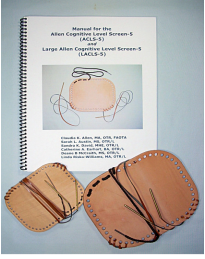


## **Allen Cognitive Level Screen-5 (ACLS-5) and Large Allen Cognitive Level Screen-5 (LACLS-5)**

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**Description:** The 5<sup>th</sup> version of the Allen cognitive level screen includes a 66-page administration manual for the dynamic, activity-based screening tool first developed in 1978 for use with the Allen cognitive disabilities model.<sup>1</sup> The screen consists of learning three visual-motor tasks (leather-lacing stitches) with increasingly complex activity demands. Completion of the three tasks requires that the person attend to, understand, and use sensory and motor cues from the material objects (leather, lace, and needles), the administrator's verbal and demonstrated instructions and cues, and feedback from motor actions while making the stitches. The scores obtained are interpreted using the Allen Cognitive Scale of levels and modes of performance. The screen is available in two forms: the standard Allen Cognitive Level Screen (ACLS) and a larger form (LACLS) for persons with vision or hand function problems.

**Purpose:** The screen is used to obtain a quick measure of global cognitive processing capacities, learning potential, and performance abilities and to detect unrecognized or suspected problems related to functional cognition.

**Construct being measured:** "Functional cognition" encompasses functional performance abilities and global cognitive processing capacities. It incorporates the complex, dynamic interplay between 1) a person's information processing abilities, occupational performance skills, values and interests, 2) the increasingly complex motor, perceptual and cognitive activity demands of three graded visual-motor tasks and 3) feedback from performance of these tasks in context.

**Intended Use:** The ACLS-5/LACLS-5 is used to screen functional cognition for persons whose cognitive abilities appear to be in the range of 3.0 to 5.8 on the Allen scale of cognitive levels of performance.<sup>1</sup> The strengths and problems that may be identified must be verified and supplemented with other assessments, e.g. Allen Diagnostic Module-2<sup>nd</sup> edition (ADM-2),<sup>2</sup> the Routine Task Inventory – Expanded (RTI-2),<sup>3</sup> and skilled observations grounded in the cognitive disabilities model and theory. This screen is not intended for use in isolation of other assessments or as a diagnostic tool. The information obtained is used to guide occupation-based interventions at the level of activity demands, performance skills, and occupations based on the Occupational Therapy Practice Framework.<sup>4</sup>

**Intended populations:** Originally developed for use with adults with psychiatric disorders and for adults with dementia, the ACLS-5/LACLS-5 is recommended for use with populations whose patterns of functional behavior appear to reflect disruptions in global cognitive processing capacities as described by the cognitive disabilities model. The professional literature describes applications with adolescents with psychiatric problems and with adults who have experienced a traumatic brain injury or a cerebral vascular accident.

**Who may administer, score and interpret scores:** Occupational therapists or other health care professionals who have experience working with persons with temporary or permanent cognitive impairments, training in the use of standardized assessments, and training or mentoring in use of the cognitive disabilities model and related assessments.

### **New in Version 5: Guided by *Standards for Educational and Psychological Testing*<sup>5</sup>**

**Substantially revised, expanded sections** with photographs, color-coded task sections, & theoretical rationale for set-up, preparation, administration and assigning of scores

#### **New sections not published elsewhere**

- Historical perspective regarding the development of the theory, related publications and assessments
- Definition of construct being measured & theoretical integration of leather-lacing tasks with levels of performance
- Interpreting, reporting and using scores
- Up-to-date published research including substantive evidence of reliability & validity
- Appendixes with comprehensive, up-to-date reference list, glossary, examples, photographs and sources

**Sources:** S&S Worldwide, [www.ssw.com](http://www.ssw.com), Dementia Care Specialists, [www.dementiacarespecialists.com](http://www.dementiacarespecialists.com), and Therapro, [www.theraproducts.com](http://www.theraproducts.com). The manual and each form of the leather-lacing tool are available separately or together in a kit with a vinyl carrying pouch.

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<sup>1</sup>Allen, C., Earhart, C., & Blue, T. (1992). *Occupational therapy treatment goals for the physically and cognitively disabled*. Bethesda, MD: AOTA.

<sup>2</sup>Earhart, C.A. (2006). *Allen Diagnostic Module: Manual (2<sup>nd</sup> ed.)*. Colchester, CT: S&S Worldwide.

<sup>3</sup>Katz, N. (2006). *Routine Task Inventory – Expanded Manual*. Retrieved April 1, 2008 from <http://www.allen-cognitive-network.org>.

<sup>4</sup>American Occupational Therapy Association (2002). *Occupational therapy practice framework: domain and process*. American Journal of Occupational Therapy, 56, 609-639.

<sup>5</sup>American Educational Research Association, American Psychological Association, & National Council on Measurement in Education (1999). *Standards for educational and psychological testing*. Washington, D.C.: American Educational Research Association.