

- **Three dollars (\$3.00)** will be paid for each properly completed and returned form. Payment can be made to an individual(s), group(s), or school system.
- Participation will require **TEACHERS** randomly selecting and rating students from specific age groups **AND/OR PARENTS/GUARDIANS** rating their child from specific age groups.
- Teachers and parents/guardians may also participate in test-retest reliability, inter-rater reliability, concurrent validity, and diagnostic validity.
- Names are not used on forms to ensure confidentiality. **NON-IDENTIFYING INFORMATION ONLY.**
- Requests for rating forms will be filled on a first-come, first-served basis until our quota is reached.

## REQUEST FOR DATA COLLECTION FORMS

Indicate next to each age level the number of forms needed.

### ADDITIONAL STUDIES IF QUOTA HAS NOT BEEN REACHED!

<b>SCHOOL FORMS</b> <small>Completed by Educators</small>
2 Yrs. _____
3 Yrs. _____
4 Yrs. _____
5 Yrs. _____
6 Yrs. _____
7 Yrs. _____
8 Yrs. _____
9 Yrs. _____
10 Yrs. _____
11 Yrs. _____
12 Yrs. _____
13 Yrs. _____
14 Yrs. _____
15 Yrs. _____
16 Yrs. _____
17 Yrs. _____
18 Yrs. _____

<b>HOME FORMS</b> <small>Completed by Parents</small>
2 Yrs. _____
3 Yrs. _____
4 Yrs. _____
5 Yrs. _____
6 Yrs. _____
7 Yrs. _____
8 Yrs. _____
9 Yrs. _____
10 Yrs. _____
11 Yrs. _____
12 Yrs. _____
13 Yrs. _____
14 Yrs. _____
15 Yrs. _____
16 Yrs. _____
17 Yrs. _____
18 Yrs. _____

#### Test-Retest Reliability (100 School & 100 Home Maximum)

Rate a student, wait 30 days, rate the student again on another form.

How many students will you rate? \_\_\_\_\_

#### Inter-rater Reliability (100 School & 100 Home Maximum)

Two educators independently rate the same student; two parents/guardians independently rate the same child/youth.

How many students will you rate? \_\_\_\_\_

#### Concurrent Validity (100 School & 100 Home Maximum)

Two different rating scales are used to rate a student by an educator and parent/guardian. How many students will you rate? \_\_\_\_\_

#### Diagnostic Validity (100 School & 100 Home Maximum)

Students with a specific diagnosis are rated.

How many students will you rate? \_\_\_\_\_

Contact Name: _____		
School: _____		
Street Address: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	

### Please return via mail or FAX:

Hawthorne Educational Services, Inc.

Attn: Adina Laird

800 Gray Oak Dr.

Columbia, MO 65201

Phone: 800-542-1673 FAX: 800-442-9509 Email: [adina\\_laird@hes-inc.com](mailto:adina_laird@hes-inc.com)