APPENDICES

APPENDIX A.1: Copy of letter to the publisher

University
of the Witwatersrand,
Johannesburg

Department of Occupational Therapy

7 York Road, Parktown, 2193 South Africa • Telegrams 'Witsmed' • Tel: +27-11-717-3701 • Fax: +27-11-717-3709
E-mail: franzsend@therapy.wits.ac.za

10/012004

Academic Therapy Publications

20 Commercial Boulevard
Novato
CA 94949-6191
800422-7249

Re: Permission to translate the Motor-Free Visual Perceptual Test, third edition by

Ronald P. Colarusso and Donald D. Hammill

Dear Sir/Madam

My name is Trudie Eksteen, a qualified Occupational Therapist practicing in Pretoria, South Africa. I am presently busy with my Masters Degree at the University of the Witwatersrand. In order to complete this degree it is required that I do a research project. I have chosen to do a study using the Motor-Free Visual Perceptual test.

South Africa is a multilingual country and Occupational Therapists are expected to evaluate children from these groups. Currently there are no tests standardised for our various population/ language groups, and consequently we use tests that have been standardised in America and Canada. This means that the norms may not be entirely appropriate for the South African child.

Literature suggests that when these tests are translated into the various languages their reliability and validity may be affected. It is my intention to translate the test into Afrikaans and compare the results to the American and Canadian norms. In order to do this I need your permission to translate the template instructions into Afrikaans, as this is the language that I will be using.

I would really appreciate it if you could send me written consent by emailing it to eeksteen@yebo.co.za or posting it to the above address. Thank you for your help.

Yours faithfully

_____
T.L. Eksteen
Occupational Therapist

APPENDIX A.2: Letter to the publisher asking permission to use their data.

University
of the Witwatersrand,
Johannesburg

Department of Occupational Therapy
7 York Road, Parktown, 2193 South Africa • Telegrams 'Witsmed' • Tel: +27-11-717-3701 • Fax: +27-11-717-3709
E-mail: franzsend@therapy.wits.ac.za

10/012004

Academic Therapy Publications

20 Commercial Boulevard
Novato
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800422-7249

Re: Permission to use relevant statistics in order to compare the American results to the South African results of the Motor-Free Visual Perceptual Test, third edition by Ronald P. Colarusso and Donald D. Hammill

Dear Ms A. Arena

Thank you for the previous letter dated 22 January 2004, giving me permission to translate the MVPT-3 (Ronald P. Colarusso and Donald D. Hammill) into Afrikaans. During the approval process the protocol committee suggested that I obtain permission from Academic Therapy Publications to use the original statistics in order to do the comparison between the English speaking American populations and the Afrikaans speaking South African population. They felt this was necessary even though the statistics are published in the manual.

I would really appreciate it if you could send me written consent by emailing it to eeksteen@yebo.co.za or posting it to the above address. Thank you for your help.

Yours faithfully

_____
T.L. Eksteen
Occupational Therapist

APPENDIX A.3: Permission from the Publisher

ACADEMIC THERAPY PUBLICATIONS

High Noon Books
Ann Arbor Publishers
Arena Press

January 22, 2004

Trudie Eksteen
P.O. Box 26600
Pretoria 0105
South Africa

Dear Ms. Eksteen,

This reply replaces any previous communication you may have received regarding your request for permission to translate the MVPT-3 (by Drs. Colarusso and Hammill); this reply will also be sent to you via e-mail.

You have our permission to reproduce any forms you may need for your master's thesis project. You also have our permission to translate the MVPT-3 into Africaans. We do request, however, that after you have completed your thesis, please share your results with us (in English, please).

The translated work is to be used for your research purposes only and cannot be sold to other professionals to use clinically. Bear in mind that any translated version is considered by international copyright law to be a derivative work and, as such, the copyright to the translated work is retained by ATP, the publisher of the MVPT-3. This means that ATP then owns the translated test. If, after translating it, you want to have that translated (Africaans) version published so that clinicians may purchase it for clinical use, please let us know and we will negotiate further.

Please send a signed copy of this letter (by post or email) to us for our files.

Sincerely,

Anna M. Arena
Publisher

I Trudie Eksteen ,agree to the terms of this agreement.

Date 25/1/2004

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Anna M. Arena
President
James A. Arena
Vice President

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Novato, CA 94949-6191

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Fax: (415) 883-3720

AcademicTherapy.com
HighNoonBooks.com

APPENDIX B: Letter to Gauteng Education Department

University
of the Witwatersrand,
Johannesburg

Department of Occupational Therapy

7 York Road, Parktown, 2193 South Africa • Telegrams 'Witsmed' • Tel: +27-11-717-3701 • Fax: +27-11-717-3709
E-mail: franzsend@therapy.wits.ac.za

24/02/2004

Chief Director School Education
Department of Education
P.O. Box 895
Pretoria 0001

Dear Sir

PERMISSION FOR RESEARCH STUDY IN SOUTH/SOUTH EASTERN SUBURBS OF PRETORIA

My name is Trudie Eksteen, a qualified Occupational Therapist practicing in the Pretoria area. I am presently busy with my Masters Degree at the University of the Witwatersrand. In order to complete this degree it is expected of me to do a research project, for which I have chosen to study the Motor-Free Visual Perceptual test. This is a test used by Occupational Therapists and Psychologists to evaluate children's perceptual abilities. The test is a very good perceptual screening test, but unfortunately the test is standardised for the American, English speaking public and it is this standardisation that is being used to evaluate our children. The therapists in South Africa take this test and translate it into the different languages and then use the American norms to assess a child. This then interferes with the reliability of the test, and can cause children with problems to be wrongly identified.

It is my intention to translate the test into Afrikaans and then assess a group of children. I will then compare the results with those of the American group and see if the test is reliable and so valid for the South African Society, when translated into Afrikaans.

In order to do this study I require permission to conduct the study in the Government Primary schools. After I have received written permission I intend writing to the

Headmasters of each of the Afrikaans Primary Schools selected, sending a copy of the letter of permission and once again asking if they mind having the research done in their schools. (A list of the Schools will be obtained form the Education Department and the schools will be randomly selected.) If permission is granted I will collaborate with the headmasters finding the suitable time to do the testing so as not to disturb the school timetable.

In order to do this research approximately 80 children are required. All equipment required will be supplied by myself. I will ask the headmasters to supply a room with a desk and table so as to be able to do the testing on the school property. Testing will be done in the first and second term of 2004, and will require 30 minutes of each child's time. I will administer the test to each child personally, collecting and returning him/her to the classroom after it is done.

I would appreciate it if I could have your written permission so that I can go ahead with this research project. My postal address is P.O. Box 26600
Monument Park
Pretoria 0105
A faxed letter will also be acceptable. Fax: 0124609790

Thank you, for your help. Please contact me if you require further information.

Yours faithfully

_____
T.L. Eksteen
Occupational Therapist

APPENDIX C: Letter to Headmaster

University
of the Witwatersrand,
Johannesburg

Department of Occupational Therapy
7 York Road, Parktown, 2193 South Africa • Telegrams 'Witsmed' • Tel: +27-11-717-3701 • Fax: +27-11-717-3709
E-mail: franzsend@therapy.wits.ac.za

13/01/2004

Dear

PERMISSION FOR RESEARCH STUDY IN YOUR SCHOOL

My name is Trudie Eksteen and I am a qualified Occupational Therapist practicing in the Pretoria area. I am presently busy with my Masters Degree at the University of the Witwatersrand. In order to complete this degree it is expected of me to do a research project. I have chosen to study the Motor-Free Visual Perceptual test. This is a test used by Occupational Therapists and Psychologists to evaluate children's perceptual abilities and is a good perceptual screening test. This test has been standardised for the American, English speaking public and it is this standardisation that is being used to evaluate our children. When a therapist in South Africa uses this or other tests on a non English-speaking child they translate it to the first language of the child, but measure it on the norms given in the original test. This interferes with the reliability of the test.

It is my intention to translate the test into Afrikaans and assess a group of eight-year-olds and then compare the test results with those of the American sample to see if the reliability of the test is maintained. I have received permission form the Gauteng Department of Education (See letter attached), to conduct the research. As you will see in this letter, I also need:

- Your permission for children in your school to participate in the study.
- To negotiate a suitable time to administer the test (30 minutes) as to limit the disruption of the school timetable
- Your permission to use the class teacher to send information to the parents and receive the consent form will be appreciated.

I need 80 children in total for the research, 20 in your school. Each child who falls into the age criteria will be included until this number is acquired. The test will require that the child be tested for 30 minutes, by myself. I will supply all materials needed for the testing of the children. I would greatly appreciate it if a room could be given to me for the purpose of the testing of the children. This will make it easier as they would be in a known environment and so should perform better.

I intend to do the testing of the children in the first term of 2004, on a date that suits you and your teachers.
Please inform me:

- If your will grant me permission to come and do the study in your school
- If you have children in this age group that are willing to participate.
- If you are willing to see that the parents receive the parent information letter and consent form to read and sign prior to the testing.

Thank you, for your help. Please contact me if you require further information.

Yours faithfully

_____

T.L. Eksteen
Occupational Therapist
Cell: 0829254909

APPENDIX D: Information letter to the Parents.

University
of the Witwatersrand,
Johannesburg

Department of Occupational Therapy

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E-mail: franzsend@therapy.wits.ac.za

10/01/2004

Beste Ouers

My naam is Trudie Eksteen, ek is `n gekwalifiseerde Arbeidsterapeut, werksaam in my eie private praktyk in Pretoria. Ek is huidiglik besig met `n navorsings-projek vir die voltooiing van my Meestersgraad in Arbeidsterapie by die Universiteit van die Witwatersrand.

Tydens Arbeidsterapiesessies maak ons gebruik van verskillende toetsings om die visuele perseptuele vlak van ontwikkeling van elke leerder te bepaal. Een van hierdie toetse word die Nie-Motoriese-Visuele-Perseptuele-Toets genoem. Die oorgrote meerderheid van hierdie toetse se probleem in Suid-Afrika is dat hierdie toetse opgestel en gestandaardiseer word op Engelssprekende leerders in Amerika.
Sou `n Suid-Afrikaanse Arbeidsterapeut enige van hierdie toetse op `n kind gebruik wie se eerste taal nie Engels is nie, moet sy die toets vertaal in die betrokke kind se moedertaal. Hierdie kind word dan ge-evalueer volgens die norme gebasseer volgens die Amerikaanse kinders.

Tydens die vertaling van die toets, word daar dus met die geloofwaardigheid gepeuter. Toetsing kan dan lei tot `n onvolledige diagnose van `n kind se perseptuele moontlikhede. Ek het besluit om my studie op hierdie probleem te fokus. D.m.v. die evaluering van `n groep leerders kan die resultate dan vergelyk word met Amerikaanse leerders wat aan dieselfde toets onderwerp was. Op hierdie wyse kan die geloofwaardigheid van die toets getoets word, in so `n mate of die toets steeds geldig is wanneer dit op Afrikaanse kinders gebruik word.

Die toets van my keuse is die Nie-Motoriese-Visuele-Perseptuele-Toets. Hierde toets vereis dat die kind die korrekte voorwerp moet identifiseer tussen vier moontlikhede wat gegee word. Hierdie is nie `n skriftelike toets nie, dit vereis slegs dat die kind items moet uitken en `n antwoord gee. Hierdie toets is geensins moeilik nie!

Om hierdie toets te kan afneem, benodig ek 80 8-jarige leerders uit 10 skole. Dit beteken dat nie alle leerders getoets sal word nie. Leerders word volgens ‘n voorgestelde formule

van Wits geidentifiseer. Ek het toestemming by die Gautengse Onderwysdepartement sowel as die skoolhoof gekry om hierdie betrokke toets met die leerders te mag afneem.

Ek het derhalwe ook u skriftelike toestemming nodig voordat u kind in die toetsing ingesluit mag word. Gedurende die toetsperiode sal elke leerder by sy/haar betrokke klaskamer deur myself gehaal en weer terugbesorg word. Elke leerder sal individueel deur myself getoets word, in `n toegewysde lokaal by die skool, wat deur die skoolhoof aan my toegesê is. Spesiale reëlings sal getref word om die toetsing gedurende skoolure af te neem in so `n mate dat die normale skoolaktiwiteite nie daardeur geraak sal word nie.

Die uitslae van die toets sal met groot vertroulikheid hanteer word en sal slegs vir u as ouers ter insae wees, indien u daarna sou vra. Indien ek bevind dat u kind wel `n probleem ondervind het tydens die toetsing, sal ek u skriftelik daarvan verwittig met die nodige inligting hoe u u kind kan help om die uitval te oorkom.
Indien u besluit dat u kind wel aan die navorsingstoetsing mag deelneem, wees dan asb. so vriendelik om die meegaande brief te voltooi en spoedig terug te stuur na die klasonderwyseres.

Baie dankie vir u samewerking asook vir die voltooiing van die inligtingsbladsy.
Skakel my gerus indien u enige verdere inligting verlang aangaande genoemde toets.

Telefoonnommer: 082 925 4909

Baie dankie.

T.L. Eksteen
Arbeidsterapeut

APPENDIX E: Information and Permission form from the parents.

NAAM VAN LEERDER: _____NOMMER: _____

GEBOORTEDATUM: dag/maand/jaar: _____

MOEDERTAAL: _____

WAS U KIND OOIT GEDIAGNOSEER MET:

1. HIPERAKTIWITEIT? _____
2. LEES PROBLEME? _____
3. WISKUNDIGE PROBLEME? _____
4. VISUELE PROBLEME?

   _____BESKRYF:_____

****

Ek, _____ (naam van ouer/voog), gee hiermee

toestemming dat my kind mag deelneem aan hierdie navorsingsprojek. Ek verleen toestemming dat die resultate van die toets gebruik mag word in genoemde navorsingsprojek. Ek verstaan ook dat ek my kind op enige stadium mag onttrek.

Ek neem daarvan kennis dat, indien daar enige probleme by my kind geidentifiseer mag word, ek `n skriftelike verslag sal ontvang sowel as advies hoe ek my kind kan ondersteun /help om die uitval reg te stel.

Geteken: _____

Dankie vir u samewerking

_____
Trudie Eksteen
Arbeidsterapeut

APPENDIX F: Copy of MVPT-3's answer/scoring booklet.

APPENDIX A:

A COPY OF THE ORIGINAL FORM.

The original form will be used during the research.

REE VISUAL TEST – THIRD ED.

Ronald P. Colarusso / Donald D. Hammill

MVPT-3 RECORD FORM

SUBJECT NO: **RACE:** Gender:_____ Grade:_____

School/Facility:_____ Examiner:_____

Reason for Testing:_____

See page 4 for Clinical History.

	year	month	day
Date of Test			
Date of Birth			
Chronological Age			day*

*Do not round months up by one if days exceeds 15.

Confidence Interval Values

Age	Confidence Level 85%	Confidence Level 90%
4–7	±11	±12
8–10	±9	±10
11–84+	±8	±9

TEST RESULTS

Comparison to Same-aged Peers

- Raw Score _____
- Standard Score _____
- Conf. Interval ____% _____
- Percentile Rank _____
- Age Equivalent _____

Comparison to _____Age Group.*

- Standard Score _____
- Conf. Interval ____% _____
- Percentile Rank _____

*This is an optional comparison. See manual for rationale.

PERFORMANCE PROFILE

Standard Score	Comparison to Same-aged Peers	Comparison to _____ Age Group	Percentile Rank
145			>99
140			>99
135			99
130			98
125			95
120			91
115			84
110			75
105			63
100			50
95			37
90			25
85			16
80			9
75			5
70			2
65			1
60			<1
55			<1

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Instructions for Test Administration

Refer to the test manual for complete instructions.

- For ages 4–10, administer items 1–40 only. For ages 11 years and older, start with item number 14 and continue through item number 65.
- The MVPT-3 is individually administered; examinees point to or say the letter of their answer choice ("A", "B", "C", "D").
- Record the letter of the examinee's answer choice in the "Answer" column on page 3. Keep the record form out of sight of the examinee to avoid distractions.
- If the examinee says, "Don't Know," encourage him or her to respond. If the examinee then refuses to respond, mark the item incorrect.
- The Total Score is calculated by subtracting the number of errors made from the number of the last item administered: item number 40 for ages 4–10 or item number 65 for ages 11 years and older (this gives credit for the unadministered items 1–13). Examples are NOT scored or included in the Total Score.
- Convert Total Score to Standard Scores, Percentile Ranks, and Age Equivalents using the Norms Tables in the MVPT-3 Manual.

Interpretation Notes

- **Scores at the level of chance performance** (for ages 4–10, scores of 10 or less; for ages over 10, scores of 16 or less) should be consider suspect and the test should be repeated at a later date (not earlier than three weeks after initial testing).
- **If no answer choices of A or B are given by the examinee,** further testing should be conducted to determine the presense of hemifield visual neglect (HVN), which will decrease MVPT-3 scores since the examinee is not able to attend to the left side of the page. (Correct answers are distributed evenly over the four possible choices.) The MVPT-Vertical Format (Mercier, et al., 1997) may be used instead for adults 55 and older with HVN.
- **If information about response time is desired,** consult the booklet *"Use of Response Times with the MVPT–3"* that accompanies the MVPT-3 test kit.
- **The shaded area in the Performance Profile** corresponds to the "Average" performance designation (standard scores of 90–110) used by a number of tests.
- **Heavy bars above and below the shaded area** mark one standard deviation above and below the age-related mean (standard scores of 115 and 85, respectively). These graphical cues are intended only to facilitate interpretation; each practitioner should base their test interpretation on the guidelines and standards set forth by their profession, agency, or school district.
- **The column "Comparision to Age Groups" in the Performance Profile** may be used when evaluating performance relative to an optimal performance level set as a goal during the course of treatment in rehabilitation.

Ages 4-10 start here

		ANSWER
Ex. 1-8 (D)		
1	(A)	
2	(C)	
3	(C)	
4	(D)	
5	(B)	
6	(B)	
7	(D)	
8	(B)	
Ex. 9-13 (B)		
9	(C)	
10	(D)	
11	(A)	
12	(A)	
13	(B)	

Ages 11+ start here

		ANSWER
Ex. 14-21(D)		
14	(B)	
15	(D)	
16	(A)	
17	(D)	
18	(A)	
19	(C)	
20	(D)	
21	(A)	
Ex. 22-34(A)		
22	(B)	
23	(A)	
24	(B)	
25	(C)	
26	(B)	
27	(D)	
28	(A)	
29	(D)	
30	(C)	
31	(D)	
32	(A)	
33	(C)	
34	(D)	
Ex. 35-40(A)		
35	(B)	
36	(C)	
37	(C)	
38	(B)	
39	(C)	
40	(A)	

		ANSWER
41	(C)	
42	(A)	
43	(D)	
44	(C)	
45	(B)	
Ex. A 46-50 (A)		
Ex. B 48-50 (C)		
46	(D)	
47	(A)	
48	(B)	
49	(A)	
50	(D)	
Ex. A 51-55 (A)		
Ex. B 51-55 (B)		
51	(B)	
52	(C)	
53	(A)	
54	(C)	
55	(D)	
Ex. A 56-60 (C)		
Ex. B 56-60 (D)		
56	(A)	
57	(C)	
58	(A)	
59	(B)	
60	(C)	
Ex. A 61-65 (C)		
Ex. B 61-65 (A)		
61	(D)	
62	(B)	
63	(A)	
64	(B)	
65	(D)	

LAST ITEM:

ERRORS: _

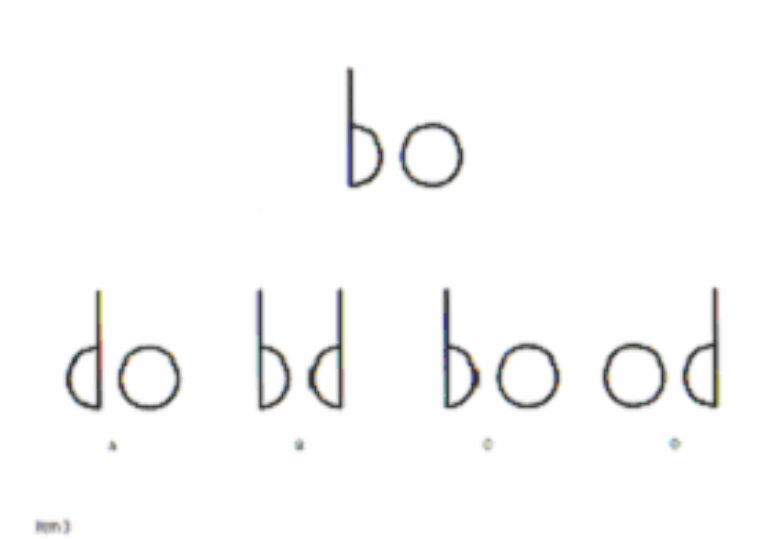
RAW SCORE:

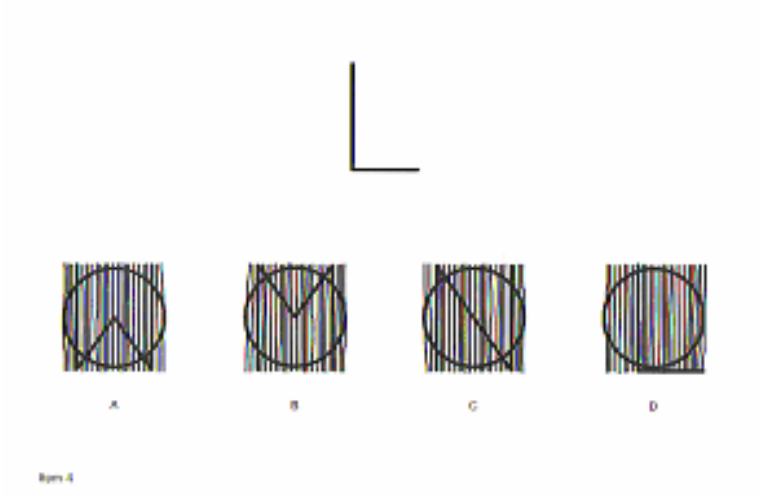
Do not score Examples

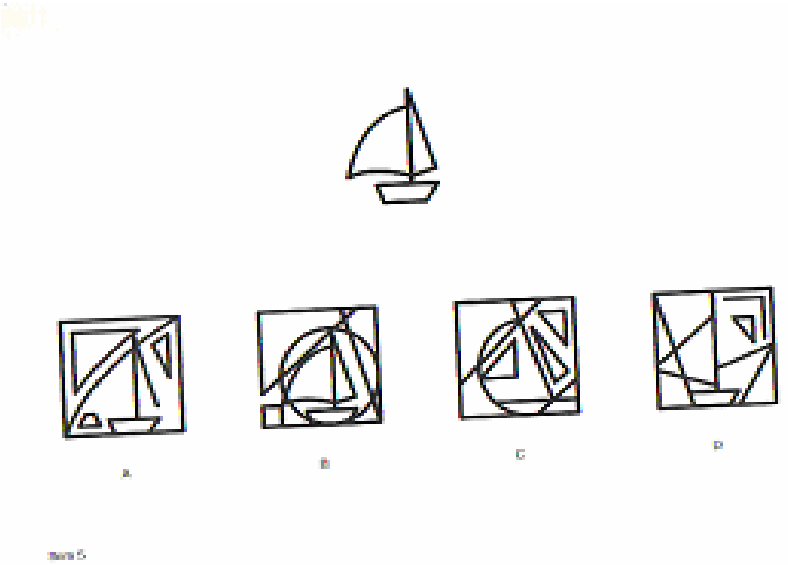
Clinical History:

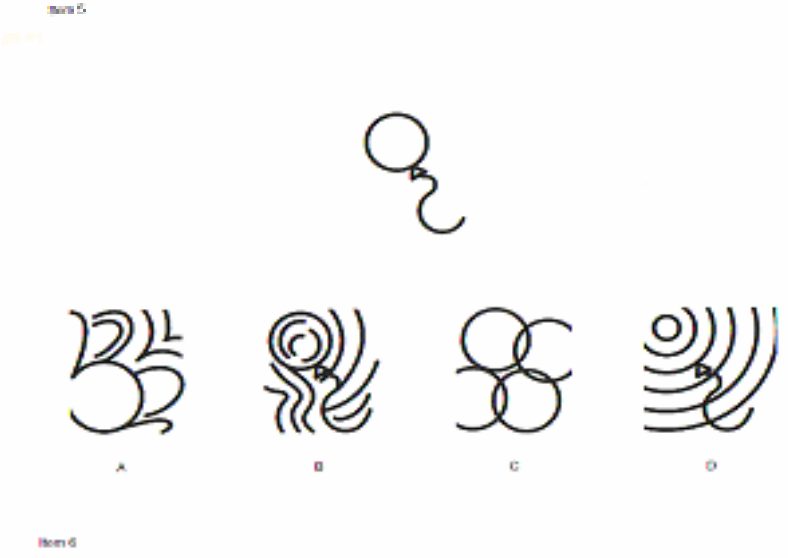
Comments:

APPENDIX G: The MVPT-3's test plates.

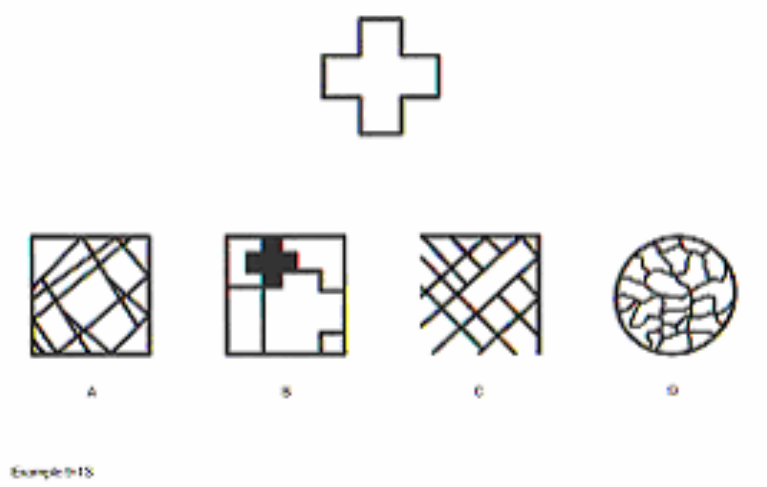

A
B
C
D

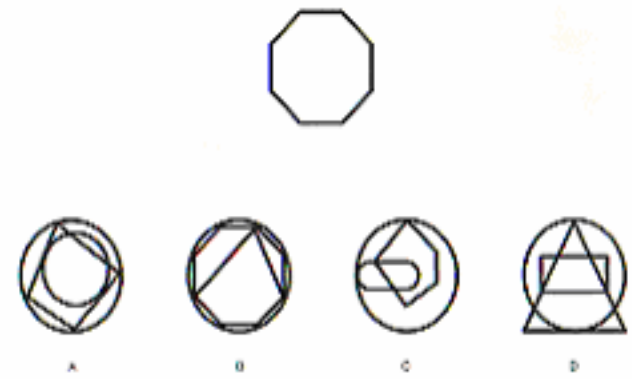

A
B
C
D

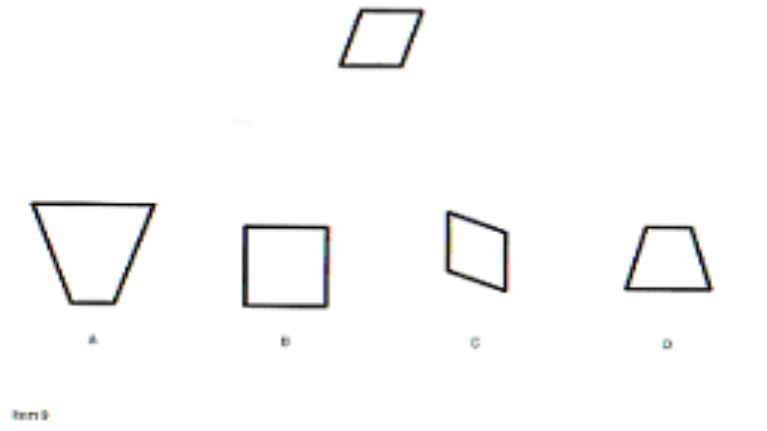

A
B
C
D

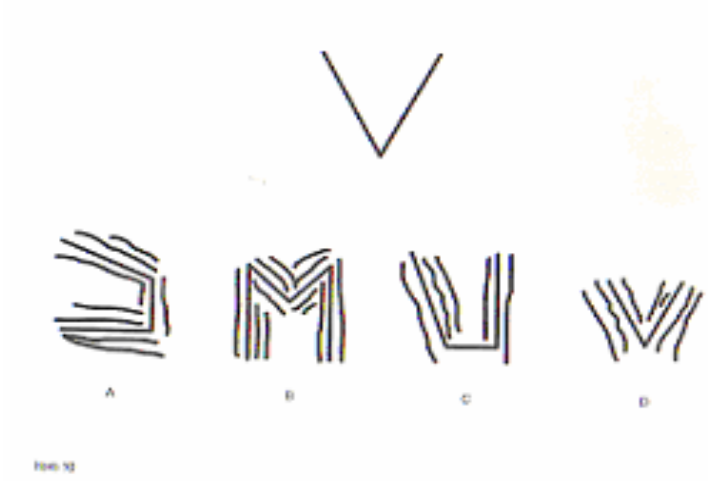

A
B
C
D


A
B
C
D

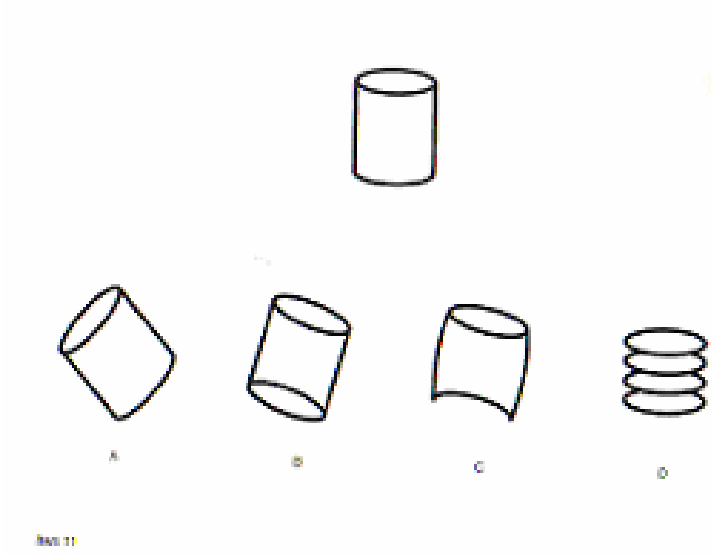

A
B
C
D


A
B
C
D

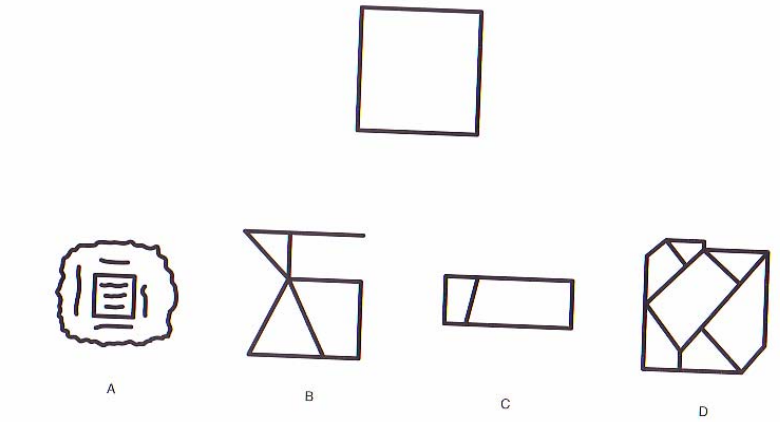

A
B
C
D

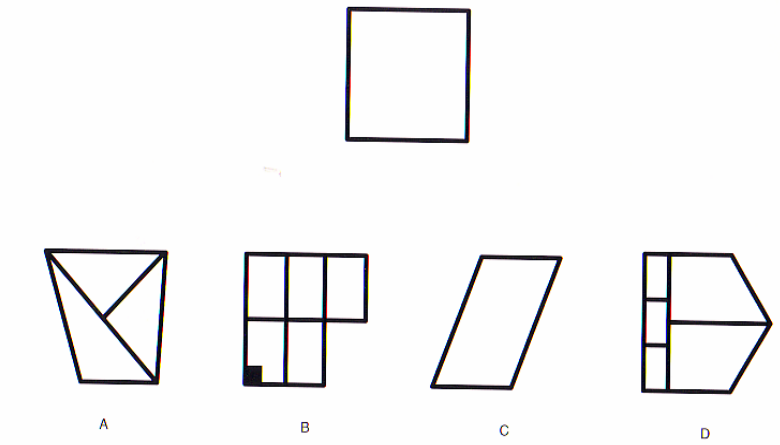


Item 12



Item 11



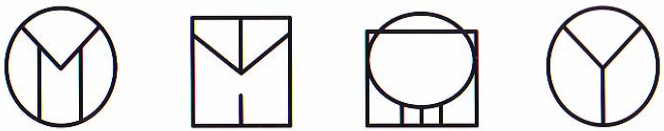


Item 13

Example 14-21a

bxg

Item 14a



A B C D

Example 14-21b

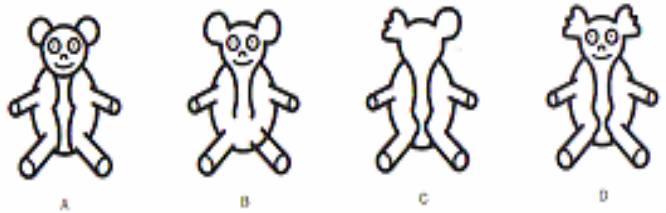
axn bxg yag tlb

A B C D

Item 14b

Item 15a

Item 16a



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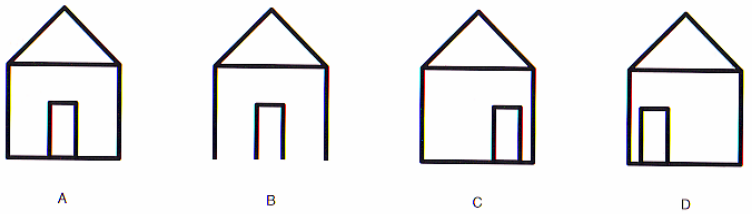


Item 16b

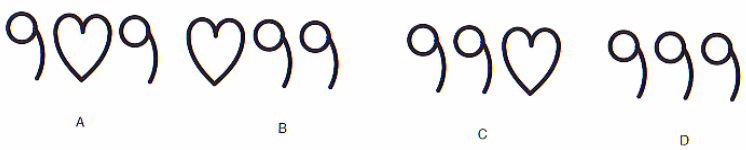
Item 17a

Item 17b

Item 18a

Item 18b

Item 19a



A B C D

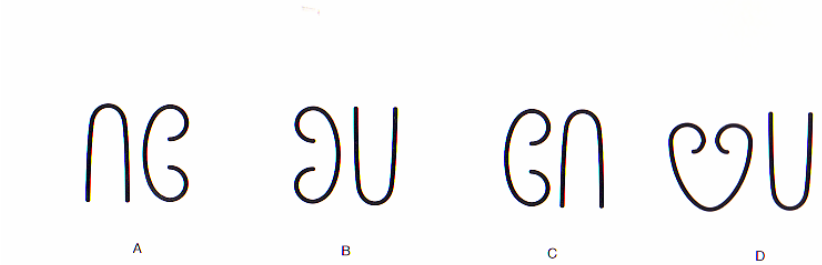
Item 19b

Item 20a

A B C D

Item 20b

Item 21a



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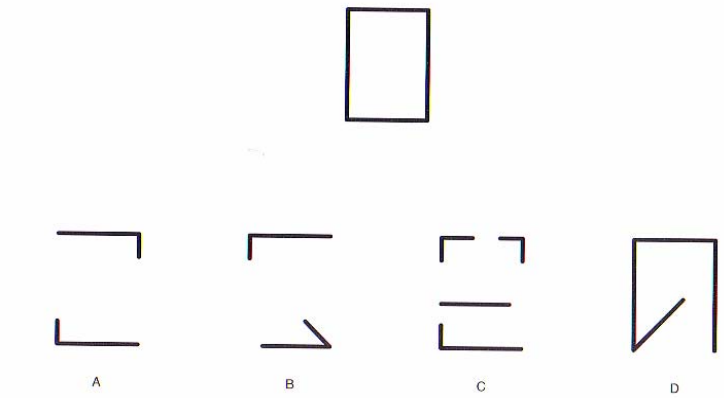
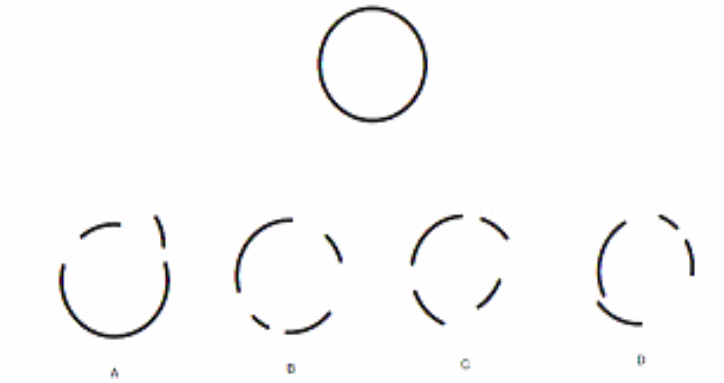


Example 22-34



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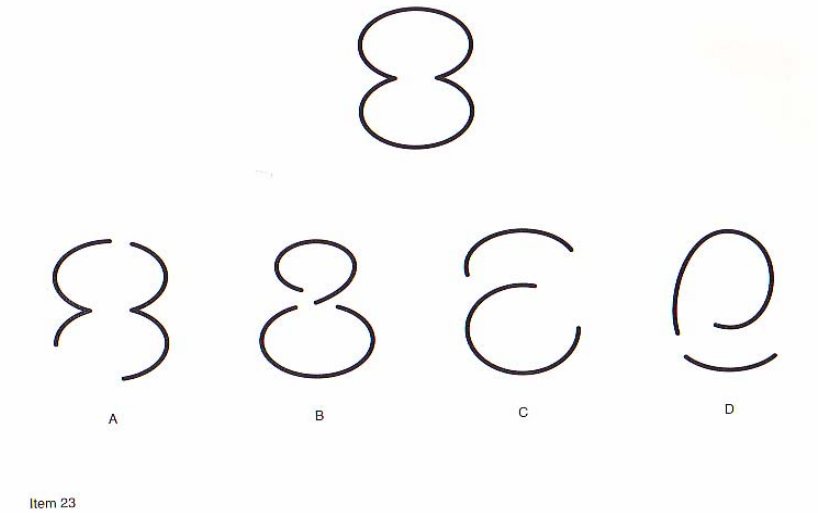

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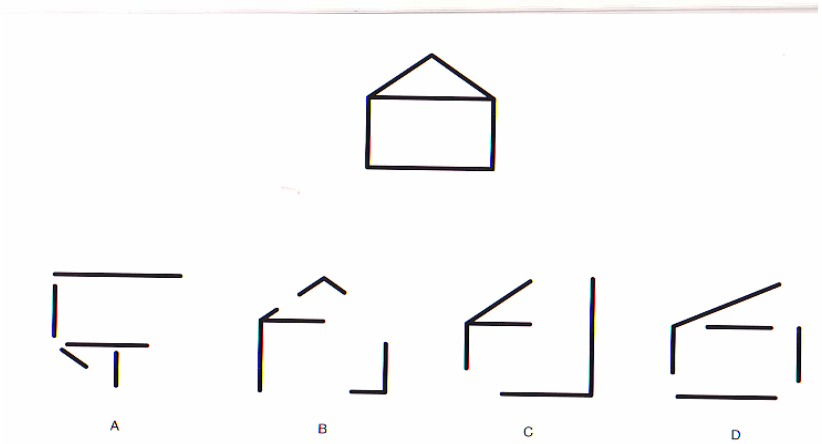

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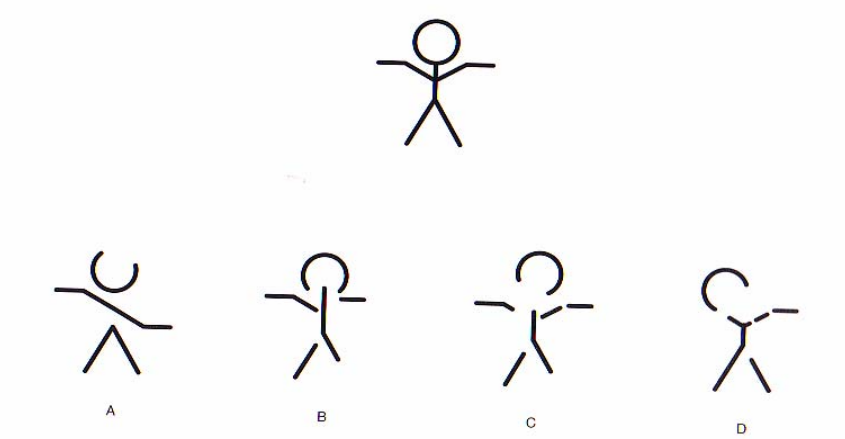

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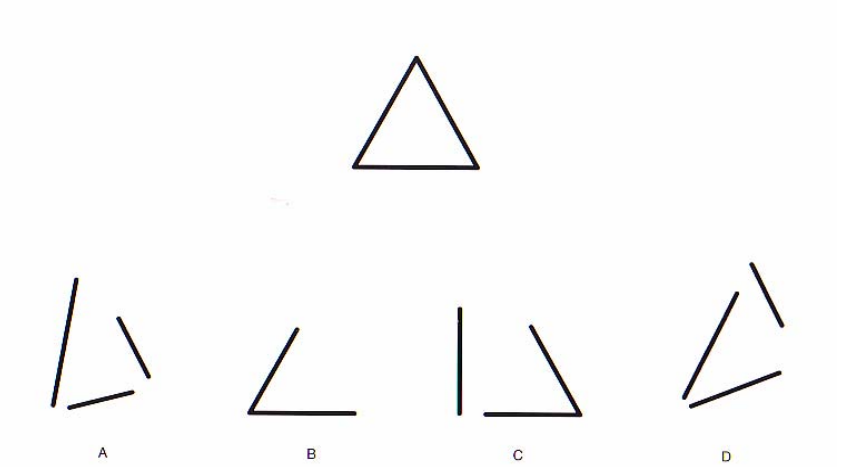

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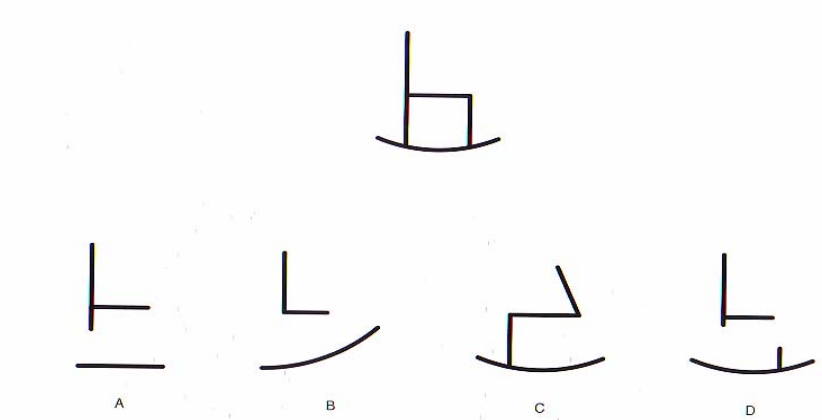

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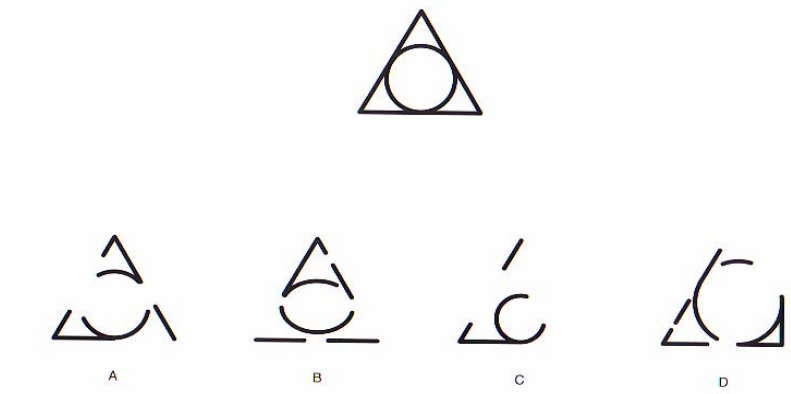

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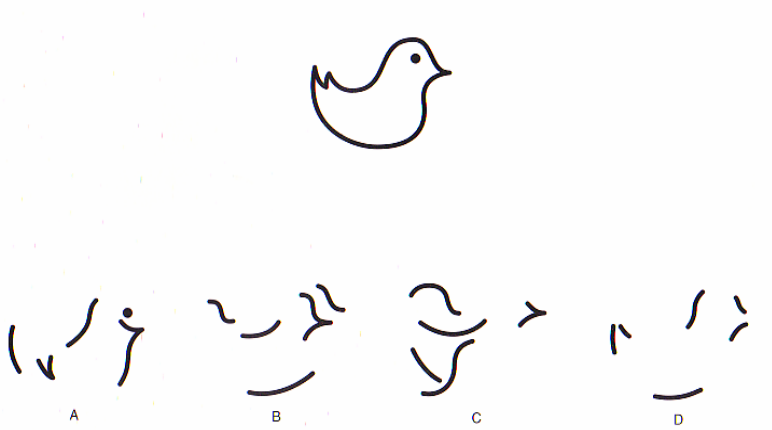
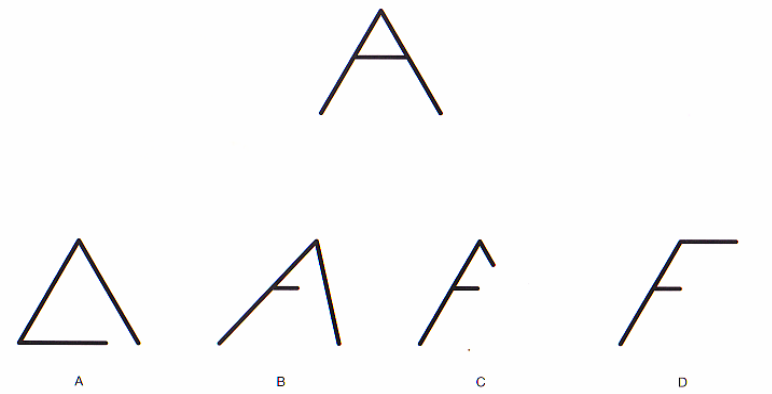
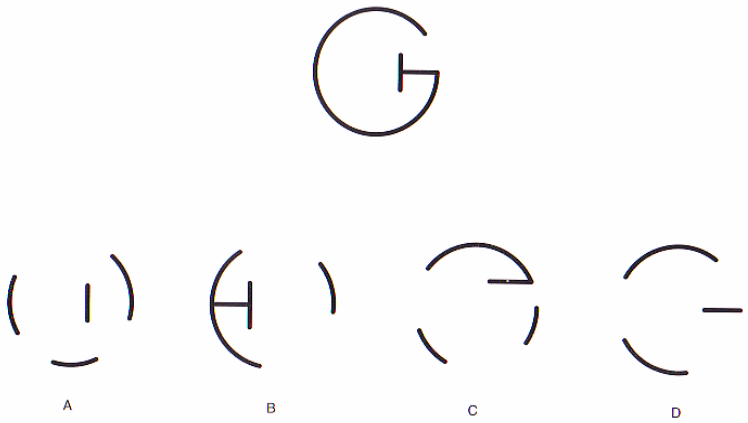


Item 29



Item 30



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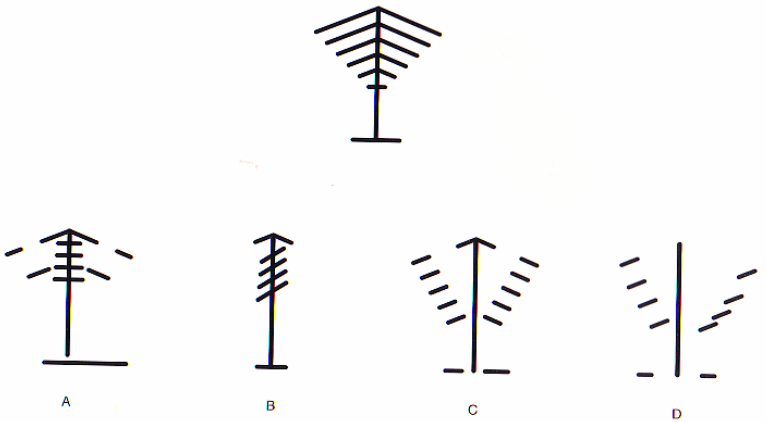

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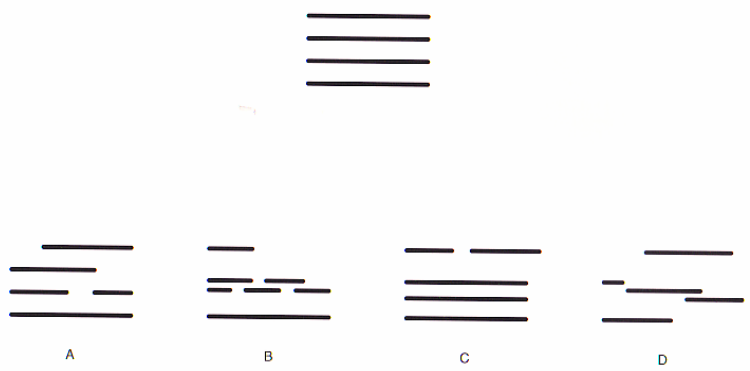

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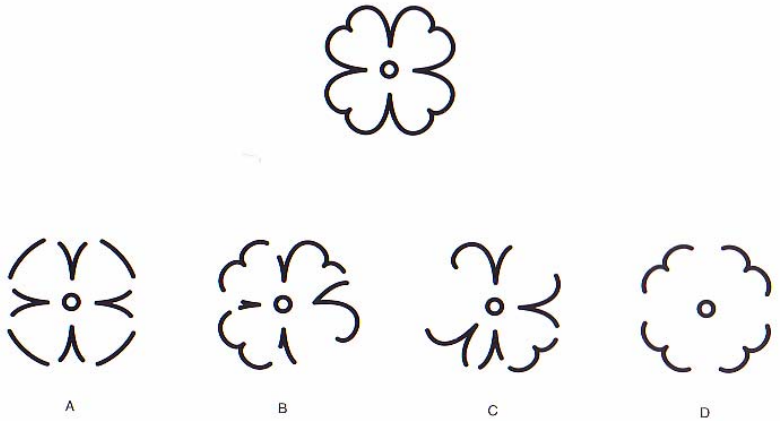
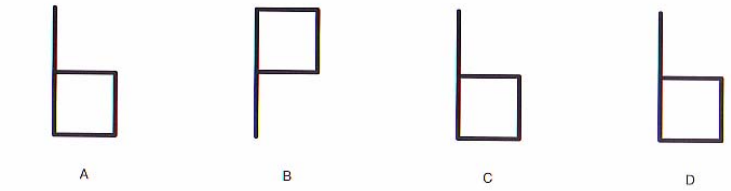


Item 34

Example 35-45



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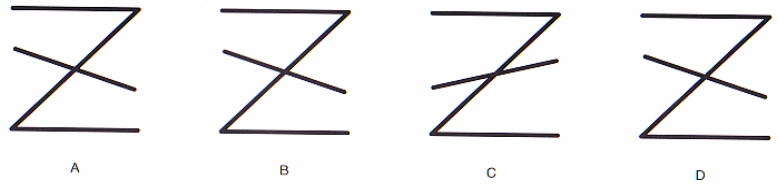

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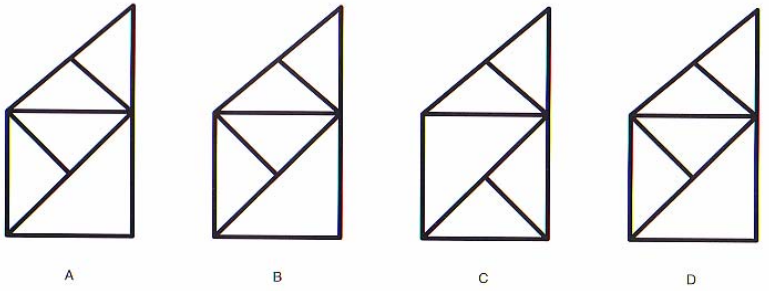

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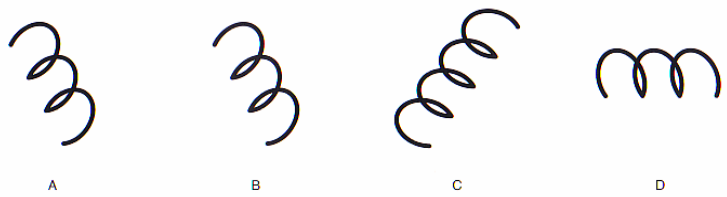

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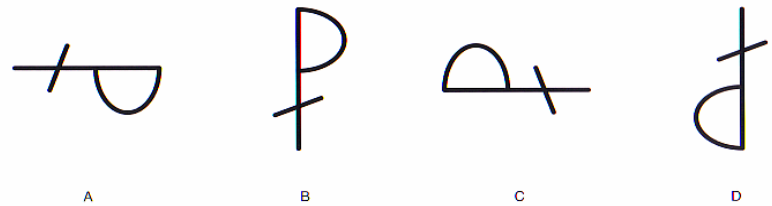

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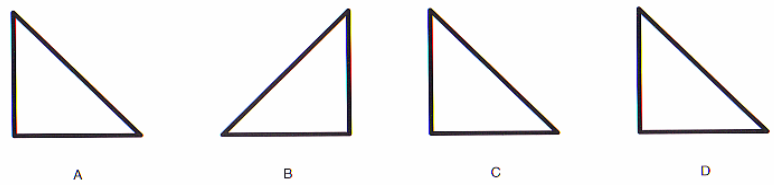

Item 38

APPENDIX H: CHILD VERBAL CONSENT FORM

My naam is Trudie. Ek is `n Arbeidsterapeut. Ek het jou hulp nodig om die toetse wat ons gebruik reg te maak vir die Suid Afrikaanse kind. Hierdie toets sal net dertig minute neem en is nie moeilik nie. Jy hoef net na prentjies te kyk en vir my uit te wys watter is die regte een na ek jou `n vraag gevra het. Dit is nie moeilik nie. Sal jy my help asb? Ek sal dit waardeer.

APPENDIX I: Feedback letter to the parents

University
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E-mail: franzsend@therapy.wits.ac.za

Beste ouer

Gedurende die navorsingstoetsing van _____ het dit onder my aandag gekom dat u kind probleme ondervind en wel op die volgende gebiede:

1. _____
2. _____
3. _____
4. _____
5. _____

Dit sal raadsaam wees indien u kind klasse by `n Arbeidsterapeut kan ontvang om sy/haar uitvalle te oorkom.

Skakel gerus die Arbeidsterapeut Raad by tel: _____
om uit te vind watter terapeut in u omgewing werksaam is.

Baie dankie vir u en u kind se samewerking gedurende die toetsperiode vir my navorsing.

Groetend

_____
T.L. Eksteen
Arbeidsterapeut