Diabetes Prevention Trial - Type 1Form WRWIDE RANGE ACHIEVEMENT TEST SCORES FORMPage 1 of 1

Complete this form for Parenteral Antigen subjects at baseline, six months, and annually thereafter.

It is preferred, but not required that an individual with prior experience in administering the WRAT be selected to administer these cognitive function tests (i.e. a study coordinator/nurse or other individual with a background in psychology, social services, or teaching). The WRAT should be administered when the subject is in a normally fed, non-stressed state. It cannot be administered while the subject is fasting, during a tolerance test (IVGTT, MMTT, or OGTT), or during an IV insulin infusion. It can be administered after a tolerance test or before starting an IV insulin infusion.

Subject ID) #:] Su	ibject Initials: F M	Date: / / / / M M	
Name of person completing form (please print):					
Name of person administering the WRAT (please print):					
Certification number:					
Date Test Performed: M M D D Y Y Form Used: 1=Tan 2=Blue 3=Combined					
Testing Location Code (use codes provided by DMU):					
	Raw scores to be calculated by Clinical Center/affiliate		Standard and Absolute scores to be calculated by DMU		
		Raw Score	Standard Score	Absolute Score	
	Reading				
	Spelling				
	Arithmetic				

Examiner: Do these test results provide a fair representation of the subject's present functioning? Yes _____ No _____

If no, please explain the reason you doubt these results below.

Please send the **original** Wide Range Achievement Test Form with this form to the DMU.