

NEPSY-II Report Write-Up Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

The NEPSY-II (Pearson, 2007) is a developmental neuropsychological battery for ages 3 to 16: 32 stand-alone subtests across six domains, scaled scores (mean 10, SD 3), percentile ranks and ranges, process and contrast scores, and behavioral observations, with no domain or composite scores by design. The discipline in one line: report at the subtest level, frame low scores against base rates, name the 2005 to 2006 norms, and let the full evaluation carry any diagnosis.

1 – Measures and battery rationale which subtests, and why these?

Do: name the edition, the assessment approach (General, Selective, Diagnostic, Full), the subtests given, and the referral logic; state the norm date.

Pitfall: a subtest list with no rationale reads as reflexive full-battery testing and invites a medical-necessity question.

2 – Behavioral observations scorable data, not color commentary

Do: write observations as findings: what occurred, how often, how common for age; connect them to the scores they explain.

Pitfall: anecdotes that never connect to a score; the NEPSY-II records observations against the standardization sample.

3 – Subtest results by domain the no-composite rule

Do: report each subtest's scaled score, percentile rank or range, and the publisher's printed classification term, grouped by domain.

Pitfall: a "NEPSY-II composite" or domain average; none exist, and an averaged number has no norms behind it.

4 – Process, contrast, and error detail where the battery earns its keep

Do: say which component broke down, what the contrast score isolates, and what the error pattern showed.

Pitfall: a contrast score reported as an ability score, or a percentile range read as a precise percentile.

5 – Low-score framing healthy children get low scores too

Do: state the base-rate frame: some low scores are common in healthy children, more so on longer batteries; then show convergence.

Pitfall: one Borderline score carrying a diagnostic conclusion; patterns plus converging evidence carry conclusions.

6 – Social Perception, cross-referenced two findings, never an autism test

Do: report Affect Recognition and Theory of Mind separately and integrate with observation, rating-scale, and adaptive evidence.

Pitfall: a "social composite" or standalone diagnostic claim; factor analyses could not recover a Social Perception dimension.

7 – Summary and recommendations linkage answer the referral question

Do: integrate the profile with the rest of the evaluation, tie each recommendation to a finding, and state the norm-date limitation.

Pitfall: a summary that restates scores without answering the referral question, and recommendations from nowhere.

Before you sign

- ☐ Battery rationale stated; edition and norm date named
- ☐ Subtest level only; no composite or domain average
- ☐ Low scores framed against base rates and reliability
- ☐ Social Perception reported as two findings, integrated
- ☐ Observations and process scores written as findings
- ☐ Recommendations trace to findings; limitations stated

Drafting with AI

Paste your score summary: subtests, scaled scores, percentiles, observations. Not the items, not the record form.

"Draft a NEPSY-II results section from this summary: Affect Recognition 4, Theory of Mind 5, Memory for Faces 6, language and attention subtests 9 to 11; age 8, autism referral; ..."

Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

300–700 words
NEPSY-II section

45 min–3 hrs
by battery

Ages 3–16
subtest scores only

Schools · clinics
who reads it

NEPSY-II Results Section Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Client (initials): _____ Age: _____ Testing dates: _____

Edition / norm date stated: _____ Assessment approach: _____ Referral question: _____

Measures and battery rationale

Subtests administered and why they answer the referral question; norm collection date noted

Behavioral observations during testing

What occurred, how often, how common for age; connected to the scores they explain

Subtest results by domain

Scaled score, percentile rank or range, and printed classification per subtest; no domain averages

Process, contrast, and error detail

Component-level findings where they change interpretation

Low-score framing

Base-rate statement; subtest reliability; convergence with history, observation, other measures

Social Perception, if administered

Affect Recognition and Theory of Mind as separate findings; cross-referenced with autism-specific and adaptive evidence

Interpretive summary

Referral question answered; integrated with the full evaluation; no composite language

Recommendations linkage and limitations

Each recommendation tied to a documented finding; norm date and age-band cautions stated

Re-evaluation plan (measures, timing): _____ Report due: _____

Evaluator signature / credentials: _____ Date signed: _____

Supervisor signature, where required: _____ Date: _____