: First, by scoring and preserving all ability levels and including those skills in the final report, skill gaps within domains may be effectively identified. Second, the skills rated in this manner may then be used to develop task analyses to address identified deficits. Specifically, this would allow step-by-step instructions to teach the requisite skills for the chosen domain (e.g., toothbrushing). Third, this scoring method would permit a more in-depth analysis of individual and group scores of the CABS. For example, scores from the sample used in the current study may be scored in the fashion presented above, and become the basis for additional research using the CABS. Anecdotally, it should be noted that during data entry for the current study, the author observed that some of the staff members participating in the present study, used a method of scoring similar to that suggested above. The information provided in these assessments may then be used to pursue the recommended program direction suggested previously.

Conclusion

In conclusion, the data from this study support the continued use of the CABS as a valuable addition to our ability to measure adaptive behavior for persons with a mental handicap. The face validity presented in Gardner and Breuer (1985) now has the benefit of empirical validation within a clinical setting.
References


Chapter 7

RESEARCH

DEVELOPMENTALLY DISABLED SAMPLE

The reliability and validity of the CABS was examined with 118 severely and profoundly retarded young men and women. They ranged in age from 12 to 29 years (Mean age = 23 years), had been institutionalized for an average of 15 years, and included 4 with visual handicaps, 5 with hearing handicaps, 5 with ambulation problems, and 35 with epilepsy. The average social age as measured by the Vineland Social Maturity Scale was 40 (Range 20 to 81) months.

Over a 12 month period, the CABS and the Vineland were administered to each of the subjects, using the same Informant and the same Informant in order to minimize interscorer reliability problems as a confounding factor. The tests were administered within 2 weeks of each other, not necessarily in the same order, and interspersed with as many as 5 other tests at any one time to reduce memory effects.

7.1 RELIABILITY

7.1.1 Internal Reliability

The internal reliability for each person, based on a comparison of the 20 pairs of items, ranged from 70% to 100% agreement, with an average of 94% agreement for all subjects.

7.1.2 Interscorer Reliability

Interscorer reliability was determined by having two Informants rate the same 10 subjects. For AA and WR, the Pearson r coefficients were .86 and .80 respectively (p<.01) and the Spearman Rho coefficients were .91 and .97 respectively (p>.00001).

With respect to delineating Strengths and Weaknesses (defined as one or more standard deviations above/below the mean), the Informants agreed on 98% of the possible pairings. In only 14 of the cases were Type I/II errors committed (i.e., a domain identified as a strength by one Informant was identified as a weakness by the second Informant). These errors were confined to an individual whose overall AA score was 8.58 years and who had received minimal scores on more than half the domains, so that even minute differences in scoring could be reflected in Type I/II errors.

Across the 24 areas, interscorer agreement averaged 63% while in another 22% of the cases, the judgements were within a 12 month range of each other. In only 15% of the cases were judgements greater than 12 months difference made. For these same subjects, interscorer agreement on the Vineland was 58% while disagreements greater than 12 months were 36%.

7.1.3 Intrascorer Reliability
Intrascorer reliability was determined by having one informant re-rate 18 persons following a period of one week. The resulting Pearson r coefficients were .81 and .85 for AA and WR respectively, while the Spearman Rho coefficients were .87 and .92.

7.2 VALIDITY

7.2.1 Internal Validity

The internal validity for each person, based on a comparison of the 31 pairs of items, ranged from 79% to 100% agreement, with an average of 98% agreement for all subjects.

7.2.2 Concurrent Validity: AA

Concurrent validity for AA was assessed by comparing the Social Age scores obtained on the Vineland with the Adaptive Age scores obtained on the CABS. The Pearson r = .95, N=110, is significant at the .001 level.

A second measure of concurrent validity was taken by having a Psychiatric Technician familiar with a group of 14 subjects rank order them with respect to overall competence, and then the rankings were compared with rank orders generated from the Adaptive Age scores. The Spearman-Rho thus generated was .77 which is significant at the .001 level.

7.2.3 Concurrent Validity: SR

Concurrent validity for the School Readiness score was obtained by comparing scores obtained with the Peabody Picture Vocabulary Test with the CABS SR score. The Spearman-Rho based on a comparison of 15 subjects was .63 which is significant at the .001 level.

7.2.4 Concurrent Validity: WR

Concurrent validity for the Work Readiness Scale was obtained by having Vocational Education Instructors rank order 12 subjects with respect to overall vocational readiness (disregarding behavioral problems), and comparing these rankings with rank orders generated by the WR Scale. The Spearman-Rho was .64 which is significant at the .05 level.

Concurrent validity was also assessed by comparing scores on the Vocational Interest and Sophistication Assessment with WR scores for these same 12 subjects. The Spearman-Rho was .68 which is significant at the .05 level.

NON-DISABLED SAMPLE

In addition to the study generated by the severely and profoundly retarded young men, a second study with normal children was undertaken. This study involved 46 normal children enrolled in elementary school. They ranged in age from 6 to 12 (Mean age = 8.4), had no psychosensory handicaps, and were from predominately white middle class homes. The CABS was administered by the children's
teachers and mothers, allowing for comparisons between different judges. School grades were used as the criteria for the SR score in the youngest children, and overall judgements by teachers were used as the criteria for AA scores.

7.3 RELIABILITY

The reliability for each student, based on a comparison of the 20 pairs of items, ranged from 80% to 100%, with an average of 95% agreement.

7.4 VALIDITY

7.4.1 Internal Validity

The internal validity for each student, based on a comparison of the 31 pairs of items, ranged from 60% to 100%, with an average agreement of 97%.

7.4.2 Concurrent Validity: AA

Concurrent validity was assessed by comparing the Teacher's overall evaluation with AA scores for each of the 4 class grades involved. The Spearman-Rho was .81 which was significant at the .01 level.

7.4.3 Concurrent Validity: SR

Concurrent validity was assessed by comparing the academic achievement records of the youngest students with their SR scores. The Spearman-Rho was .77 which is significant at the .05 level.
Appendix B

The Adaptive Behavior Scale

A A M D
ADAPTIVE BEHAVIOR SCALE
For Children and Adults
1974 Revision

Name _____________________________  Special Identification _____________________________
(last) (first)

Date ___________________________ Sex: M Date of Birth ___________________________
(mo) (day) (year) (mo) (day) (year)

Name of person filling out Scale _____________________________________________________________

Source of information and relationship to person being evaluated (such as "John Doe - Parent," or "Self - Physician") ___________________________________________________________________________________

Additional Information: ________________________________________________________________

This Scale consists of a number of statements which describe some of the ways people act in different situations. There are several ways of administering the Scale; these, and detailed scoring instructions, appear in the accompanying Manual.

Instructions for the second part of the Scale immediately precede the second half of this booklet.

INSTRUCTIONS FOR PART ONE

There are two kinds of items in the first part of the Scale. The first requires that you select only ONE of the several possible responses. For example:

[2] Eating in Public (Circle only ONE)

| Orders complete meals in restaurants | 1 |
| Orders simple meals like hamburgers or hot dogs | 2 |
| Orders soft drinks at soda fountain or cafeteria | 3 |
| Does not order at public eating places | 0 |

2

Notice that the statements are arranged in order of difficulty: 3, 2, 1, 0. Circle the one statement which best describes the most difficult task the person can usually manage. In this example, the individual being observed can order simple meals like hamburgers or hot dogs (2), but cannot order a complete dinner (3). Therefore, (2) is circled in the example above. In scoring, 2 is entered in the circle to the right.

©1969, 1974, 1975 American Association on Mental Deficiency
The second type of item asks you to check all statements which apply to the person. For example:

[4] Table Manners
(Check all statements which apply)

<table>
<thead>
<tr>
<th>Swallows food without chewing</th>
<th>Chews food with mouth open</th>
<th>Drops food on table or floor</th>
<th>Uses napkin incorrectly or not at all</th>
<th>Talks with mouth full</th>
<th>Takes food off others' plates</th>
<th>Eats too fast or too slow</th>
<th>Plays in food with fingers</th>
<th>None of the above</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the example above, the second and fourth items are checked to indicate that the person "chews food with mouth open" and "uses napkin incorrectly." In scoring, the number of items checked, 2, is subtracted from 8, and the item score, 6, is entered in the circle to the right. Most items do not, however, require this subtraction; instead, the number checked can be directly entered as the score. The statement "None of the above," which is included for administrative purposes only, is not to be counted in scoring here.

Some items may deal with behaviors that are clearly against local regulations, (e.g., use of the telephone), or behaviors that are not possible for a person to perform because the opportunity does not exist, (e.g., eating in restaurants is not possible for someone who is bedridden). In these instances, you must still complete your rating. Give the person credit for the item if you feel absolutely certain that he or she can and would perform the behavior without additional training had he or she the opportunity to do so. Write "AR" for "Against Regulations" or "HNO" for "Has No Opportunity." next to the rating made in these cases. These notations will not affect the eventual scoring of that item, but will contribute to the understanding and interpretation of the person's adaptive behavior and environment.

Please observe the following general rules in completing the Scale:

1. In items which specify "with help" or "with assistance" for completion of task, these mean with direct physical assistance.

2. Give the person credit for an item even if he or she needs verbal prompting or reminding to complete the task unless the item definitely states "without prompting" or "without reminder."

This Scale is prepared for general use. Therefore, some of the items may not be appropriate for your specific setting, but please do try to complete all of them.
PART ONE

1 INDEPENDENT FUNCTIONING

A EATING

(1) Use of Table Utensils (Circle only ONE)
- Uses knife and fork correctly and neatly 1
- Uses knife and fork for cutting or spreading 1
- Feeds self with spoon and fork - neatly 1
- Feeds self with spoon and fork - considerable spillage 2
- Feeds self with spoon - neatly 2
- Feeds self with spoon - considerable spillage 3
- Feeds self with fingers or must be fed 4

(2) Eating in Public (Circle only ONE)
- Orders complete meals in restaurants 1
- Orders simple meals like hamburgers or hot dogs 2
- Orders soft drinks at soda fountain or cafe 3
- Does not order at public eating places 0

(3) Drinking (Circle only ONE)
- Drinks without spillage, using glass in one hand 1
- Drinks from cup or glass unassisted - neatly 2
- Drinks from cup or glass unassisted - considerable spillage 3
- Does not drink from cup or glass unassisted 0

(4) Table Manners (Check ALL statements which apply)
- Eats slowly without chewing 1
- Eats food on table or floor 1
- Uses napkin incorrectly or not at all 1
- Talks with mouth full 1
- Takes food off others' plates 1
- Eats too fast or too slow 1
- Plays in food with fingers 1
- None of the above 1

B TOILET USE

(1) Self-Care at Toilet
- Uses toilet seat without help 1
- Set up toilet seat without help 1
- Uses toilet tissue appropriately 1
- Washes hands after use 1
- Uses on clothes without help 1
- None of the above 1

C. CLEANLINESS

(1) Washing Hands and Face
- Washes hands with soap 1
- Washes face with soap 1
- Washes hands and face with water 1

(2) Bathing (Circle only ONE)
- Washes and dries self completely without prompting or helping 1
- Washes and dries self reasonably well with prompting 2
- Atomizes soap and wash self 3
- Cooperates when being washed and dried by others 4
- Makes no attempt to wash or dry self 5

(3) Personal Hygiene
- Has clean undergarments 1
- Does not change undergarments regularly by self 1
- Skin is clean, dirty or not noticed 1
- Does not keep nails clean or short 1
- None of the above 1

(4) Tooth Brushing (Circle only ONE)
- Brushes teeth without help but cannot apply toothpaste 1
- Brushes teeth with supervision 1
- Cooperates in having teeth brushed 1
- Makes no attempt to brush teeth 1

A EATING

ADD 1-4

B TOILET USE

ADD 5-6

TOTAL

SU
### Appendix B (continued)

**F. Dressing and Undressing**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely dresses self</td>
<td>5</td>
</tr>
<tr>
<td>Completely dresses self with verbal prompting only</td>
<td>3</td>
</tr>
<tr>
<td>Dresses self by pulling or pulling on all clothes with verbal prompting and by (teasing, licking, tugging, pulling) them with help</td>
<td>3</td>
</tr>
<tr>
<td>Dresses self by pulling or pushing on most clothes and tugging them</td>
<td>3</td>
</tr>
<tr>
<td>Cooperates when dressed by extending arms or legs</td>
<td>3</td>
</tr>
<tr>
<td>Must be dressed completely</td>
<td>0</td>
</tr>
</tbody>
</table>

**G. Travel**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goes a few blocks from hospital or school ground or several blocks from home without getting lost</td>
<td>3</td>
</tr>
<tr>
<td>Goes around hospital ground or a few blocks from home without getting lost</td>
<td>2</td>
</tr>
<tr>
<td>Goes around cottage yard or home alone</td>
<td>1</td>
</tr>
<tr>
<td>Goes lost whenever leaving own living area</td>
<td>0</td>
</tr>
</tbody>
</table>

**D. Appearance**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth hangs open</td>
<td>5</td>
</tr>
<tr>
<td>Head hangs down</td>
<td>5</td>
</tr>
<tr>
<td>Sneeze sticks out because of posture</td>
<td>4</td>
</tr>
<tr>
<td>Shoulders hump forward and back bent</td>
<td>3</td>
</tr>
<tr>
<td>Walks with toes out or toes in</td>
<td>3</td>
</tr>
<tr>
<td>Walks with feet for apart</td>
<td>3</td>
</tr>
<tr>
<td>Slaps, slaps, or stamps feet when walking</td>
<td>3</td>
</tr>
<tr>
<td>Walks on tip toes</td>
<td>3</td>
</tr>
<tr>
<td>None of the above</td>
<td>0</td>
</tr>
</tbody>
</table>

**E. Care of Clothing**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wears and places shoes when needed</td>
<td>5</td>
</tr>
<tr>
<td>Puts clothes in drawer or chest neatly</td>
<td>5</td>
</tr>
<tr>
<td>Sits, clothes in laundry without being reminded</td>
<td>5</td>
</tr>
<tr>
<td>Hangs up clothes without being reminded</td>
<td>5</td>
</tr>
<tr>
<td>None of the above</td>
<td>5</td>
</tr>
</tbody>
</table>

**C. Travel**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Came to hospital or school ground</td>
<td>5</td>
</tr>
<tr>
<td>Came around hospital ground or a few blocks from home without getting lost</td>
<td>5</td>
</tr>
<tr>
<td>Came around cottage yard or home alone</td>
<td>5</td>
</tr>
<tr>
<td>Came lost whenever leaving own living area</td>
<td>5</td>
</tr>
</tbody>
</table>
II PHYSICAL DEVELOPMENT

A. Sensory Development

(Observeable functioning ability)

[22] Vision

(Circle only ONE)

- No difficulty in seeing
- Some difficulty in seeing
- Great difficulty in seeing
- No vision at all

[23] Hearing

(Circle only ONE)

- No difficulty in hearing
- Some difficulty in hearing
- Great difficulty in hearing
- No hearing at all

B. Motor Development

[34] Body Balance

(Circle only ONE)

- Stands on "tiptoes" for ten seconds or asked
- Stands on one leg for two seconds or asked
- Stands with support
- Stands without support
- Can do none of the above

[35] Walking and Running

(Check ALL statements which apply)

- Walks alone
- Walks up and down stairs alone
- Walks down stairs by alternating feet
- Runs without tripping
taps, trips, or jumps
- Can do none of the above

[26] Control of Hands

(Check ALL statements which apply)

- Catches a ball
-.Throws a ball overhead
- Lifts up or glass
- Cuts with thumb and fingers
- Can do none of the above

H. Other Independent Functioning

(Almost all statements which apply)

- Prepares own bed at night
- Gets in bed unassisted; e.g., getting in bed, covering with blanket, etc.
- Has ordinary control of appetite, eats moderately
- Knows passage rates, buys stamps from Post Office
- Looks after personal health, e.g., changes own clothing
- Deals with simple incidents, e.g., cuts, burns
- Knows how and where to obtain a doctor's or dentist's help
- Knows about welfare facilities in the area
- Can do none of the above

I. INDEPENDENT FUNCTIONING

Triangles A-H

ADD 32-35

ADD 13-19
Appendix B (continued)

III. ECONOMIC ACTIVITY

A. Money Handling and Budgeting

[29] Money Handling (Circle only ONE)

Uses banking facilities independently 4
Makes change correctly but does not use banking facilities 3
Adds coins of various denominations, up to one dollar 2
Uses money, but does not make change correctly 1
Does not use money 0

[30] Budgeting

Saves money or spends for a particular purpose 4
Budgets food, meals, etc. 3
Spends money with some planning 2
Controls own major expenditures 1
None of the above 0

A. Money Handling and Budgeting

B. Shopping Skills

[31] Shopping Skills (Circle only ONE)

Bought own clothing 5
Bought own clothing accessories 4
Makes more purchases without help (candy, soft drinks, etc.) 3
Does shopping with slight supervision 2
Does shopping with close supervision 1
Does no shopping 0

B. Shopping Skills

IV. LANGUAGE DEVELOPMENT

A. Expression

[32] Writing (Circle only ONE)

Writes sensible and understandable letters 5
Writes short notes and memos 4
Writes or prints forty words 3
Writes or prints ten words 2
Writes or prints own name 1
Cannot write or print any words 0

[33] Verbal Expression

(Click ALL statements which apply)

Nods head or smiles to express happiness 4
Indicates hunger 3
Indicates wants by prancing or vocal noises 2
Chuckles or laughs when happy 1
Expresses pleasure or anger by vocal noises 0
Is able to say at least a few words (Enter "0" if checked, regardless of other items) 4
None of the above 0

A. Expression

[34] Articulation (Circle only ONE)

Applies to all statements which apply to no speech, check "None" and enter "0" in the circle

Speech is low, weak, whisper or difficult to hear 4
Speech is slurred, deliberate or difficult to hear 3
Speech is hurried, accelerated or pushed 2
Speaks with blocking, halting, or other irregular speech 1
None of the above 0

A. Expression
Appendix B (continued)

C. Social Language Development

[39] Conversations

- Users phrases such as 'please' and 'thank you'
- In activities and tasks during meals
- Talks to others about sports, family, friends, activities, etc.
- None of the above

[40] Miscellaneous Language Development

- Can be reasoned with
- Obviously responds when talked to
- Talks sensibly
- Reads books, newspapers, magazines for enjoyment
- Repeats a story with little or no difficulty
- Fills in the main items on an application form reasonably well
- None of the above

B. Comprehension

[38] Comprehends instructions

- Can be reasoned with
- Can be worked out
- Can be reasoned with
- Can be worked out
- None of the above

IV LANGUAGE DEVELOPMENT

- ADD TRIANGLES A-C

V. NUMBERS AND TIME

[41] Numbers

- Does simple addition and subtraction
- Counts time or more objects
- Mentally counts to ten
- Counts two objects by saying one, two
- Discriminates between one and many or a lot
- Has no understanding of numbers

B Comprehension

- ADD 37-38

[35] Sentences (Circle only ONE)

- Sometimes uses complete sentences containing 'because,' 'but,' etc.
- Asks questions using words such as 'who,' 'how,' 'what,' etc.
- Speaks in simple sentences
- Speaks in pronoun phrases only, or in non-verbal

[36] Word Usage (Circle only ONE)

- Talks about action when describing pictures
- Names people or objects when describing pictures
- Names familiar objects
- Asks for things by their appropriate names
- In non-verbal or nearly non-verbal
Appendix B (continued)

VI. DOMESTIC ACTIVITY

A. Cleaning

[48] Room Cleaning (Circle only ONE)

Cleans room well, e.g., sweeping, dusting and tidying
Cleans room but not thoroughly
Does not clean room at all

[49] Laundry (Check ALL statements which apply)

Washes clothing
Dries clothing
Folds clothing
Folds clothing when appropriate
Necessity of the above

B. Kitchen

[50] Table Setting (Circle only ONE)

Places all eating utensils as well as napkins
Well prepared, set to positions learned
Places plates, glasses and utensils in positions learned
Places where plates, etc. on the table
Does not set table at all

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room Cleaning</td>
<td>Cleans room well</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Cleans room but not thoroughly</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Does not clean room at all</td>
<td>0</td>
</tr>
<tr>
<td>Laundry</td>
<td>Washes clothing</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Dries clothing</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Folds clothing</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Folds clothing when appropriate</td>
<td>0</td>
</tr>
<tr>
<td>Table Setting</td>
<td>Places all eating utensils as well as napkins</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Well prepared, set to positions learned</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Places plates, glasses and utensils in positions learned</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Places where plates, etc. on the table</td>
<td>0</td>
</tr>
</tbody>
</table>
Appendix B (continued)

[51] Job Performance
(Check ALL statements which apply)
If "0" is circled on item 50, check "none of the above" and enter "0" in the circle)
Endangers others because of carelessness
Does not take care of tasks
Is a very slow worker
Does sloppy, inaccurate work
None of the above

[52] Work Habits
(Check ALL statements which apply)
If "0" is circled on item 50, check "none of the above" and enter "0" in the circle.
Is late from work without good reason
Is often absent from work
Does not complete jobs without constant encouragement
Leaves work station without permission
Grumbles or gripes about work
None of the above

VII. VOCATIONAL ACTIVITY

VIII. SELF-DIRECTION

A. Initiative
[53] Initiative (Circle only ONE)
Involves most of own activities, e.g.
Talks, games, etc
Asks if there is something to do, or
Explains surroundings, e.g., home, yard, etc
Wills in activities only if assigned or
Directed
Will not engage in assigned activities, e.g.
Putting away toys, etc

[54] Passivity
(Check ALL statements which apply)
Has to be made to do things
Has no ambition
Seems to have no interest in things
Finishes task last because of wasted time
Is unnecessarily dependent on others for help
Movement is slow and sluggish
None of the above
Does not apply, e.g., because he or
She is totally dependent on others
If checked, enter 0 on the circle to the right

A Initiative

B Perseverance

[55] Perseverance
(Circle only ONE)
Will pay attention to purposeful activities for
More than twenty minutes, e.g., playing
Games, reading, cleaning up
Will pay attention to purposeful activities for at
Least fifteen minutes
Will pay attention to purposeful activities for at
Least ten minutes
Will pay attention to purposeful activities for at
Least five minutes
Will pay attention to purposeful activities for at
Least three minutes

VIII. SELF-DIRECTION

C. Leisure Time

[57] Leisure Time Activities
(Check ALL statements which apply)
Organizes leisure time on a fairly complex
Level, e.g., playing board, dishes, etc
Has hobbies, e.g., painting, embroidery,
Collecting stamps or coins
Organizes leisure time adequately on a simple
Level, e.g., watching television, listening to
Radio, etc.
None of the above

C Leisure Time

IX. RESPONSIBILITY

[58] Personal Belongings
(Circle only ONE)
Very dependable always takes care of
Personal belongings
Usually dependable usually takes care of
personal belongings
Unreliable seldom takes care of personal
Belongings
Not responsible at all does not take care of
Personal belongings

IX RESPONSIBILITY
### IX. RESPONSIBILITY

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>100</td>
<td>General Responsibility (Circle only ONE)</td>
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</table>

#### A. Interactions with Others (Circle only ONE)

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>200</td>
<td>Interacts with others in group games or activity</td>
<td>3</td>
</tr>
<tr>
<td>201</td>
<td>Interacts with others for at least a short period at time, e.g., showing or delivering toys, clothing, or objects</td>
<td>2</td>
</tr>
<tr>
<td>202</td>
<td>Interacts with others sensitively with little interaction</td>
<td>1</td>
</tr>
</tbody>
</table>

#### B. Participation in Group Activities (Circle only ONE)

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>300</td>
<td>Initiates group activities (leader and organizer)</td>
<td>3</td>
</tr>
<tr>
<td>301</td>
<td>Participants in group activities spontaneously and eagerly (active participant)</td>
<td>2</td>
</tr>
</tbody>
</table>

#### C. Social Maturity (Check ALL statements which apply)

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Score</th>
</tr>
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<tbody>
<tr>
<td>400</td>
<td>Recognizes own family</td>
<td></td>
</tr>
<tr>
<td>401</td>
<td>Recognizes people other than family</td>
<td></td>
</tr>
<tr>
<td>402</td>
<td>Has information about others, e.g., job, address, relationship self</td>
<td></td>
</tr>
<tr>
<td>403</td>
<td>Knows the names of people close to him, e.g., classmates, neighbors</td>
<td></td>
</tr>
<tr>
<td>404</td>
<td>Knows the names of people not regularly encountered</td>
<td></td>
</tr>
</tbody>
</table>

### X. SOCIALIZATION

#### A. Cooperation (Circle only ONE)

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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</tr>
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<tbody>
<tr>
<td>500</td>
<td>Offers assistance to others</td>
<td>2</td>
</tr>
<tr>
<td>501</td>
<td>Is willing to help if asked</td>
<td>1</td>
</tr>
<tr>
<td>502</td>
<td>Never helps others</td>
<td>0</td>
</tr>
</tbody>
</table>

#### B. Consideration for Others (Check ALL statements which apply)

<table>
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</thead>
<tbody>
<tr>
<td>600</td>
<td>Shows interest in the affairs of others</td>
<td></td>
</tr>
<tr>
<td>601</td>
<td>Takes care of others’ belongings</td>
<td></td>
</tr>
<tr>
<td>602</td>
<td>Directs or manages the affairs of others when needed</td>
<td></td>
</tr>
<tr>
<td>603</td>
<td>Shows consideration for others’ feelings</td>
<td></td>
</tr>
</tbody>
</table>

#### C. Awareness of Others (Check ALL statements which apply)

<table>
<thead>
<tr>
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<tr>
<td>700</td>
<td>Recognizes own family</td>
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</table>
Appendix B (continued)

INSTRUCTIONS FOR PART TWO

Part Two contains only one type of item. The following is an example:

(2) Damages Personal Property

<table>
<thead>
<tr>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tears, tears, or chews own clothing</td>
<td>1</td>
</tr>
<tr>
<td>Steals own property</td>
<td></td>
</tr>
<tr>
<td>Tears up own magazines, books, or other possessions</td>
<td>1</td>
</tr>
<tr>
<td>Other (specify ______________________)</td>
<td>1</td>
</tr>
<tr>
<td>_________________ None of the above</td>
<td>1</td>
</tr>
</tbody>
</table>

Select those of the statements which are true of the individual being evaluated, and circle (1) if the behavior occurs occasionally, or (2) if it occurs frequently. Check "None of the Above" where appropriate. In scoring, total each column on the bottom (Total) line, and enter the sum of these totals in the circle to the right. When "None of the above" is checked, enter 0 in the circle to the right. In the above example, the first statement is true occasionally, and the last two statements are true frequently; therefore, a score of 5 has been entered.

"Occasionally" signifies that the behavior occurs once in a while, or now and then, and "Frequently" signifies that the behavior occurs quite often, or habitually.

Use the space for "Other" when:

1. The person has related behavior problems in addition to those circled
2. The person has behavior problems that are not covered by any of the examples listed

The behavior listed under "Other" must be a specific example of the behavior problem stated in the item.

Some of the items in Part Two describe behaviors which need not be considered maladaptive for very young children (for example, pushing others). The question of whether a given behavior is adaptive or maladaptive depends on the way that particular behavior is viewed by people in our society. Nonetheless, in completing this Scale you are asked to record a person's behavior as accurately as possible, ignoring, for the moment, your personal biases, then, when you later interpret the impact of the reported behaviors, you should take into consideration societal attitudes.
## PART TWO

### I. VIOLENT AND DESTRUCTIVE BEHAVIOR

<table>
<thead>
<tr>
<th>Description</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threatening or Does Physical Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses threatening gestures</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Indirectly causes injury to others</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Spins on others</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Pushes, scratches or punches others</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Pulls others' hair, ears, etc</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Bites others</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Kicks, strikes, or slaps others</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Throws objects at others</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Chokes others</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Uses objects as weapons against others</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Hurts animals</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of the above</td>
<td></td>
<td></td>
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<tr>
<td>Total</td>
<td></td>
<td></td>
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</tbody>
</table>

### II. ANTONIC SOCIAL BEHAVIOR

<table>
<thead>
<tr>
<th>Description</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threw or Gave Others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gave or gave others</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Gave or gave others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others' clothing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of the above</td>
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<tr>
<td>Total</td>
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### III. DISTURBING BEHAVIOR

<table>
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<tr>
<th>Description</th>
<th>Occasionally</th>
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</tr>
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<tbody>
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<td></td>
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<td>Other (specify)</td>
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<td>Name of the above</td>
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### IV. DISTURBING BEHAVIOR

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<tbody>
<tr>
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### V. DISTURBING BEHAVIOR

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<tr>
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### VI. DISTURBING BEHAVIOR

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### VII. DISTURBING BEHAVIOR

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</table>

### VIII. DISTURBING BEHAVIOR

<table>
<thead>
<tr>
<th>Description</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threw or gave others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gave or gave others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Threw or gave others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gave or gave others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others' clothing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of the above</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### III. REBELLIOUS BEHAVIOR

<table>
<thead>
<tr>
<th>Occasionally</th>
<th>Frequently</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>[91]</strong> Ignores Regulations or Regular Routines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has negative attitude toward rules but usually conforms</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Has to be forced to go through washing lines, e.g. lunch lines, ticket lines, etc.</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Violates rules or regulations, e.g. eats in restricted areas, disables traffic signals, etc.</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Refuses to participate in required activities, e.g. work, school, etc.</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

| **[92]** Shows Disrespect for Others' Property | | | |
| Does not return things that were borrowed | 1 | 2 | |
| Uses others' property without permission | 1 | 2 | |
| Loan others' belongings | 1 | 2 | |
| Damages others' property | 1 | 2 | |
| Does not recognize the difference between one's own and others' property | 1 | 2 | |
| Other (specify) | 1 | 2 | |
| None of the above | | Total | | |

| **[93]** Uses Impolite or Rebellion | | | |
| Uses hostile language, e.g., "stupid jerk," "dirty pig," etc. | 1 | 2 | |
| Sarcasm, crude, or uses obscene language | 1 | 2 | |
| Yells or screams threats of violence | 1 | 2 | |
| Verbally threatens others, suggesting physical violence | 1 | 2 | |
| Other (specify) | 1 | 2 | |
| None of the above | | Total | | |

### II. ANTISOCIAL BEHAVIOR

**ADD 6-11**
**Appendix B (continued)**

<table>
<thead>
<tr>
<th>IX. UNACCEPTABLE OR ECCENTRIC HABITS</th>
<th>Occasional</th>
<th>Frequent</th>
</tr>
</thead>
<tbody>
<tr>
<td>[30] Has Other Economic Habits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and Tendencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is overly particular about places to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sit or sleep</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Stands on a reverse stair, e.g., by a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>window by door, etc.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Stays by anything that vibrates</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Is afraid to climb stairs or to go</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>down stairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does not want to be touched</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Scared if touched</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>X. SELF-ABUSIVE BEHAVIOR</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[31] Over Physically Violence to Self</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burns or cuts self</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Smokes or turns self</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Burns head or other parts of the body</td>
<td></td>
<td></td>
</tr>
<tr>
<td>against others</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Puts own hair, ears, etc.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Scratches or picks self causing</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burns and tears self</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Purposely provokes abuse from others</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Picks at any ears he might have</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Puts objects on own ears, eyes, nose,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or mouth</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>XI. HYPERACTIVE TENDENCIES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[32] Has Hyperactive Tendencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talks excessively</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Will not sit still for any length of</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constantly runs or jumps around the</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>room or hall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Always carries or carries constantly</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>XII. SEXUALLY ABERRANT BEHAVIOR</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[33] Engages in Inappropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masturbation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has attempted to masturbate</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Masturbates in front of others</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Masturbates in group</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

| [34] Exposes Body Unnaturally         |            |         |
| after some task                       | 1          | 2       |
| Stands in public places with pants   | 1          | 2       |
| down or with dress up                 |            |         |
| Exposes body excessively during       | 1          | 2       |
| activities                           |            |         |
| Upholds or public places, or in      | 1          | 2       |
| front of lighted windows              |            |         |
| Other (specify)                       | 1          | 2       |
| Total                                | 1          | 2       |

| [35] Has Homosexual Tendencies       |            |         |
| If sexually attracted to members of  | 1          | 2       |
| the same sex                         |            |         |
| Has approached others and attempted  | 1          | 2       |
| homosexual acts                      |            |         |
| Has engaged in homosexual activity   | 1          | 2       |
| Other (specify)                      | 1          | 2       |
| Total                                | 1          | 2       |

| [36] Sexual Behavior That is         |            |         |
| Socially Unacceptable                |            |         |
| Is overly seductive or               | 1          | 2       |
| attractive                            |            |         |
| Plays or carries too intensely in     | 1          | 2       |
| public                               |            |         |
| Licks or kisses others' clothing to  | 1          | 2       |
| touch or meashes                      |            |         |
| Has sexual relations in public places| 1          | 2       |
| Is overly aggressive sexually         | 1          | 2       |
| Has raped others                     | 1          | 2       |
| Is easily taken advantage of sexually | 1          | 2       |
| Other (specify)                      | 1          | 2       |
| Total                                | 1          | 2       |
### Appendix B (continued)

**Criterion-Related Validation of the California Adaptive Behavior Scale**

#### IX. UNACCEPTABLE OR ECCENTRIC HABITS

<table>
<thead>
<tr>
<th>Occasional</th>
<th>Frequently</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### X. SELF-ABUSIVE BEHAVIOR

<table>
<thead>
<tr>
<th>Commonality</th>
<th>Occasional</th>
<th>Frequently</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bites or cuts self</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Slaps or slaps self</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Bits, head, or other parts of the body against objects</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Penetrate nose, ears, etc</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Scratches or picks self causing injury</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Smells and wets self</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Pours or throws food from others</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Puts in any arena he might have</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Picks objects in own ears, eyes, nose, or mouth</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

#### XI. HYPERACTIVE TENDENCIES

<table>
<thead>
<tr>
<th>Occasional</th>
<th>Frequently</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### XII. SEXUALLY ABERRANT BEHAVIOR

<table>
<thead>
<tr>
<th>Occasional</th>
<th>Frequently</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Notes:
- Enter 31 to enter.
- Enter 32 to enter.
- Add 27.36 to total.
- Add 33.36 to total.
XIII PSYCHOLOGICAL DISTURBANCES

![Table content with columns for Occasional and Frequent responses to behaviors related to psychological disturbances.](https://example.com/table)
# Appendix C

## The Basic Life Skills Scale

### Answer Booklet

**Basic Life Skills Scale**

*by*  
Stephen M. Cibiri  
Lloyd J. Jackson

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>Date of birth</th>
<th>C.B. no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Assessment</th>
<th>Residence/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Assessor**
  - **Low**: 1 - I do not know him/her with respect to his/her level of functioning.
  - **Medium**: 2 - I have some idea about his/her functioning but am not sure of my accuracy.
  - **High**: 3 - I know his/her functioning accurately in only a few areas.
  - **Very High**: 4 - I know his/her functioning accurately in most areas.
  - **Highest**: 5 - I know his/her functioning accurately in all areas.

<table>
<thead>
<tr>
<th>Overall average score for:</th>
<th>Part I</th>
<th>Basic Life Skills</th>
<th>(a) =</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall average score for:</td>
<td>Part II</td>
<td>Personal Social Behaviors</td>
<td>(b) =</td>
</tr>
<tr>
<td>Level of:</td>
<td>Part III</td>
<td>Moral Awareness</td>
<td>(c) =</td>
</tr>
</tbody>
</table>

**Index of Functional Independence (I.F.I.)**  
$$ (a+b) \times 10 - c ) = $$

---

**Basic Life Skills Scale**

Assessment of Functional Independence and Program Needs of Developmentally Retarded Persons

*by*  
Stephen M. Cibiri & Lloyd J. Jackson
Appendix C (continued)

Part I  Basic Life Skills

Levels of Performance

5  Performs (specific) task completely independently in the appropriate time and manner. Adapts to situation.
4  Knows how to perform the task but is slow and needs to be reminded or motivated to do it.
3  Can perform part of the task. Requires physical guidance to complete it.
2  Shows interest, makes attempts but does not know how to perform the task.
1  Shows no awareness of what is required - expected of him/her. Is unresponsive and passive.
0  Unable to perform the task due to the specific physical handicap.

<table>
<thead>
<tr>
<th>A. Gross Motor Skills (total: 1)</th>
<th>B. Fine Motor Skills (total: )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1. Motor Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Perceptual Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A. Visual Discrimination (total: )</th>
<th>B. Auditory Discrimination (total: )</th>
<th>C. Tactile Discrimination (total: )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Self Care Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Dressing Skills (total: )</th>
<th>D. Personal Hygiene Skills (total: )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Basic Life Skills

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A: Communication Skills</td>
<td>B: Social Skills</td>
<td>C: Academic Skills</td>
</tr>
</tbody>
</table>

#### 6. Community Living

- C: Vocational Skills
- B: Community Skills
- A: Domestic Skills

#### 5. Social Skills

- A: Personal Relations
- B: Social Relations
- C: Recreational Skills

#### 4. Communication Skills

- A: Language Expressive
- B: Language Receptive

---

Appendix C (continued)
Part 1 SUMMARY PROFILE of Basic Life Skills

<table>
<thead>
<tr>
<th>Skill Area</th>
<th>Raw Score</th>
<th>Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 A. Gross Motor Skills</td>
<td>25</td>
<td>1st</td>
</tr>
<tr>
<td>B. Fine Motor Skills</td>
<td>15</td>
<td>1st</td>
</tr>
<tr>
<td>Overall Motor Skills</td>
<td>40</td>
<td>5th</td>
</tr>
<tr>
<td>2 A. Visual Discrimination</td>
<td>7</td>
<td>1st</td>
</tr>
<tr>
<td>B. Auditory Discrimination</td>
<td>6</td>
<td>1st</td>
</tr>
<tr>
<td>C. Tactile Discrimination</td>
<td>6</td>
<td>5th</td>
</tr>
<tr>
<td>Overall Perceptual Skills</td>
<td>19</td>
<td>10th</td>
</tr>
<tr>
<td>3 A. Eating Skills</td>
<td>12</td>
<td>1st</td>
</tr>
<tr>
<td>B. Toilet Skills</td>
<td>12</td>
<td>5th</td>
</tr>
<tr>
<td>C. Dressing Skills</td>
<td>20</td>
<td>10th</td>
</tr>
<tr>
<td>D. Personal Hygiene</td>
<td>17</td>
<td>15th</td>
</tr>
<tr>
<td>Overall Self Care Skills</td>
<td>61</td>
<td>50th</td>
</tr>
<tr>
<td>4 A. Comprehension of Spoken Language</td>
<td>10</td>
<td>1st</td>
</tr>
<tr>
<td>B. Expressive Language</td>
<td>9</td>
<td>5th</td>
</tr>
<tr>
<td>Overall Communication Skills</td>
<td>19</td>
<td>10th</td>
</tr>
<tr>
<td>5 A. Human Relations</td>
<td>7</td>
<td>1st</td>
</tr>
<tr>
<td>B. Social Manners</td>
<td>8</td>
<td>5th</td>
</tr>
<tr>
<td>C. Recreational Skills</td>
<td>9</td>
<td>10th</td>
</tr>
<tr>
<td>Overall Social Skills</td>
<td>24</td>
<td>15th</td>
</tr>
<tr>
<td>6 A. Domestic Skills</td>
<td>11</td>
<td>1st</td>
</tr>
<tr>
<td>B. Community Skills</td>
<td>15</td>
<td>5th</td>
</tr>
<tr>
<td>C. Vocational Skills</td>
<td>15</td>
<td>10th</td>
</tr>
<tr>
<td>Overall Community Living Skills</td>
<td>41</td>
<td>15th</td>
</tr>
<tr>
<td>7 A. Concept of Self</td>
<td>12</td>
<td>1st</td>
</tr>
<tr>
<td>B. Concept of Space</td>
<td>5</td>
<td>5th</td>
</tr>
<tr>
<td>C. Concept of Time</td>
<td>11</td>
<td>10th</td>
</tr>
<tr>
<td>D. Reading</td>
<td>6</td>
<td>15th</td>
</tr>
<tr>
<td>E. Writing</td>
<td>8</td>
<td>20th</td>
</tr>
<tr>
<td>C. Arithmetic</td>
<td>11</td>
<td>25th</td>
</tr>
<tr>
<td>Overall Academic Skills</td>
<td>55</td>
<td>30th</td>
</tr>
</tbody>
</table>

Overall Average Score (a) 269
Appendix C (continued)

Part II Personal-Social Behaviors

Levels of Personal-Social Behaviors

5 His/her typical reaction in a given situation approximates the reaction of most people in the community.
   It would be acceptable to the general public. Shows understanding of and respect for social norms.

4 His/her typical reaction in a given situation would most probably be acceptable to the general public, but he/she
   requires continuing social guidance.
   Has limited understanding of social norms.

3 His/her reaction in a given situation is acceptable within the residential setting but would not be acceptable to the
   general public.
   Has little or no understanding of social norms.

2 His/her reaction in a given situation presents occasional problems in the residential setting but can be handled without
   special therapeutic intervention.

1 His/her reaction in a given situation presents difficult problems, which may require special therapeutic intervention.
   Requires long-term therapeutic treatment in a specialized setting.

1. Adapability
   (total = )

2. Relating to Others
   (total = )

3. Cooperation
   (total = )

4. Motivation
   (total = )

5. Attention Span
   (total = )

6. Frustration Tolerance
   (total = )

7. Tolerance toward Pressure
   (total = )

8. Activity Level
   (total = )

9. Emotional Maturity
   (total = )

10. Absence of Abnormal Behaviour
    (total = )

11. Predictability of Behaviour
    (total = )
Part II ESTIMATED PROFILE of Personal-Social Behaviors

<table>
<thead>
<tr>
<th>Main Personality Traits</th>
<th>Raw Score</th>
<th>Divide by # of Items</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Adaptable</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Relating to Others (Sociability)</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Cooperation</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Motivation</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Attention Span</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Frustration Tolerance</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Tolerance toward Pressure</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Activity Level</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Emotional Maturity</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Absence of Abnormal behaviour</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Predictability of Behaviour</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Average Score (b)</td>
<td>60</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part III Moral Awareness

Levels of Moral Awareness

A Demonstrates respect for normal rules of community conduct by acting in a responsible and acceptable manner. This person is capable of living in the community with no moral supervision.

B Displays respect for normal rules of community conduct but with limited understanding of them. This may result in occasional lapses into minor unacceptable acts towards self, others, or property. This person is capable of living in an appropriately supervised community setting, but requires limited moral supervision.

C Demonstrates little or no understanding of normal rules of community conduct by acting in an unpredictable manner. Such behaviour is occasionally antisocial or even dangerous. This person is capable of living in the community only under structured and supervised conditions.

D This person appears to have full understanding of normal rules of community conduct but deliberately chooses not to respect them. There is a high probability that the person will plan and perform dangerous, harmful or immoral acts towards others. This person requires a highly controlled, closely supervised setting.
<table>
<thead>
<tr>
<th>Part VI: Assessment of Person's Living &amp; Program Environment</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Categorical Factors</strong></td>
<td></td>
</tr>
<tr>
<td>Quality of Living</td>
<td></td>
</tr>
<tr>
<td>Level of independence</td>
<td></td>
</tr>
<tr>
<td>Physical environment</td>
<td></td>
</tr>
<tr>
<td>Social environment</td>
<td></td>
</tr>
<tr>
<td><strong>Individual Factors</strong></td>
<td></td>
</tr>
<tr>
<td>Mental health</td>
<td></td>
</tr>
<tr>
<td>Cognitive function</td>
<td></td>
</tr>
<tr>
<td>Motor function</td>
<td></td>
</tr>
<tr>
<td>Sensory function</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td><strong>Program Factors</strong></td>
<td></td>
</tr>
<tr>
<td>Program structure</td>
<td></td>
</tr>
<tr>
<td>Program resources</td>
<td></td>
</tr>
<tr>
<td>Program outcomes</td>
<td></td>
</tr>
<tr>
<td><strong>Other Factors</strong></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Language</td>
<td></td>
</tr>
<tr>
<td><strong>Note</strong></td>
<td></td>
</tr>
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</table>

Appendix C (continued)
<table>
<thead>
<tr>
<th>Part A</th>
<th>Service Currently Required</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>1. General Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Status</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
</tr>
<tr>
<td>Anxiety</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Eye</td>
</tr>
<tr>
<td>Left Eye</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Ear</td>
</tr>
<tr>
<td>Left Ear</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Use of UDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td>Some</td>
</tr>
<tr>
<td>Regular</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Use of Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td>Some</td>
</tr>
<tr>
<td>Regular</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Use of Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td>Some</td>
</tr>
<tr>
<td>Regular</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part V</th>
<th>Administration</th>
</tr>
</thead>
</table>

Appendix C (continued)
### Appendix D

#### The California Adaptive Behavior Scale

**CALIFORNIA ADAPTIVE BEHAVIOR SCALE**

<table>
<thead>
<tr>
<th>Organization</th>
<th>(Code)</th>
<th>Name</th>
<th>(Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>Informant Name</td>
</tr>
<tr>
<td>Phone</td>
<td></td>
<td></td>
<td>Examiner Name</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
<td>Date Prepared</td>
<td>Date Sent</td>
</tr>
</tbody>
</table>

**INSTRUCTIONS:** Select the highest level of performance in each area. Assume independent functioning unless otherwise indicated. Put the number of the item in the blank space next to each title.

1. **TOILETING**
   - 01 Uses toilet before going out
   - 02 Uses toilet without assistance
   - 03 Uses toilet with supervision
   - 04 Uses toilet with supervision
   - 05 Uses toilet with assistance
   - 10 Uses toilet comfortably
   - 20 Uses toilet independently

2. **DRESSING**
   - 01 Purchases Walk-in Wardrobe
   - 02 Purchases Walk-in Clothing Items
   - 03 Dresses self completely
   - 04 Dresses partly without supervision
   - 05 Dresses without supervision
   - 10 Dresses independently

3. **FASTENING**
   - 01 Eats meat with fingers
   - 02 Eats meat without supervision
   - 03 Eats meat with assistance
   - 10 Eats meat independently

4. **EATING**
   - 01 Has complete eating skills
   - 02 Eats meat with knife and fork
   - 03 Eats meat independently
   - 10 Eats meat independently

5. **GROUP PARTICIPATION**
   - 01 Watches multiple events
   - 02 Watches single events
   - 03 Watches multiple events
   - 10 Watches single events

6. **PERSONAL INTERACTION**
   - 01 Talks
   - 02 Watches multiple events
   - 03 Watches single events
   - 10 Watches single events

7. **EXPECTATIVE LANGUAGE**
   - 01 Tends to expect things
   - 02 Tends to expect things
   - 03 Tends to expect things
   - 10 Tends to expect things

8. **EXPRESSIVE LANGUAGE**
   - 01 Tends to expect things
   - 02 Tends to expect things
   - 03 Tends to expect things
   - 10 Tends to expect things
The client's level of adaptive behavior was measured using the California Adaptive Behavior Scale, yielding an adaptive age equivalence of 11.67 years. Based on a chronological age of 9.50 years, adaptive age appears to be within normal limits.

With regard to specific areas, the highest level of functioning and the corresponding age equivalencies are given below:

1. TOILETING: Uses toilet before going out (8.0 yrs)
2. DRESSING: Dresses self completely (12.3 yrs)
3. FASTENING: Sips jacket zippers (8.0 yrs)
4. EATING: Has complete eating skills (9.1 yrs)
5. BATHING: Baths with minimal verbal prompts (6.2 yrs)
6. GROOMING: Combs/brushes, but not to style (5.0 yrs)
7. TOOTHPICKING: Brushes teeth correctly (8.0 yrs)
8. PERSONAL INTERACTION: Empathizes with others (10.0 yrs)
9. GROUP PARTICIPATION: Plays seasonal sports (11.0 yrs)
10. RECEPTIVE LANGUAGE: Reads and understands "how to" directions (8.0 yrs)
11. EXPRESSIVE LANGUAGE: Writes simple stories or poems (11.25 yrs)
12. LEISURE TIME: Plays tennis, basketball, chess, etc (12.3 yrs)
13. GROSS MOTOR: Dances (6.5 yrs)
14. PERCEPTUAL MOTOR: Draws complex designs from memory (12.0 yrs)
15. PRAXIS: Uses simple tools (8.5 yrs)
16. VOCATIONAL: Knows basic sight vocabulary (7.0 yrs)
17. ACADEMIC: Does simple creative work (11.25 yrs)
18. TRANSLATION: Goes to school unattended (5.8 yrs)
19. MONEY HANDLING: Buys small articles (9.3 yrs)
20. PERSONAL MANAGEMENT: Selects clothes for weather (8.0 yrs)
21. HOME MANAGEMENT: Adequate table manners (10.5 yrs)
22. HEALTH CARE: Treats minor injuries with help (8.0 yrs)
23. COMMUNITY AWARENESS: Buys fast foods (9.0 yrs)
24. RESPONSIBILITY: Teaches younger person (8.0 yrs)

STRENGTHS AND WEAKNESSES

The client's relative strengths and weaknesses are presented below. They represent scores one or more standard deviations above/below the mean.

Client's relative strengths:
CALIFORNIA ADAPTIVE BEHAVIOR SCALE  Page 2

CLIENT’S NAME:  
DATE OF EVALUATION : 06/28/91

02 DRESSING
12 LEISURE TIME
14 PERCEPTUAL MOTOR
25 READING
26 WRITING
28 ATTENTION SPAN

Client’s relative weaknesses:

05 BATHING
06 GROOMING
13 GROSS MOTOR
16 VOCATIONAL
18 TRANSLATION

Reliability Evaluation

Reliability for this evaluation is 95% based on a comparison of 20 pairs of items embedded within the various domains.

Inconsistencies were found between the following pairs of items.

05 NO Empties and cleans tub (7.0 yrs)
21 YES Empties and cleans tub (7.0 yrs)

Note: These items should have been scored in a similar fashion (i.e., both yes or both no).

VALIDITY EVALUATION

Certain specific skills require prerequisite skills in order to be performed. The validity scale compares responses in one domain with prerequisite levels in another domain, to determine whether the responses are consistent. (e.g., a client who enjoys social walks must first be able to walk; a client who indicates a need to use the toilet must be able to gesture to make his needs known). On this basis, validity for this examination was 100% based on a comparison of 30 pairs of items.

INFORMANT
Client's Name:  
Date of Evaluation: 06/28/91

Information for this evaluation was provided by Jim Fagan.

# Appendix F

## CABS Internal Reliability Items

<table>
<thead>
<tr>
<th>ITEM</th>
<th>AREAS</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shows discomfort when soiled/wet</td>
<td>1</td>
<td>22</td>
</tr>
<tr>
<td>Uses toilet before going out</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>Purchases entire wardrobe</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Ties shoelaces</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Unwraps</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>Empties and clean tub</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Keeps nose clean</td>
<td>6</td>
<td>22</td>
</tr>
<tr>
<td>Knows when to brush teeth</td>
<td>7</td>
<td>22</td>
</tr>
<tr>
<td>Gestures to make needs known</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Plays follow-the-leader</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Knows basic sight vocabulary</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>Washes, irons clothes</td>
<td>13</td>
<td>21</td>
</tr>
<tr>
<td>Cleans up after activity</td>
<td>15</td>
<td>21</td>
</tr>
<tr>
<td>Runs errands</td>
<td>15</td>
<td>24</td>
</tr>
<tr>
<td>Occupies self for 30 minutes</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Does small jobs for pay</td>
<td>16</td>
<td>24</td>
</tr>
<tr>
<td>Follows safety rules</td>
<td>16</td>
<td>22</td>
</tr>
<tr>
<td>Adds to 10</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>Goes to school by self</td>
<td>18</td>
<td>23</td>
</tr>
<tr>
<td>Tells full name</td>
<td>21</td>
<td>12</td>
</tr>
</tbody>
</table>
### CABS Internal Validity Items

<table>
<thead>
<tr>
<th>Area</th>
<th>Initial Item (Age)</th>
<th>Area</th>
<th>Prerequisite Skill (Age)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Indicates need to go to the toilet (1.9)</td>
<td>11</td>
<td>Gestures to make needs known (1.2)</td>
</tr>
<tr>
<td>2</td>
<td>Removes coat/dress (2.8)</td>
<td>4</td>
<td>Holds spoon palmar grasp (0.5)</td>
</tr>
<tr>
<td>4</td>
<td>Spreads butter (5.0)</td>
<td>14</td>
<td>Transfers objects (1.2)</td>
</tr>
<tr>
<td>4</td>
<td>Gets drink unassisted (2.4)</td>
<td>14</td>
<td>Transfers objects (1.2)</td>
</tr>
<tr>
<td>5</td>
<td>Bathes unassisted (8.8)</td>
<td>24</td>
<td>Adjusts water temperature (5.0)</td>
</tr>
<tr>
<td>6</td>
<td>Wipes nose (3.0)</td>
<td>4</td>
<td>Holds spoon palmar grasp (8.5)</td>
</tr>
<tr>
<td>7</td>
<td>Puts toothbrush in mouth (2.8)</td>
<td>4</td>
<td>Holds spoon palmar grasp (8.5)</td>
</tr>
<tr>
<td>8</td>
<td>Sustains interest 90 min (4.5)</td>
<td>16</td>
<td>Attends to task 30 min (1.0)</td>
</tr>
<tr>
<td>9</td>
<td>Observes group routines (7.0)</td>
<td>8</td>
<td>Follows rules (5.5)</td>
</tr>
<tr>
<td>9</td>
<td>Enjoys social walks (1.0)</td>
<td>13</td>
<td>Walks (1.0)</td>
</tr>
<tr>
<td>11</td>
<td>Reads on preprimer level (6.0)</td>
<td>17</td>
<td>Copies words (6.0)</td>
</tr>
<tr>
<td>11</td>
<td>Gives full name (2.5)</td>
<td>10</td>
<td>Knows own name (1.0)</td>
</tr>
<tr>
<td>12</td>
<td>Reads on own initiative (8.5)</td>
<td>17</td>
<td>Copies words (6.0)</td>
</tr>
<tr>
<td>12</td>
<td>Carries familiar objects (1.4)</td>
<td>14</td>
<td>Reaches for nearby objects (0.3)</td>
</tr>
<tr>
<td>13</td>
<td>Climbs (3.0)</td>
<td>4</td>
<td>Drinks from cup (1.4)</td>
</tr>
<tr>
<td>14</td>
<td>Draws triangle (5.0)</td>
<td>17</td>
<td>Scribbles (2.0)</td>
</tr>
<tr>
<td>15</td>
<td>Runs errands (4.0)</td>
<td>18</td>
<td>Goes about residence (1.6)</td>
</tr>
<tr>
<td>15</td>
<td>Matches by amount (6.0)</td>
<td>17</td>
<td>Compares sizes (3.0)</td>
</tr>
<tr>
<td>15</td>
<td>Puts beads in box (1.3)</td>
<td>14</td>
<td>Transfers objects (1.2)</td>
</tr>
<tr>
<td>16</td>
<td>Builds, repairs (16.0)</td>
<td>15</td>
<td>Uses simple tools (8.5)</td>
</tr>
<tr>
<td>17</td>
<td>Prints first name (5.5)</td>
<td>11</td>
<td>Gives full name (2.5)</td>
</tr>
<tr>
<td>17</td>
<td>Marks (1.0)</td>
<td>14</td>
<td>Grasps objects within reach (0.3)</td>
</tr>
<tr>
<td>18</td>
<td>Goes to nearby places (15.9)</td>
<td>23</td>
<td>Uses public transportation (12.0)</td>
</tr>
<tr>
<td>19</td>
<td>Changes up to 0.25 (8.5)</td>
<td>17</td>
<td>Counts to 25 (5.0)</td>
</tr>
<tr>
<td>20</td>
<td>Tells first/last name (2.5)</td>
<td>16</td>
<td>Knows own name (1.0)</td>
</tr>
<tr>
<td>21</td>
<td>Empties/cleans tub (7.0)</td>
<td>5</td>
<td>Bathes assisted (6.2)</td>
</tr>
<tr>
<td>21</td>
<td>Helps at household tasks (3.5)</td>
<td>18</td>
<td>Goes about residence (1.6)</td>
</tr>
<tr>
<td>22</td>
<td>Adjusts water temperature (5.0)</td>
<td>14</td>
<td>Turns knob/unscrews (2.2)</td>
</tr>
<tr>
<td>22</td>
<td>Indicates when sick (3.0)</td>
<td>11</td>
<td>Gestures to make needs known (1.2)</td>
</tr>
<tr>
<td>23</td>
<td>Buys small snacks (6.0)</td>
<td>19</td>
<td>Is trusted with money (5.8)</td>
</tr>
<tr>
<td>24</td>
<td>Runs errands (4.0)</td>
<td>18</td>
<td>Goes about residence (1.6)</td>
</tr>
</tbody>
</table>
Dear

My name is Jim Fagan I am a graduate student in Psychology at St. Mary's University. I am also Program Director for Regional Residential Services Society (RRSS). We spoke on the phone recently about a research project I am pursuing. The project I am proposing is for completion of my Masters in Clinical Psychology from St. Mary's.

During the conversation we had you told me you would give permission to involve your family member in that research. The project I am working on is described in this letter. Also attached is a letter of approval from Beverley Wicks, Executive Director of RRSS and a letter of consent for you to sign and return to me. The letter of consent will be the official record of your consent to the involvement of your family member in the project.

As part of the care we provide for each resident within RRSS, we complete assessments to help determine the best way to support each person where they live. The purpose of the project I am working on is to try to help us determine the type of supports/home people not yet living with us may need. In order to do this, I am proposing that information collected by myself and other RRSS staff on approximately 60 people living within RRSS be examined and compared to the level of care they are getting at this time. The information gathered may then be useful in determining the level of care people who need community residences may need. In other words I am hoping that by looking at the ability levels of people now living in a particular type of group home, we may be able to do two things. First we may be better able to predict the kind of care new residents may need. Secondly, that we will be able to do this before they actually move in to their new home. This assessment would happen during our admissions interview.

Essentially that is the goal of the project I am proposing. I will now describe the way the information for the project will be collected.
Over a period of about one month, I will collect assessment information on each person selected for the study. This information will be gathered by myself by completing an assessment in consultation with staff in the house where each person lives. The staff selected for the project will know each person well. Time taken to complete the assessment will not take any time away from any of the residents involved. There will be no direct involvement by any individuals beyond the data collected during the assessment. Nor will any testing of any participant occur during the project. The assessment is completed based on the detailed knowledge from the staff in the resident’s home.

No information beyond the current level of care of each person will be included in the study. There will be no way for anyone to determine where any of the residents live, their names, diagnosis or any other personal information from the study. Each assessment will be coded to protect their identity completely. None of this information is relevant to the purpose of the project. The project proposal has been approved by the Ethics Committee of St. Mary’s University.

As indicated in the letter of consent, you have the ability to withdraw your permission at any time during the project and you may have access to the project upon its completion by making arrangements directly with me.

I hope this answers any questions you may have. If not please do not hesitate to call me at any time for more information. The number at my office is 465-4022. Thank you very much for your consideration and I look forward to contact when the project is completed late this summer.

Respectfully

Jim Fagan
I _________________________________ give my permission for the information collected by myself and Jim Fagan from the to be used as described in the attached cover letter for the purpose of the project also described in the cover letter. I understand that there will be no direct testing carried out during the project and that no program changes will result from the research. I also understand that if at any point I wish to withdraw my permission to be involved in the project I may do so with no effect of any kind to me or anyone associated with the project. If I wish, information collected during the project will be made available to me upon completion of the project.

Signature: _________________________________ Date: ___________________
I ______________________________ give my permission for the information collected on me by Jim Fagan and other Regional Residential Services staff to be used as explained to me for the purpose of the project also explained to me by Jim. I understand that there will be no direct testing carried out during the project and that no program changes will result from the research. I also understand that if at any point I wish to withdraw my permission I may do so with no effect of any kind to me or anyone associated with the project. If I wish, information collected during the project will be made available to me upon completion of the project.

Signature: ___________________________ Date: ___________________________
I ______________________________ give my permission for assessment information collected on ______________________________ by Jim Fagan and other Regional Residential Services staff to be used as described in the attached cover letter for the purpose of the project also described in the cover letter. I understand that there will be no direct testing carried out during the project, and that no program changes will result from the research. I also understand that if at any point I wish to withdraw my permission I may do so with no effect of any kind to my family member or anyone associated with the project. If I wish, information collected during the project will be made available to me upon completion of the project.

Signature: ______________________________ Date: ____________________
### Criterion-Related Validation of the California Adaptive Behavior Scale

**Appendix I**

**Pearson Product Correlation Matrix for Similar Name or Similar Content BLS and CABS Domains**

<table>
<thead>
<tr>
<th></th>
<th>AA</th>
<th>Toileting</th>
<th>Dressing</th>
<th>Eating</th>
<th>Personal Interaction</th>
<th>Group Participation</th>
<th>Receptive Language</th>
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Expressive Language | Gross Motor | Perceptual Motor | Personal Mgmt | Home Mgmt |
--|--|--|--|--|
| IFI | 0.5373** | 0.4504* | 0.5999** | 0.6530** | 0.7201** | 0.7134** |
| TOILETING | 0.4327* | 0.2342 | 0.5532** | 0.5625** | 0.5212** | 0.5270** |
| DRESSING | 0.4425* | 0.4181* | 0.6249** | 0.6412** | 0.5657** | 0.6550** |
| EATING | 0.4765* | 0.4561* | 0.6372** | 0.7081** | 0.6524** | 0.6998** |
| SOCIAL MANNERS | 0.5573** | 0.5193** | 0.5027** | 0.5641** | 0.6616** | 0.7011** |
| HUMAN RELATIONS | 0.2768 | 0.2361 | 0.2171 | 0.3394 | 0.4249* | 0.5522** |
| SPOKEN LANGUAGE | 0.5786** | 0.5429** | 0.5356** | 0.6516** | 0.7282** | 0.7766** |
| EXPRESSIVE LANGUAGE | 0.6760** | 0.5748** | 0.5822** | 0.6695** | 0.7975** | 0.7286** |
| RECREATION | 0.4434* | 0.4857* | 0.5987** | 0.6186** | 0.6116** | 0.7019** |
| GROSS MOTOR | 0.1271 | 0.2486 | 0.5958** | 0.5181** | 0.3237 | 0.3'63 |
| FINE MOTOR | 0.4927* | 0.5229** | 0.7447** | 0.7613** | 0.6033** | 0.7161** |
| CONCEPT OF SELF | 0.6460** | 0.6001** | 0.5772** | 0.6780** | 0.7709** | 0.7741** |
| DOMESTIC | 0.4728* | 0.3923 | 0.6979** | 0.6514** | 0.6303** | 0.8032** |

n=38  **p < .001, two-tailed  *p < .01, two-tailed
## Appendix J

**Pearson Product Correlation Matrix for All BLS and CABS Domains**

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<th>Fastening</th>
<th>Eating</th>
<th>Bathing</th>
<th>Grooming</th>
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*n=38  **p < 0.01, two-tailed  *p < 0.05, two-tailed*
### Pearson Product Correlation Matrix for All BLS and CABS Domains

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n=38  **p < .001, two-tailed  * p < .01, two-tailed
**Criterion-Related Validation of the California Adaptive Behavior Scale**

**Appendix J (continued)**

**Pearson Product Correlation Matrix for All BLS and CABS Domains**

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n=38  **p < .001, two-tailed  * p < .01, two-tailed
**Criterion-Related Validation of the California Adaptive Behavior Scale**

Appendix J (continued)

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n=38  **p < .001, two-tailed  *p < .01, two-tailed
### Appendix K

**Unrotated Factors' Matrix for BLS Domains**

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### Appendix 1

#### Rotated Unsorted Factors' Matrix for BLS Domains

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Unrotated Factors' Matrix for CABS Domains

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Rotated Unsorted Factors' Matrix for CABS Domains

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