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# Standard Score Interpretation Ranges

Use these ranges as your primary clinical interpretation framework. Standard scores have a mean of 100 and SD of 15.

## 130-145 WELL ABOVE AVERAGE

Performance exceeds 98% of same-aged peers. Rare in clinical samples. May indicate exceptional visual-motor abilities.

> **Example:** Percentile Range: 98th-99th+ | Population: ~2%

## 115-129 ABOVE AVERAGE

Performance exceeds 84-98% of peers. Strong visual-motor integration skills. Consider as baseline for gifted populations.

> **Example:** Percentile Range: 84th-97th | Population: ~14%

## 85-114 AVERAGE

Performance typical for age. Scores in this range generally don't warrant intervention unless functional impairment is documented.

> **Example:** Percentile Range: 16th-84th | Population: ~68%

## 70-84 BELOW AVERAGE

Performance below 16% of peers. Clinical concern threshold. Often qualifies for educational support or therapy services.

> **Example:** Percentile Range: 2nd-15th | Population: ~14%

## 55-69 WELL BELOW AVERAGE

Significant impairment. Performance below 2% of peers. Strong indicator for intervention. Consider comprehensive evaluation.

> **Example:** Percentile Range: <2nd | Population: ~2%

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# Quick Score Conversion Chart

Common standard scores and their percentile equivalents for rapid clinical communication.

## High Average — STANDARD SCORES 110-115

110 = 75th percentile | 111 = 77th | 112 = 79th | 113 = 81st | 114 = 82nd | 115 = 84th percentile

> **Example:** Clinical Note: Upper end of average range. No concerns typically.

## Average — STANDARD SCORES 90-109

90 = 25th percentile | 95 = 37th | 100 = 50th (mean) | 105 = 63rd | 109 = 73rd percentile

> **Example:** Clinical Note: Solid average performance. Monitor if functional difficulties present.

## Low Average/Concern — STANDARD SCORES 70-89

85 = 16th percentile (cutoff) | 80 = 9th | 75 = 5th | 70 = 2nd percentile

> **Example:** Clinical Note: Scores ≤85 typically meet criteria for intervention services.

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# Score Pattern Analysis Worksheet

Use this section to document subtest scores and identify clinical patterns. Discrepancies ≥12 points (1 SD) are clinically significant.

**VMI Standard Score**

*Primary visual-motor integration score*

**VP Standard Score**

*Visual Perception supplemental test*

**MC Standard Score**

*Motor Coordination supplemental test*

**Largest Discrepancy (calculate: highest minus lowest)**

*≥12 points = clinically significant*

**Pattern Identified (circle one): True Integration Deficit | Visual Perception Deficit | Motor Coordination Deficit | Global Delay | No Concerns**

**Behavioral Observations During Testing**

*Note impulsivity, attention, fatigue, grip, self-correction, frustration, strategy*

**Primary Intervention Focus Based on Pattern**

*Integration activities | Visual perception training | Fine motor development | Comprehensive approach*

# Common Clinical Patterns

These patterns guide differential diagnosis and intervention planning. Look for score discrepancies ≥12 points.

## Pattern 1 VMI LOW | VP AVERAGE | MC AVERAGE

Interpretation: True visual-motor integration deficit. Client has adequate visual and motor skills in isolation but struggles to coordinate them together.

> **Example:** Intervention Focus: Integration activities (copying tasks, construction, bilateral coordination)

## Pattern 2 VMI LOW | VP LOW | MC AVERAGE

Interpretation: Visual perception deficit driving VMI difficulties. Motor skills are adequate but visual processing is impaired.

> **Example:** Intervention Focus: Visual perceptual training (form discrimination, spatial relations, figure-ground)

## Pattern 3 VMI LOW | VP AVERAGE | MC LOW

Interpretation: Motor coordination deficit limiting VMI performance. Visual processing is adequate but motor execution is impaired.

> **Example:** Intervention Focus: Fine motor skill development, pencil skills, motor planning activities

## Pattern 4 VMI LOW | VP LOW | MC LOW

Interpretation: Global developmental delay or multiple deficit areas. Comprehensive impairment across visual and motor domains.

> **Example:** Intervention Focus: Multi-disciplinary approach, consider broader neurodevelopmental assessment

## Pattern 5 ALL SCORES AVERAGE OR HIGH

Interpretation: Visual-motor skills are not contributing to presenting concerns. Look to other factors (attention, executive function, language).

> **Example:** Action: Consider alternative assessments based on referral question and functional concerns

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# Validity Check: Test Administration Quality

Not all test scores are valid. Document these factors that may compromise score validity and impact interpretation.

## ATTENTION AND EFFORT

Did the client sustain attention throughout? Were there signs of rushing, impulsivity, or giving up easily? ADHD clients may score artificially low due to attention factors rather than true skill deficits.

## MOTIVATION AND COMPLIANCE

Was the client cooperative and motivated? Oppositional behavior or task refusal can suppress scores. Consider readministration if effort was questionable.

## MOTOR FATIGUE

Did you observe hand fatigue, cramping, or slowing over the course of testing? Testing order matters—MC administered last may show artificially low scores due to fatigue.

## PREVIOUS EXPOSURE

Has this client been tested with the Beery VMI in the past 6-12 months? Practice effects may inflate scores, particularly on VP subtest.

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# Clinical Report Notes Template

Use this template to structure Beery VMI findings in clinical reports. Adapt language for your audience (parents, teachers, other professionals).

**Scores Summary: VMI SS = ___ (%ile = ___) | VP SS = ___ | MC SS = ___**

**Performance Level (e.g., 'Average range,' 'Below average, 12th percentile')**

**Score Pattern and Clinical Interpretation**

*What pattern was identified? What does this mean diagnostically?*

**Functional Implications (Real-world impact on handwriting, academics, daily tasks)**

*Translate scores into observable behaviors and challenges*

**Recommendations (Specific, measurable intervention goals and strategies)**

*What should happen next? Therapy? Accommodations? Further assessment?*