

SHOPLIFTING INVENTORY

Training Manual

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SHOPLIFTING INVENTORY

The **Shoplifting Inventory (SI)** is designed for shoplifter evaluation. It contains 7 scales: Truthfulness, Shoplifting, Peer Pressure, Self-Esteem, Impulsiveness, Alcohol and Drugs. The Shoplifting Inventory goes beyond the obvious - to motivation and attitude.

SEVEN SHOPLIFTING INVENTORY-2 SCALES (MEASURES)

1. **TRUTHFULNESS SCALE:** Measures how truthful the respondent was while completing the test. It also identifies faking, minimization, guardedness and defensiveness - as well as the reading impaired.
2. **SHOPLIFTING SCALE:** A shoplifter is a person who steals articles from a store during shopping hours. This scale measures a person's tendency (or probability) of shoplifting.
3. **PEER PRESSURE SCALE:** Measures the susceptibility of a person to pressure, or the influence of other people upon a person's attitudes and behavior. This scale shows how easily a person can be influenced by others.
4. **SELF-ESTEEM SCALE:** Measures a person's perception of self. It describes the person one believes oneself to be. Self-esteem incorporates an attitude of acceptance - approval versus rejection - disapproval of oneself.
5. **IMPULSIVENESS SCALE:** This scale measures impulsiveness or a tendency to act on sudden impulse. It describes a person who responds suddenly, abruptly or spontaneously without much forethought or consideration of consequences.
6. **ALCOHOL SCALE:** Measures the frequency and magnitude of alcohol-related problems. It measures alcohol use and abuse. Alcohol refers to beer, wine or other liquor.
7. **DRUGS SCALE:** Measures drug use or abuse-related problems. Without a drug scale, many drug abusers would remain undetected. Drugs refer to marijuana, cocaine, crack, amphetamines, barbiturates and heroin.

The Shoplifting Inventory (SI) is an automated (computer scored) self-report test that is completed by the client either individually or in group testing settings. There are no forms, check lists or questionnaires to be completed by the staff. SI reports are computer generated, within 3 minutes of test data entry on-site. These reports eliminate the need for tedious, time consuming and error prone hand scoring. **Staff report writing, substantiation of decision making and record keeping needs are met with SI reports.**

The Shoplifting Inventory is an automated (computer scored) self-report assessment instrument or test. It can be administered individually or in group testing settings. The SI has 141 items and takes 30 minutes to complete.

Risk Level Classification

Each Shoplifting Inventory (SI) scale score is classified in terms of the risk range it represents. These risk level classifications are calculated individually for each of the nine empirically based scales as follows.

PERCENTILE RANGE	RISK RANGE
0 to 39th percentile	Low Risk
40 to 69th percentile	Medium Risk
70 to 89th percentile	Problem Risk
90 to 100th percentile	Severe Problem Risk

SI percentile scores are established on the population of shoplifters sampled. A problem is identified when an attained score reaches the **70th percentile or higher**. A severe problem is identified when a score reaches the **90th percentile or higher**.

Truthfulness Scale

An important advancement in testing has been the development of the Truthfulness Scale, which measures how truthful the client was while completing the test. It would be very naive to believe that everybody taking tests always answers questions truthfully. **The Truthfulness Scale detects denial, minimizing problems and faking.** The Truthfulness Scale is particularly important in court-related settings. The Truthfulness Scale identifies attempts to "fake good" or underreport problems and concerns.

When reviewing a Shoplifting Inventory (SI) report you should check the Truthfulness Scale score. **A Truthfulness Scale score at or below the 89th percentile is indicative of accurate, truthful and valid results. In contrast, a Truthfulness Scale score at or above the 90th percentile reflects inaccurate and invalid SI results.** Reasons for inaccurate results are many and include reading impairments, reading things into questions that are not there, emotional turmoil, denial and faking. **Regardless of the reason, a Truthfulness Scale score at or above the 90th percentile means scale scores are inaccurate and likely distorted.**

Truth-Corrected Scores

The Truthfulness Scale establishes how truthful the client was while completing the SI. The amount of error variance associated with untruthfulness is determined and then applied to each scale resulting in Truth-Corrected scores. **Truth-Corrected scores are more accurate than raw scores because they account for the measured amount of untruthfulness while the client completed the SI.** Raw scores may only reflect what the client wants you to know. Truth-Corrected scores reveal what the client is trying to hide. Truth-Corrected scores are more accurate than raw scores.

Validity

Definition: Within the context of assessment, **validity** is a general term for accuracy of measurement. Valid test results are essentially free from error. They are accurate. In contrast, invalidity refers to distortion of test results due to errors in measurement. Invalidity may be due to guardedness, denial, faking, reading things into questions, minimization of problems, emotional instability, reading impairments, etc. Invalid tests results are distorted and not accurate.

When handed a SI report, staff should check the Truthfulness Scale score. If the Truthfulness Scale score is below the 70th percentile -- test results are valid and accurate. Truthfulness Scale scores between the 70th and 89th percentiles are likely valid, but should be interpreted cautiously. **Truthfulness Scale scores above the 90th percentile are not accurate.**

Staff Members Should Not Take the SI

Sometimes a staff member wants to simulate the client taking the SI. It is strongly recommended that staff do **not** take the SI. The SI is not standardized on staff. And staff does not have the same mental set as a client. Staff would likely invalidate, distort or otherwise compromise their SI profile.

Control of SI Reports

Shoplifting Inventory (SI) reports contain confidential information. Some of the vocabulary may be misunderstood by the client and others. For these reasons the client should **not** be given his/her SI report to read. **Instead we recommend a staff person review SI results with the client, but does not give the SI report to the client to read.** The client should **never** be allowed to remove an SI test booklet or report from the premises. SI test booklets and reports are privileged, highly sensitive and confidential.

Request For Information

If, or when, third parties (attorneys, relatives, agencies, etc.) request SI materials they should be informed that all SI materials (SI booklets, Manuals, etc.) are copyrighted and SI users are licensed by Behavior Data Systems, Ltd. **As appropriate -- they should be allowed to review their clients SI report during normal working hours -- but not photocopy or remove it from your office.** If they persist, they should be advised to contact Behavior Data Systems, Ltd., P.O. Box 44256, Phoenix, Arizona 85064-4256.

Check Answer Sheet for Completeness

Check the client's answer sheet to be sure it has been filled out correctly when it is turned in and before the client leaves. No items should be skipped and true and false should not be answered for the same question.

The client should be informed that each question must be answered in accordance with instructions, and be given the opportunity to correct or complete their answer sheet. **Skipped answers are scored by the computer in the deviant direction, as it is assumed that these items were omitted to avoid admitting a "negative" response.**

Present, Past or Future Tense

Clients should answer questions as the questions are stated -- in present tense, past tense or future tense. Questions are to be answered literally as they are presented. There are no trick questions. If an item wants to know about the past, it will be stated in the past tense. If the item inquires about the present, it will be stated in the present tense. And, if an item asks about the future, it will be stated in the future tense. Just answer each question as it is stated.

Special Modified Report, or 99th Percentiles

When the Truthfulness Scale score is at or above the 95th percentile all other scale scores are automatically set to the 99th percentile. In other words the SI report is modified due to the extremely inaccurate test protocol. And in place of the scale descriptions or paragraphs explaining scale scores, a one-page explanation of validity - invalidity is printed. **A test protocol is inaccurate and invalid when the Truthfulness Scale score is at or above the 90th percentile.** This modified report dramatizes the extremely high Truthfulness Scale score (95th percentile or higher). We will await user feedback before deciding to implement this 99th percentile procedure for Truthfulness Scale scores at the 90th (as compared to the 95th percentile and higher) and above percentile score.

Accurate - Inaccurate Profiles

The term "inaccurate" is being used instead of invalid. The term validity refers to accurate assessment. In contrast, invalidity refers to distortion of test results due to client's attitude, reading abilities, minimization of problems, reading things into the questions, denial and faking. However, many people do not understand the

terms valid or invalid. Consequently we are substituting the terms **accurate** and **inaccurate** for valid and invalid.

Inaccuracy is defined in terms of a client's Truthfulness Scale score being at or above the 90th percentile. **A Truthfulness Scale score at the 90th percentile or above results in inaccurate tests results, and all scale scores should be considered inaccurate.** Yet, different accurate - inaccurate SI profiles can be identified. Five examples are discussed.

Example #1. An elevated (at or above the 90th percentile) Truthfulness Scale score with all other scale scores at or above the 90th percentile. This profile is often associated with impaired reading skills, acute emotional turmoil, or a very deviant response set . . . Further inquiry is needed with the client before deciding whether to retest. If emotionally upset, you may want to settle the client down before retesting. Although rare, some client's do not take the testing situation seriously and randomly respond. Regardless of the reason this SI profile is inaccurate and invalid.

Example #2. An elevated Truthfulness Scale score with at least one other scale score above the 69th percentile and one other scale score below the 40th percentile. This may be an accurate profile where the client was either inadvertently "reading things into the questions" or attempting to be "absolutely honest" . . . After reviewing the instructions with the client this person would likely be retestable. However, a "focused interview" may be all that is needed to complete this assessment.

Example #3. An elevated Truthfulness Scale score with all scale scores at or below the 39th percentile. This client was attempting to minimize problems and "look good" but was detected by the Truthfulness Scale . . . **This is a classically invalid profile.** This client can be expected to be defensive and manifest denial. A direct approach is recommended, e.g., you were either attempting to minimize your problems or you were reading things into questions that weren't there. Retest would be contingent upon the client's attitude.

Example #4. A low risk Truthfulness Scale score with other scale scores variable is usually considered a valid profile. However, in very rare cases this represent a "test wise" client or staff member playing "beat the test." Earlier it was noted the SI was not standardized on staff and it was recommended they do not take the SI. Yet, some do. And it would be very rare or unusual for a client to be that "test wise." First year college students in psychology classes were asked to "lie but don't get caught" and were detected. This respondent's motivation needs to be established in interview.

Example #5. In very rare instances a client might answer all test items true or false. If all items are answered true the Truthfulness Scale would automatically be set to the maximum score. This response set is very rare. Similarly, **if all items were answered false** the Truthfulness Scale score would be very high. The very high Truthfulness Scale score shows the test protocol is inaccurate or invalid . . . Should either of these situations occur, straightforward inquiry is all that is usually needed to clarify the matter. Contingent upon the client's attitude, retesting might be considered after the oral instructions are reviewed.

Oral Instructions

The literature is clear that many clients tend to minimize their problems by substantially under-reporting their alcohol and drug use or violent acts. This emphasizes the importance of oral instructions to the client before he/she begins the SI. A straightforward approach is recommended. For example:

"This questionnaire contains a truthfulness measure to determine how cooperative and truthful you are while completing it. It is also important that you do not read anything into the questions that is not there. There are no trick questions or "hidden meanings." Your court records may be checked to verify the accuracy of your answers. Please answer all the questions honestly. Just answer each question truthfully.

Giving the client an example often helps them understand. The example that you use will be influenced by your client population, experience and intent. Your example should be individualized to your situation and needs. The following example is presented for clarification as to how an example might be included in your oral instructions to the client.

“Last week a client told me while taking the MMPI that he could not answer this question true or false. ‘I am attracted to members of the opposite sex.’ When asked why, the client replied, ‘If I answer true you will think I am a sex maniac. If I answer false you will think I am a homosexual.’ I told the client that this item does not ask about being a sex maniac or homosexual. It simply asks if you are attracted to members of the opposite sex. When you interpreted it to refer to sex maniacs or homosexuals you were answering different questions. Do not read anything into these questions that isn’t there, because if you do, you will invalidate the test and you may have to take it over. Simply answer the questions true or false. There are no trick questions or hidden meanings. If you misinterpret or change the questions in the test, you will invalidate the test.”

Significant Items

Significant Items are self-admissions or important self-report responses. Significant items are identified for reference. Sometimes they help in understanding the client. **Significant Items alone do not determine scale scores.** Significant items are listed at the end of the SI report for the Alcohol, Drug and Antisocial Scales.

Multiple Choice Items

The last sequence of multiple choice questions reflects important self-report motivational, attitudinal and perceptual information. Client answers to Section 3 multiple choice items are printed on the last page of the SI report. These answers represent the client’s perception of his/her situation and needs, consequently they may differ from objective scale scores. **This enables comparison of the client’s subjective attitude and motivation with their empirically based objective scale scores.** For example, a client may report “no problem” with regard to alcohol-related problems, even though the Alcohol Scale score is at or above the 90th percentile (severe range) score.

Expanding Database

A database is a large collection of data in a computer, organized so that it can be expanded, updated and retrieved rapidly for statistical analysis or annual summary reports. A database of test-related information can be very useful.

Used SI diskettes are returned (without client names) to Behavior Data Systems and test data is downloaded into the SI expanding database. Annual database analysis ensures ongoing research and accuracy of assessment. And, the SI database enables ongoing test program summary reports which describe the population that was tested in terms of demographics, court history, assessment accuracy and much more.

Retest

When a client invalidates their SI, it is recommended that they be given the opportunity to be retested. **Prior to retesting the oral instructions should be reviewed.** If the retest is invalid, the client may not be testable at that time.

Time Savings

The SI is designed to provide a vast amount of relevant information quickly and accurately. The SI facilitates a “focused interview” which may take 30 minutes to complete with no compromise in effectiveness or quality. **Focused interviews “zero in” on client problems and concerns.** Problem areas are identified with the SI so the interview can focus on those areas of concern. The SI combined with the focused interview can result in significant time savings -- with no compromise in the quality of the services being provided.

Audio (Human Voice) Option

This **Audio (Human Voice) Reading** test administration mode is a new proprietary administration mode. The client sits before the computer with earphones on. Earphones ensure clarity while eliminating distortions. The “arrow keys” allow the client to switch back and forth between questions and answers. As each question or answer is highlighted it is read to the client. The client can go back and forth as many times as needed. When the client selects an answer the program advances to the next question. **Reading of test items can be in any language**, e.g., English, Spanish or Native American.

To make other than English or Spanish languages available, Behavior Data Systems would need the translator and reader provided for reading at your agency so two tape recordings can be made. This innovative approach to reading impaired screening resolves most bilingual cultural and reading impaired screening problems. Yet, it does require earphones and multimedia or computer audio capability. We prefer to limit automated (human voice) reading options to a maximum of three languages per computer.

Test Data Input Verification

This procedure allows the person that is inputting the test data from the answer sheet into their computer to verify the accuracy of their data input. **In brief, the test data is input twice and any inconsistencies between the first and second data entries are highlighted until corrected.** When the first and second data entry match (or are the same) you may continue. This data input verification procedure is optional.

You may enter client test data and print reports until the diskette is filled, or if you wish, you may check to verify that data entries from the answer sheet were accurate. You have the option of verifying any data that you enter, whether you wish to verify all tests or randomly pick a few tests to verify that were entered from a diskette. The choice is yours.

There are two ways in which you may perform the test data input verification procedure: **1) after a new test has been entered**, or **2) by choosing the option from the Supervisor Data Entry task menu.** The verification procedure compares test items entered the first time with the second data entry. If a discrepancy exist between the first and second (verification) data entries the inconsistency is highlighted until corrected. If an error is highlighted the error could be made either when the first data entry was done or when the second data entry was done. To know which is correct you will need to refer to the answer sheet.

When you enter a test you may choose to perform the test data input verification procedure after all the test data has been entered. A message is displayed asking if you want to “verify” data input. **Type “y” for “yes” if you want to perform test data input verification, or type “n” for “no” and you will return to the main menu.**

Delete Client Names, Confidentiality

You have the option to delete client names from the diskette before returning it. This is optional. If you want to use this option, remember that once you delete client names from a diskette -- they are gone and can not be retrieved. We recommend you only use this option before returning used diskettes to Behavior Data Systems. Deleting client names does not delete demographic or test data. When you use this option it only deletes client names. **This option is provided to protect client confidentiality.** Once the names have been deleted, there is no way for you to retrieve them.

Technical Support

If you have any questions or problems Risk & Needs Assessment is only a telephone call away. Our telephone number is (800) 231-2401, fax (602) 266-8227, e-mail info@riskandneeds.com and our physical address is Risk & Needs Assessment, Inc., P.O. Box 44828, Phoenix, Arizona 85064-4828. Our offices are open 8:00 a.m. to 4:00 p.m. Mountain Standard Time, Monday through Friday.

Shoplifting Inventory Scale Interpretation

Shoplifting is one of the least-reported and least-detected types of crime, but is also one of the most common (Farrington, 1999). The many societal costs of shoplifting include higher costs for consumers as well as higher costs for taxpayers due to greater consumption of court and police resources to combat shoplifters (Clarke, 1999).

There are currently over 27 million shoplifters in the United States. Within the last 5 years, more than 10 million people have been caught shoplifting. Most shoplifters do not commit these offenses for profit, but for other reasons like an addiction to shoplifting or as a response to personal or social pressures. Not-for-profit shoplifters are classified as ‘non-professional shoplifters’ (NASP, 2006). This information and statistics provided by the [National Association for Shoplifting Prevention](http://www.shopliftingprevention.org) (NASP) can be accessed at the NASP website: www.shopliftingprevention.org. NASP research emphasizes that the majority of non-professional shoplifters do not commit other types of crimes. The Shoplifting Inventory (SI) is an assessment or test developed specifically for evaluating shoplifters and their unique set of attitudinal and behavioral risk factors.

Shoplifting and burglary may have different legal definitions depending on the jurisdiction. Many distinguish the two types of theft based on the *intent to steal*. Shoplifters are often characterized by their lack of impulse control. Most shoplifters do not walk into a retail establishment with the intent to steal; it is usually an impulsive act without prior intent. Individuals who commit burglary often plan their strategy for burglarizing and therefore have the intent to commit theft. Shoplifting and burglary both differ from robbery in that robbery involves force or the threat of force. Because the Shoplifting Inventory was developed and standardized for shoplifters, it accounts for the areas of concern unique to this type of offender.

The Shoplifting Inventory (SI) is a self-report test that is comprised of 141 items and the following seven scales: 1) **Truthfulness Scale**, 2) **Shoplifting Scale**, 3) **Impulsiveness Scale**, 4) **Peer Pressure Scale**, 5) **Alcohol Scale**, 6) **Drugs Scale** and 7) **Self-Esteem Scale**. Together, these seven scales create a comprehensive profile of an individual’s shoplifting risk. What are the advantages of screening shoplifters? Doing so provides information about the seriousness of the offender’s shoplifting involvement and co-occurring problems, which aids in determining whether the shoplifter would benefit from further treatment, supervision or evaluation.

Shoplifting Inventory scale scores are classified as ‘problematic’ when they are at or above the 70th percentile. This classification system is evidence-based and prevents extreme over- or under-identification of problems.

Offenders tested with the Shoplifting Inventory (SI) have committed the act(s) of shoplifting, but some will not manifest as ‘problematic’ in terms of their SI scale scores. Individuals who attain a ‘non-problematic’ Shoplifting Inventory profile (all scale scores are below the 70th percentile) are better suited to probation or other correctional supervision as opposed to clinically-focused treatment. It is just as important to identify offenders that do not require treatment (but that would likely benefit from correctional supervision) as it is to identify offenders that would benefit from counseling and treatment. The focused identification of individual risk is helpful for budgetary reasons and for conscientious allocation of available resources, as well as for matching problem severity with treatment/supervision intensity. This type of matching optimizes treatment and supervision effectiveness (Bonta & Andrews, 2007).

The **Truthfulness Scale** is one of several unique features of the Shoplifting Inventory; it consists of a number of items that most people would respond to in a certain way. Based on an individual’s Truthfulness Scale response pattern, raw Shoplifting Inventory scale scores are converted using a sophisticated psychometric technique known as ‘truth-correction’. The Truthfulness Scale has been validated with the Minnesota Multiphasic Personality Inventory (MMPI), polygraph exams, other tests, truthfulness studies and experienced staff judgment.

A study conducted by Schwartz and Wood (1991) found several behavioral and motivational factors specific to shoplifters which include peer pressure and impulsiveness. The **Peer Pressure Scale** and **Impulsiveness Scale** are synonymous with the types of items they pertain to: the strength of influence that peers have on an individual and the tendency to act on impulse without forethought, respectively. The **Shoplifting Scale** identifies shoplifting involvement and severity as well as attitudes about shoplifting.

Shoplifting, like substance use, can become an addiction (NASP, 2006). Some compulsive shoplifters may have co-occurring problems which can include alcohol abuse and mental health disorders like low self-esteem (Bradford & Balmaceda, 1983). In terms of substance abuse, a small but significant percentage of individuals who shoplift do so to finance their substance use (NASP, 2006). A substance-related problem may exacerbate the need to shoplift or vice versa. Due to reduced inhibitions, drug use in itself can increase the likelihood of shoplifting and its frequency (Williams & Dalby, 1986). The **Alcohol Scale** and **Drugs Scale** in the Shoplifting Inventory measure alcohol (beer, wine, liquor) and drug (marijuana, heroin, barbiturates, cocaine, crack, amphetamines, ecstasy, etc.) involvement and severity of abuse, when present. The Drugs Scale incorporates prescription drug abuse in addition to illicit drug use.

Research findings link shoplifting with low self-esteem (Goldner, Gellar, Birmingham & Remick, 2000). Feelings of shame or guilt associated with shoplifting can amplify feelings of worthlessness (low self-esteem); conversely, individuals may unconsciously attempt to boost their sense of self-worth by attaining the elated 'high' that they may experience during or after a successful shoplift episode. Ornstein, Gropper and Bogner (1983) noted that shoplifting can be an expression of attempting to find reimbursement for (perceived or actual) wrongs and often creates feelings of victory and fulfillment for the shoplifter. The **Self-Esteem Scale** in the Shoplifting Inventory (SI) measures the respondent's perception of self.

Shoplifting is not only detrimental to society because of its cost, but is frequently devastating to shoplifters and those around them. Many shoplifters cannot effectively control the urge to shoplift; without intervention and treatment their situation becomes worse. Shoplifting involvement can lead to destroyed reputations and other negative consequences. With fair and accurate assessment, shoplifter problems can be identified and productively addressed.

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How to Login

With your Username and Password you are now ready to login and begin testing. To login click the LOGIN button in the upper right corner.

Type in your username and password (both are case sensitive). Below these boxes click on the Login button, this takes you to your account page. On your first visit to this page you will see that you have 1 test credit in your account. We give you one free test credit to enable you to familiarize yourself with our tests and our website.

Click on the "Continue" button or the "Account Summary" button to go to your Account Summary Page.

The Account Summary Page shows Account History, Test Credits Used and Test Credits Available.

There is a drop down box to show the list of available tests and a link to print test booklets and answer sheets.

How to Administer a Test

Before you proceed, please be aware that there are *two test administration options on this page*.

1. Paper/Pencil Test Administration

The first option is to print the test booklet and answer sheet, both of which are available in English and Spanish. The client then answers the questions on the answer sheet in pencil. The paper/pencil test administration option allows you to test in groups which can save considerable time. Some evaluators do not want to tie up their computers administering tests and prefer paper/pencil testing. When testing is completed the answer sheet data is entered on the screen and a report is generated and may be printed while online.

If the paper/pencil method is selected, click on the "Print Test Booklets" link on the screen and print the test booklet and answer sheet; both are available in English, Spanish and other languages.

2. Online (Internet) Test Administration

The second option is online (on the screen) test administration. This allows the client to sit at the computer and answer the test questions on the screen. Regardless of how tests are administered, all tests are scored and reports generated and printed while online.

Click on the name of the test to be administered. This takes you to the Main Menu page for the test selected.

How to Score a Test and Print a Report

When you have selected your preferred method of test administration click either "Administer Test to Client" (in which case the client will enter his/her answers on the screen), or "Enter Test from Answer Sheet" (client will use the paper/pencil method).

The next screen will be "Client Information" (name, age, sex, education etc.). When you have completed this information, click the "Information Correct" button which will take you to the "Court History" page.

Depending on the test you have chosen some tests have a court history section, some do not. Each screen allows the option to choose "Cancel" or "Information Correct" to proceed.

After completing Court History, the next screen is for client answers to the test questions. If the client has used the on-screen method, the questions and answers will be displayed to the client on the screen. If the paper/pencil method was used to test the client, you may enter the answer sheet data at your convenience by typing 1 for true, 2 for false, etc. For multiple choice questions, enter 1, 2, 3 or 4.

Again, this screen allows the option to choose "Cancel" or "Information Correct." If "Information Correct" is chosen the option is still available to cancel or abort the entry and not charge the account. At the end of the test a notice will appear alerting you that one test credit is about to be used. To save the test record to the database click "Yes." To cancel or discard the test entry, click "No." ***When "Yes" is selected, your account will then be charged 1 test credit.***

Highlight the client's name and click on the "Supervisor Options" button to proceed to that client's supervisor options page. Here you can print the report, verify the answer sheet data entered and delete the client's name. The default page that appears is the Print Report page. To print the report, click the "Continue" button. To verify the data entered or delete the client's name, click on the appropriate tab at the top and follow the instructions.

In summary, procedures are designed to be concise, easily followed and swiftly executed, so that they will not detract from test administration.

The test administration is now complete. However, you are still in the test Main Menu screen and if you wish to administer another test, click on the "Account Summary" link on the right of the screen. This will take you back to your account summary page where you may check for available test credits, purchase additional test credits, select other tests to administer or edit previously administered tests. Otherwise just close your browser window to exit the website.

How to Verify Data Entry

The Verify Data Input procedure allows you to enter the answers a second time for any particular client. This feature insures that the responses are input into the computer correctly.

From the main menu select the client's name and then click on the "Supervisor Options" button. This will take you to the Supervisor Options page. Click on the tab labeled "Verify Data Entry" and then click on the "Continue" button. You will now be presented with the answer grid so that you can re-input the answers.

As you input each answer, the computer will verify that it matches the answer you originally entered. If it does, the computer will automatically move on to the next response. However, if the answer you input does not match the original answer, you will be immediately alerted to the discrepancy between the two responses via a message box.

The message box will notify you as to which answer did not match the original input. The message box will display what the current answer is and what the original response was.

At this point you should review the answer sheet to verify what the correct response for that particular question is. You will then click "OK" if the answer input this second time is correct and the computer will accept this response and move on to the next answer.

If, after reviewing the answer sheet, you discover that you have erroneously input the wrong answer, click the "Cancel" button and the computer will allow you to enter the response again.

Continue with these steps until all answers have been input. Using this feature insures the accuracy of the data input.

How to Delete Client Names

This procedure allows the user to delete the client's name from the test record. Use this option to protect client confidentiality once you are done with the test record.

From the main menu select the client' name and then click on the "Supervisor Options" button. This will take you to the Supervisor Options page. Click on the tab labeled, "Delete Client Name" and then click on the "Continue" button. You will be given the opportunity to cancel this procedure at this time. **USE WITH CAUTION!** Once the name has been deleted it **CANNOT** be restored. When you are absolutely certain that you are ready to proceed, click on the "Continue" button. That's all there is to it. The name will be deleted from the record and you will be returned to the main menu. Notice that the name you just deleted is no longer visible in the client list.

Live Support Chat

Throughout our site, after you have logged in, you will find "Live Support" buttons. Clicking on these buttons will open a "Live Support" chat window that puts you in touch with an Online-Testing.com technical support staff member.

Support staff is available for these "Live Support" sessions between the hours of 8:00 a.m. and 4:00 p.m. Mountain Standard Time, Monday through Friday. If you need to leave your computer during the chat session, you can return within 24 hours and resume your online conversation.

TECHNICAL SUPPORT

If you have any questions Professional Online Testing Solutions, Inc. is only a telephone call away. Our telephone number is **(800) 231-2401**, fax **(602) 266-8227**, and E-mail **info@online-testing.com**. Our offices are open 8:00 a.m. to 4:00 p.m. Mountain Standard Time, Monday through Friday.

CONTACT INFORMATION

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Registered clients have the option to use "Live Chat" from their account page.