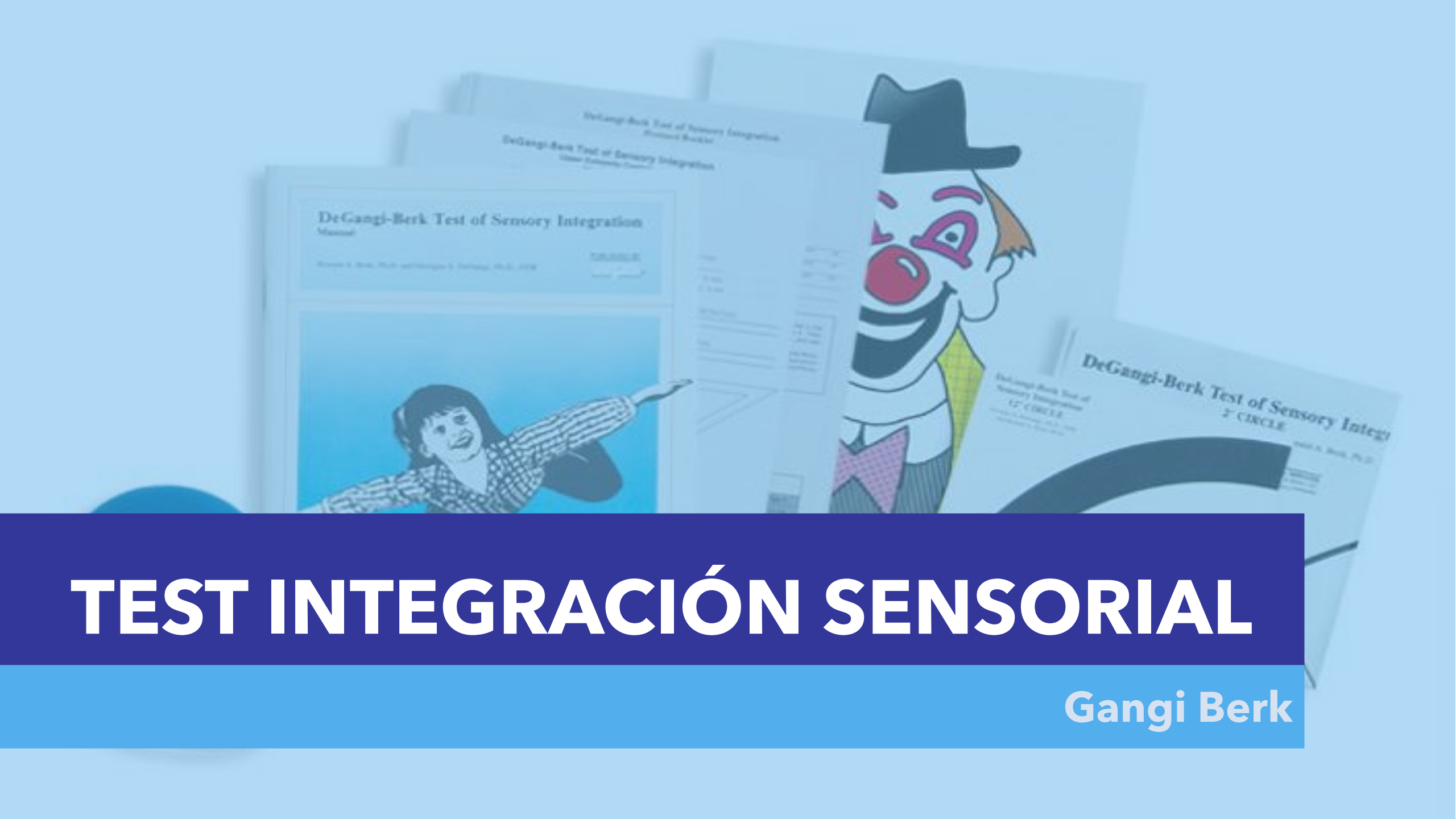


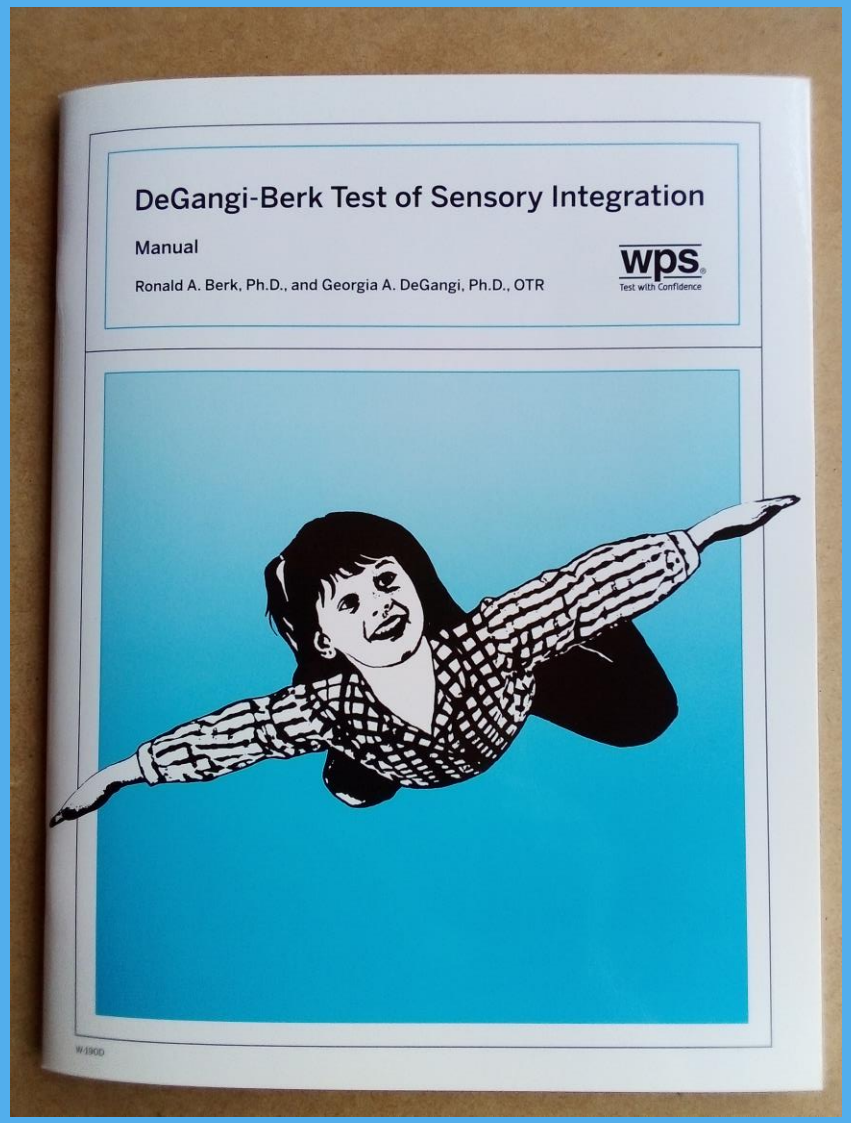
TEST INTEGRACIÓN SENSORIAL

Gangi Berk

TEST INTEGRACIÓN SENSORIAL- Gangi Berk

ACCESORIOS

- Manual
- 2 Círculos 2’ y 12”
- Folleto de protocolo
- Hoja control extremidad superior-Estrella
- Foto payaso
- Pelota amarilla de espuma



DeGangi-Berk Test of Sensory Integration

Protocol Booklet

Georgia A. DeGangi, Ph.D., OTR and Ronald A. Berk, Ph.D.

wps
Test with Confidence

Name: _____ Sex: M F Test Date: _____ (year / month / day)

Address: _____ Birthdate: _____ (year / month / day)

School: _____ Grade: _____ Age: _____ (year / month / day)

Referred by: _____ Examiner: _____

Reason for Referral: _____

DIRECTIONS: Administer the test according to the instructions presented in the Manual. During administration, score the items and record the item scores in this booklet. Each item is scored using a numerical rating scale. The criteria for scoring are summarized in this booklet and detailed in the Manual. Determine the child's score on each item according to these criteria, and circle the corresponding number on the right.

After administration, add the item scores in each column across all pages. Enter the subtest scores in the boxes at the bottom of the columns on page 4. Then transfer the subtest scores to the boxes below, and add them to obtain the Total Test Score.

To use the profile for Postural Control, Bilateral Motor Integration, and the total test, place an "X" in the box which includes the child's score on each. Complete the profile by connecting the X's.

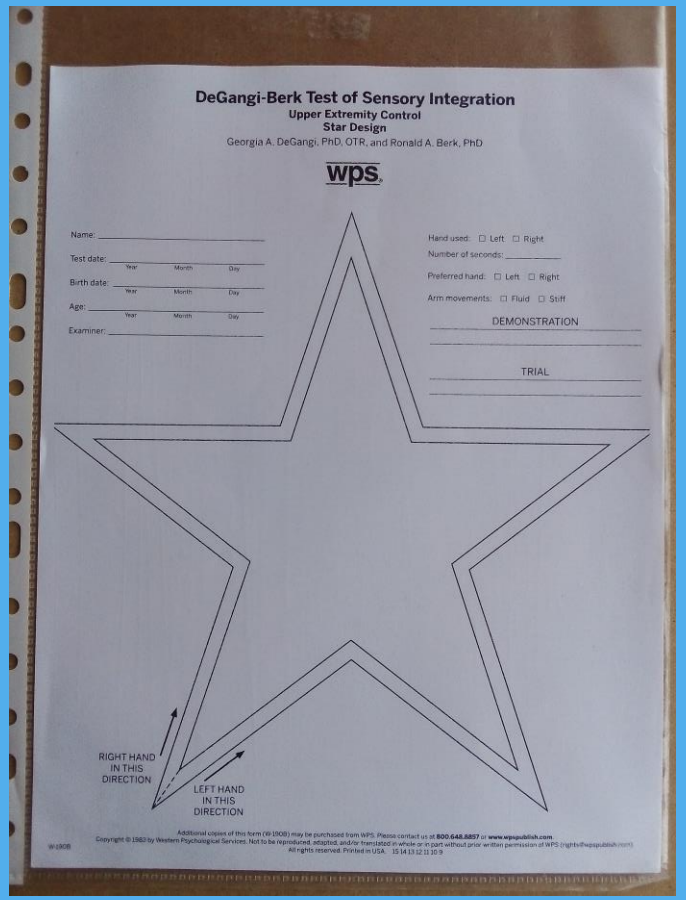
Postural Control Score	+	Bilateral Motor Integration Score	+	Reflex Integration Score	=	Total Test Score

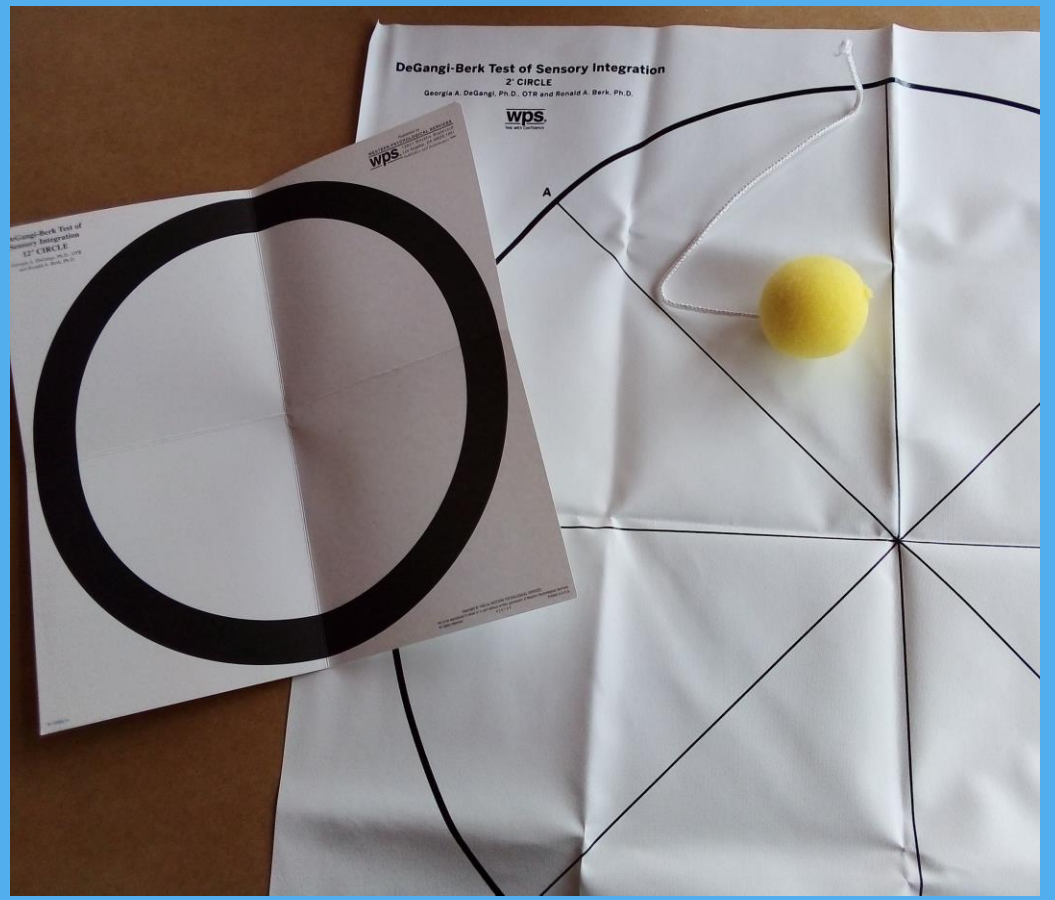
PROFILE

Functioning Level	Postural Control		Bilateral Motor Integration		Total Test Score	
	Ages 3–4	Age 5	Ages 3–4	Age 5	Ages 3–4	Age 5
Normal	20–30	20–30	30–42	30–42	52–88	52–88
At Risk	17–19		26–29		47–51	
Deficient	0–16	0–19	0–25	0–29	0–46	0–51

Note. The Reflex Integration score should be used only to determine the Total Test Score.

Additional copies of this form (W-190C) may be purchased from WPS. Please contact us at **800.648.8857** or **www.wpspublish.com**.


DeGangi-Berk Test of Sensory Integration
Upper Extremity Control
Star Design
Georgia A. DeGangi, PhD, OTR, and Ronald A. Berk, PhD
wps
Name:
Test date:
Birth date:
Age:
Examiner:
Year Month Day
Hand used: ☐ Left ☐ Right
Number of seconds:
Preferred hand: ☐ Left ☐ Right
Arm movements: ☐ Fluid ☐ Stiff
DEMONSTRATION
TRIAL
RIGHT HAND IN THIS DIRECTION
LEFT HAND IN THIS DIRECTION


DeGangi-Berk Test of Sensory Integration
2˚ CIRCLE
Georgia A. DeGangi, Ph.D., OTR and Ronald A. Berk, Ph.D.
wps
A