

# IVA-2 Standard Report

Name: [REDACTED]

Age: 16 Sex: F Report Date: 8/20/2022 Test Date: 8/20/2022 04:17 PM On Meds: U

## OVERVIEW OF THE IVA-2 CPT AND GENERAL INTERPRETIVE GUIDELINES

This IVA-2 Standard Report requires the test to be administered in accordance with the specified test guidelines under the supervision of a licensed health care professional who is qualified in the use and interpretation of psychological tests. The test is not to be used as a standalone diagnostic instrument. By itself, it does not identify the presence or absence of any clinical diagnosis. The function of the IVA-2 CPT is to aid examiners in making their diagnosis as part of a comprehensive evaluation of clients who present with ADHD-type symptoms. The relevant strengths and weaknesses for each of the Attention and Response Control Global Scales will be reviewed.

In accordance with professional standards this confidential report is only to be distributed to others after it has been carefully reviewed, modified as needed, and signed by the examiner. The report provides interpretive suggestions and hypotheses for the examiner to consider, but it is not to be construed as prescriptive, definitive, or diagnostic. The clinical determinations that are indicated by the test results and are by no means conclusive. Examiners will need to exercise their clinical judgment in determining if the test is fully valid and to integrate it with other clinical data in preparing their signed interpretive report. If in the examiner's judgment, these IVA-2 test results are incongruent with the individual's clinical history and other test data, it is recommended that less weight be given to these test results in making a diagnosis. The authors and publisher of this test are not responsible for any inaccuracies or errors that may result from its usage.

## VALIDITY OF IVA-2 TEST RESULTS

The IVA-2 test was taken on a Windows PC. The main test results were found to be valid. All global and primary test scale scores can be interpreted without reservation. This individual's response pattern did not reveal any apparent abnormalities in her responses to either visual or auditory test stimuli.

## SUMMARY OF TEST RESULTS FOR THE IVA-2 GLOBAL SCALES

Her **Auditory Response Control** quotient scale score was 75 (PR=4). This global scale score fell in the moderately impaired range. The **Visual Response Control** quotient scale score for this individual was 87 (PR=18). This global scale score fell in the slightly impaired range.

Her **Auditory Attention** quotient scale score was 100 (PR=50), and this global scale score fell in the average range. The **Visual Attention** quotient scale score for this individual was 90 (PR=24). This global scale score was classified as falling in the average range.

Her global **Auditory Sustained Attention** quotient scale score was 113 (PR=82), and it fell in the above average range. The global **Visual Sustained Attention** quotient scale score for this individual was 68 (PR=2). This score was found to fall in the moderately to severely impaired range.

## IVA-2 DIAGNOSTIC CONSIDERATIONS

These test findings suggest that the examiner consider the diagnosis of **Attention-Deficit/Hyperactivity Disorder, predominantly hyperactive/impulsive presentation**, and this individual's pattern of responding was indicative of impairments likely to impact her functioning in the home and school settings. However, it is necessary to determine the occurrence of several inattentive or hyperactive/impulsive symptoms before the age of twelve in order to clinically diagnose ADHD for adolescents or adults. Since the examiner did not identify whether this individual had ADHD symptoms when she was a child, it is essential that the examiner clarify this individual's clinical history in order to make a definitive diagnosis. It will also be necessary that **Mild neurocognitive disorder** and other mental disorders be ruled out as possible underlying causes for this individual's ADHD symptoms.

The global Full Scale Response Control quotient scale score indicated a mild to moderate impairment. There were two Response Control Primary scales that fell in the substantially impaired range. She was not found to have any significant attention deficits since no impairment was found based on the test scales that measured omission errors. These IVA-2 test findings will need to be included in the examiner's diagnostic decision making process.

I have reviewed this interpretive report and have modified it as necessary in accordance with my comprehensive evaluation, the client's history and other relevant clinical data.

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Signature

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Name

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Title

## IVA-2 Standard Scale Analysis

Name: [REDACTED]

Test Date: 8/20/2022 4:17 PM

Age: 16

DOB: 6/19/2006

Sex: F

On Meds: U

Highest Education:

Examiner ID: Unknown

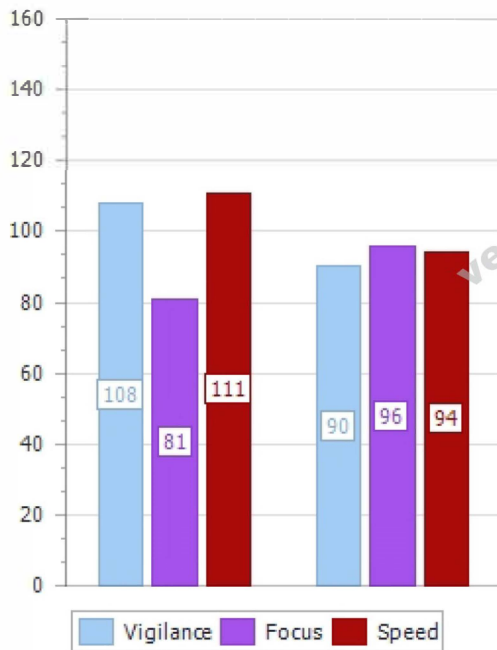
**FS Attention Quotient = 94**

**Auditory**

**Visual**

**AQ = 100**

**AQ = 90**



**FS Response Control Quotient = 79**

**Auditory**

**Visual**

**RCQ = 75**

**RCQ = 87**



**Sustained Auditory Attention Quotient = 113**

**Sustained Visual Attention Quotient = 68**

**Auditory Response Validity Check: Valid**

**Visual Response Validity Check: Valid**

**Attention Factor: Negative**

**Impulsive Hyperactivity Factor: Positive**

Auditory		ATTENTION		Visual
Raw	Quotient	Primary Scales	Quotient	Raw
100.0%	108	Vigilance	90	97.8%
68.9%	81	Focus	96	76.3%
540 ms	111	Speed	94	462 ms

Auditory		RESPONSE CONTROL		Visual
Raw	Quotient	Primary Scales	Quotient	Raw
90.7%	83	Prudence	92	95.4%
65.8%	74	Consistency	93	72.8%
91.7%	95	Stamina	91	93.8%



Symptomatic	Raw	Quotient	WNL	Mild	Mod	Sev	Ext
Comprehension (A)	100.0%	106					
Comprehension (V)	99.3%	94					
Persistence (A)	87.0%	95					
Persistence (V)	91.5%	99					
Sensory/Motor (A)	208 ms	116					
Sensory/Motor (V)	227 ms	95					

Test Version IVA-2 2018.1

Device: Windows PC