



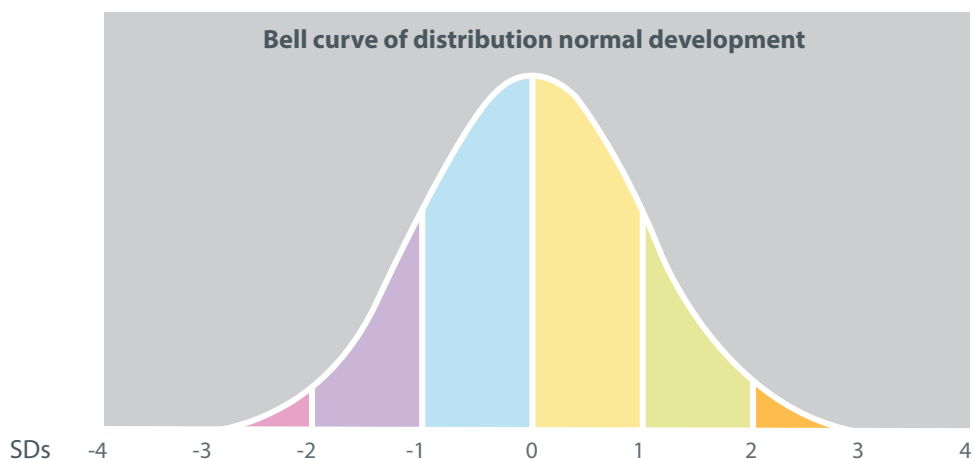
ARICD statement on normative scoring of Griffiths III

Griffiths III is a norm-referenced test that can be used from birth to six years. The test was revised and standardized using continuous norming, like the recent revisions of other major tests such as the WISC-IV and Bayley-III. Continuous norming uses a smaller sample size than some other methods as each child's data is used across more than one month for analysis. In Griffiths III item numbers across subscales and across years vary in number so scores derived from scaled scores must be used.

In summary

- Scaled scores, developmental quotients and percentile scores must be obtained first before considering developmental age equivalents.
- When scaled scores are below 1 or 0,
 - developmental age equivalents are inaccurate and should not be used numerically,
 - each subscale should be considered individually,
 - reports can include a verbal description of test items and the age range at which these are achieved by typically developing children.

INTER-RELATIONSHIPS OF NORMATIVE SCORING GRIFFITHS III



Scaled scores

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
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DQs

69	70-79	80-89	90-109	110-119	120-129	>130
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Percentile scores

1	1	1	2	5	9	16	25	37	50	63	75	84	91	95	98	99	99	99
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Stanines

1	2	3	4	5	6	7	8	9
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Test use outside the normative boundaries of Griffiths III

The normative boundaries of Griffiths III are those of age (i.e. birth to six years) and of performance (i.e. scoring above the floor of the test DQ50 plus and below the ceiling of the test especially in the sixth year of age). Estimated scoring outside the normative boundaries of Griffiths III by the use of raw scores is not approved as not only does the structure of the test with uneven item numbers not allow prediction of scores below DQ 50 but also it cannot be assumed that development occurs at a steady rate across all domains irrespective of age. The children scoring less than the normative floor of Griffiths III are likely also to have a range of disabilities not seen in those typically developing children of the Griffiths III standardization sample. GMDS-ER had a different statistical background without scaled scores. The raw score at the 50th percentile could be used for estimation of developmental age equivalents. In Griffiths III, the developmental age equivalents in the norm tables are not derived from the standard scores and are included in the tables for use in conjunction with normed scores or for clinical use.

Typical developmental age equivalents have been included to enhance the clinical use of Griffiths III. The normative scores of Griffiths III are the scaled scores, developmental quotients, percentile scores and stanines. The chart above shows the inter-relationships of the normative scoring of Griffiths III.

Testing children whose normative scores fall partially or wholly below the floor of Griffiths III

Convert scaled scores on each subscale individually. If all subscale scaled scores are 1 or 0, use Griffiths III as a structure for reporting based on items passed (see below). When some of the scaled scores fall within the normative boundaries of Griffiths III (i.e. scaled scores of 1 and above), complete the profile histogram for the scaled scores on the analysis sheet. Then quantify the level described by standard deviation that the scaled score falls below the mean for typically developing children; using the chart showing the inter-relationships of the normative scoring of Griffiths III.

Most children can be tested using Griffiths III as a structure for skill assessment, no matter how far below the 1st percentile they score. Testing gives excellent qualitative information about the skills achieved by children across each of the avenues of learning. Clinical experience is essential in testing children with significant delay.

A useful report may be written by stating that the test items completed by the child (with delays) were achieved by typically developing children in the Griffiths III standardisation sample at a particular month level. The information gleaned across the subscales can be used to provide a descriptive profile of the child with delays. Then, based on clinical observations, informal and other formal sources of information and the use of items from the Griffiths III, a clinical opinion of the child's level of functioning can be given.

The use of Griffiths III in populations of children with developmental disorders will provide further validity not possible with the standardized sample of children with typical development. Further statistical work is planned to clarify what further differentiation is possible with the typically developing sample e.g. the level of significance of different subscale normative scores and to plan further work regarding scoring for those below the floor of Griffiths III (scaled score of 2 or below).