

ASSESSMENT SERVICES

Publication Summary Form

Publication Data

Instrument name/abbreviation: Kaufman Short Neuropsychological Assessment Procedure (K-SNAP)
Author(s): Alan S. Kaufman and Nadeen L. Kaufman
Publisher/address: American Guidance Service, Inc., 4201 Woodland Road, Circle Pines, MN 55014
Copyright date: 1994

Product Description

Brief description: Individual assessment of an adolescent's or adult's cognitive functioning at three levels of complexity.
Primary use/purpose: Can be used as a short cognitive evaluation, or as part of a comprehensive neuropsychological or intellectual assessment, in such places as clinics, hospitals, schools, private practices, and nursing facilities. Can help determine whether comprehensive testing is necessary.
Age/grade range covered: Ages 11 to over 85 years
Administration Time: 20 to 30 minutes
Individual vs group: Individual
User qualifications: Can be given by a range of personnel, but must be interpreted by a professional with knowledge and training in psychometrics and individual assessment.

Content

Subtest names: Mental Status, Gestalt Closure, Number Recall, and Four-Letter Words
Composite names: Recall/Closure Composite, K-SNAP Composite
Forms: One
Materials included in the kit: Manual, easel, and 25 Record Booklets

Scoring Information

Items

Item types: Most tasks are administered in easel format. Part of one subtest is paper and pencil.
Response format: Mental Status—stimuli are auditory and/or visual, response is verbal; Gestalt Closure—stimuli are visual, response is verbal; Number Recall—stimuli are auditory, response is verbal; Four-Letter Words—stimuli are visual, response is verbal or motor.
Item scoring: Objective, 1–0 (correct or incorrect)
Scoring options: Must be hand scored

Derived scores available

Subtests: Scaled scores ($M = 10$, $SD = 3$), percentile ranks, and descriptive categories. Mental Status has descriptive categories only.
Composites: Recall/Closure Composite offers same scores as subtests. K-SNAP Composite has standard scores, percentile ranks, and descriptive categories.
Impairment Index: Impairment Index score can be calculated using four diagnostic criteria, chosen based on clinical and neuropsychological theory.

Norm groups available: Age-based

Interpretive features: can be interpreted in the context of several intellectual and neuropsychological assessment theories -- Luria's PASS model, Piaget's stages of thought, psycholinguistic theories, or process models. Measures functioning at three distinct levels of complexity. Impairment Index provides an objective look at a person's level of impairment (specific criteria were selected to correspond to specific clinical and neurological disorders).

Computerized scoring: No

Technical Information

Standardization

Date:	April 1988 to October 1991
Size:	2,000 (same sample as for KAIT)
Based on U.S. census data for 1990	

Sample controlled for

Age:	Yes
Gender:	Yes
Race:	Yes
Geographic region:	Yes
SES/parent education:	Yes
Community size:	No
Special populations included:	No

Reliability

Internal consistency:	Gestalt Closure: .82 Number Recall: .83 Four-Letter Words: .84 Recall/Closure Composite: .85 K-SNAP Composite: .89
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Test - Retest:	Gestalt Closure: .78 Number Recall: .78 Four-Letter Words: .65 Recall/Closure Composite: .83 K-SNAP Composite: .82 Impairment Index: .68
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Interrater:	None
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Validity

Intercorrelations:	Yes
Content:	Yes
Construct:	Yes
Concurrent:	Yes
Predictive:	Yes (diagnostic)
Factor analysis:	Yes, joint with K-FAST, KAIT, and WAIS-R
Clinical sample:	Yes, neurologically impaired, Alzheimer's, MR, reading disabled, clinically depressed
Other instruments used in correlation studies:	WISC-R, WAIS-R, SB-IV, K-ABC, KAIT, K-FAST, K-BIT, PPVT-R, K-TEA

Other

Development history:	Developed with the KAIT, K-BIT, and K-FAST
Special features:	Covers wide age range and wide range of ability levels; provides a well-normed measure of mental status.
Adaptation to special needs:	Allows teaching to ensure that all examinees understand the nature of the task. Includes various input/output formats to minimize unfairness to people with lateralized brain damage. People with reading disabilities should not be given Four-Letter Words.
Sensitivity to other cultures:	All items were analyzed for bias.

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