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# Perceptions of the Cognitive, Social, and Physical Competence of Speech Impaired Individuals

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# Perceptions of the Cognitive, Social, and Physical Competence of Speech Impaired Individuals

by

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Abstract

Listeners' perceptions of the cognitive, social, and physical competence of a speech-impaired individual were investigated. Thirty-eight adults (31 female and 7 male) between 19 and 51 years of age listened to prerecorded audiotape interviews; one with a speech impaired speaker, or one with a normally speaking peer. Listeners rated the perceived cognitive, social, and physical competence of both a speech impaired speaker and a normal speaker using a modified version of the Teacher's Rating Scale of Child's Actual Competence. An independent two-sample t-test statistic resulted in significant difference between the groups in cognitive, social, and physical competence subscales. The speech-impaired individual was perceived as less competent than his normally speaking peer in cognitive, social, and physical competence.

## Dedication

This is dedicated to the speech-impaired children around the world whose competence is misperceived, among the many who have evoked a change in my life. First and foremost to my son and my daughter, who gave me inspiration to learn more about the world I had brought them into. To my father, who took the word "can't" out of my vocabulary, and in turn, out of my thoughts. To my grandfather, who instilled in me an ethic of hard work and whose spirit I will always carry in my heart.

To my grandmother, for her love and virtue of tenacity which she has imparted to me. And for my mother, whose love and support I could not survive without. To a dear friend of mine, Malette, who made it possible to finish this research, helping me whenever I was in need. Thanks to my committee for the unselfish giving of their time.

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## Introduction

The purpose of this study was to determine listeners' perceptions of the competence of those who are speech impaired. Cognitive, social, and physical competencies were the three domains of perceived competence of particular interest. However, in order to understand society's perception we must understand how these perceptions are formed. Perceptions of ones abilities are, in part, a result of stereotypes, category based expectancies, and person schemas, which are held by an observer. These cognitions are known to have a tendency to cause people to accept information that fits a schema, stereotype, or expectancy of a person or thing, and reject information that does not fit (Horowitz & Bordens, 1995).

When we encounter individuals we use strategies to draw conclusions about their behaviors, in an effort to understand them. Stereotypes, category based expectancies, and person schemas are some of the strategies we use to construct our own social reality. We construct what we perceive to be true of someone by making inferences about their behaviors, using the least amount of effort to process an abundance of social information. When using inferences, there is a chance that our impressions are wrong because they may be based on biases, false information, or incorrect cognitions.

Culturally, theories of social perception can be applied to understand the ways in which we perceive others. The ecological approach to perception, which incorporates both the structuralist and constructivist theories, asserts that perceivers differ in the reality that they detect (Zebrowitz, 1990). Under the tenets of this approach,

demographic factors such as culture background, gender, and age of the perceiver may impact impressions due to the influence of what information about others gets registered, recalled, how it is weighed, and what meaning it has to the perceiver (Zebrowitz 1990).

Prototypes and exemplars are another form of strategies that we use to organize perceptions of our social environment. Prototypes constitute the typical qualities of the members of a category, telling us about the various attributes that are common to the members of a category, whereas exemplars clarify the category with a real-life example of the category (Horowitz & Bordens, 1995).

We also tend to categorize the individuals we encounter, thereby placing them into a category based expectancy, wherein we believe that this individual will act in a way that is consistent with others within the same category (Horowitz & Bordens, 1995). Weisz and Jones (1993) illustrate the effect of expectancies. They demonstrated that when we have expectancies about a group of individuals and learn that a member of the group does not adhere to those expectations, we might modify our behaviors toward the individual. However, we still maintain our general expectations about the group (Weisz & Jones, 1993).

Theories of person schemas demonstrate how we organize and store in memory characteristics of people who embody our expectations and determine how we respond to them. Schemas are commonly known to have a tendency to cause people to accept information that fits a set of behaviors and information about a person or thing, and reject information that does not fit, which has the effect of an increase of errors. Errors occur

when well-formed schemas are slow to assimilate new information. This cognitive process requires continuous information that strongly suggests that a schema is wrong before it is changed. This behavior is much like selective perception, which is produced by stereotypes, wherein people accept what fits a stereotype and rejects perceptions that do not fit the stereotype (Horowitz & Bordens, 1995).

We also engage in stereotypic thinking in an effort to construct our own version of social reality. Stereotypes are defined in many ways; however, the standard is that stereotypes are beliefs about the characteristics, attributes, and behaviors of members of certain groups. Hilton & Von Hippel (2003) describe why stereotypes emerge by considering how motivation and emotion act as facilitators of stereotypes (p. 237). Stereotypes are an easier information processing strategy that allows the perceiver to rely on stored knowledge in place of incoming information. Cognitive processes serve as the mechanism for motivational effects, which determine how the motivation process will influence perception, judgment, and behavior. Motivation to like a particular person can also have the opposite effect by reducing negative stereotypes concerning a particular person's group (Hilton & Von Hippel, 2003).

Illusory or erroneous correlation potentially plays a major role in the formation and maintenance of social stereotypes about minority groups. Many researchers have demonstrated that people perceive minority groups in a more negative light than majority groups. Out-grout homogeneity is yet another route of formation for stereotypes. Out-groups are not only perceived as possessing less desirable traits than in-group members,

they are also seen as more homogenous. The effect of homogeneity is that people believe that most of the out-group members share the attributes of the specific out-grout member of whom they encounter, which they are likely to describe individual group members (Hilton & Von Hippel, 2003).

Many cognitive and social psychologists believe that automatic stereotypes have their roots in in-group/out-group dynamics. John Burgh, Ph.D., of New York University explains that "humans…need to feel that they are part of a group" and further explains that stereotypical categories arise from a desire to "feel good about the group we belong to – and one way of doing so is to denigrate all those who aren't in it [our group]". Over the past 20 years, researchers have determined that automatic stereotyping, also known as implicit stereotyping, may even be universal (Paul, 1998).

These perceptions, erroneous or otherwise, have an effect on our behavior and, in turn, the target's behavior. The importance of another's perception of competence is how it affects the targets self-identity and how it can facilitate self-fulfilling prophecies. "Self-fulfilling prophecies emerge when people hold expectancies that lead them to alter their behavior, which in turn causes the expected behaviors to be exhibited by people who are targets of the expectancies" (Hilton & Von Hippel, 1996). Hilton & Von Hippel (2003) state that, "the best-known route to stereotype formation is the creation of group differences through self-fulfilling prophecies. Another theoretical view of one's perception of another has also been articulated within the school of thought known as symbolic interactionism, asserting that, "one's self-concept is a reflection of one's perceptions about how one appears to others" (Shrauger & Schoeneman, 1999).

There appears to be little research focusing on perceptions of competence of speech-impaired individuals. However, communication disordered individuals are reported to be viewed negatively in several studies. Hall (1991) found that fifth graders rated peers with articulation errors (i.e., misarticulation /r/ or /s/ and /z/) more negatively than typical peers (p. 337). Bebout and Arthur (1992) reports research in the area regarding the attitudes toward people with communication disorders to have focused on the attitudes toward stutterers, where the results indicate that the subjects held negative views about the communication disordered persons (p. 43). A study by Baker & Pinder demonstrated that some individuals might interpret slow or slurred speech as incompetence (as cited in Unger, 2001). While examining the self-esteem of children with specific speech and language impairments, Lindsay, Dockrell, Letchford, and Mackie (2002) found that in years 6 and 7, teachers rated children significantly lower in both dimensions of scholastic competence than the children rated themselves (p. 139).

Unger cites Marge's study, which indicated that speech-impaired children hold a lower social status compared to that of their peers (as cited in Unger, 2001). Unger (2001) notes that speech impaired individuals are also rated less positively than others who have physical disabilities. Researchers Anderson & Antonak suggest that these findings are the result of a greater discomfort with speech-impaired individuals (as cited in Unger, 2001).

Another study found that undergraduates reported a tendency of increased social distances, judgments of lower evaluation, lower understanding, and higher anxiety when exposed to audio taped speech samples of a woman imitating moderate speech disorders

of stuttering, hyper nasality, and lateral lisping, as well as normal speech (McKinnon, Hess, & Landry, 1986).

A speaker's source credibility also comes under evaluation by listeners. Source credibility is the listeners' perception of the speakers' expertise or competence (Bock & Saine, 1975). Source credibility has been shown by research to be a multidimensional construct, which includes competence, character, composure, sociability, and extroversion; however, the competence dimension may perhaps be the principal component of credibility (Bock & Saine, 1975).

Perceptions of competence are demonstrated by Duchan, Maxwell, & Kovarsky (1999) to have long lasting and profound effects (p. 3). They find in their compilation of studies that judgments of competence pervade, influence, and grow out of everyday social interactions. They illustrate five frameworks in which research demonstrates possible cumulative effects of evaluation on a person's notion of self-identity and on their performance within the areas they are being evaluated (Duchan, et., al. 1999).

In describing the studies represented within their volume, they describe how judgments of competence are evaluations that take place as participants take a position, described as the situated self, from which the participant interprets what is going on and gauges how they themselves and others are doing. They cite Hymes' view of communication as evaluative by the way he describes how individuals evaluate others with the use of evaluative resources that are available in the language and cultural practices within their community (Duchan, et., al. 1999). As stated by (Duchan, et., al. 1999), "Judgments of incompetence in their most severe form can lead to threats of

expulsion from a social community." Harter (1999) argues that self-esteem is influenced by interactions and that when those interactions from others involve negative feedback or rejection, it affects the child's self-perception, presenting a risk of low self-esteem.

Under the aforementioned tenets by which social perceptions are determined to be constructed, this experiment attempts to analyze another's perception of one who is speech impaired. The speaker's source credibility will be derived by factor analysis. For purposes of this study, the dependent variable, perceptions of competence, will be analyzed with the manipulation of the independent variable, speech ability. Given the format of the subscales being measured, three experimental hypotheses will be analyzed. The first will find that listeners will perceive the speech-impaired individual to be less competent in cognitive abilities than the normally speaking individual. The second will find that listeners will perceive the speech-impaired individual to be less competent in social abilities than the normally speaking individual. The third will find that listeners will perceive the speech-impaired individual to be less competent in physical abilities than the normally speaking individual.

The three corresponding null hypotheses are also considered. The first null will find that listeners will not perceive the speech-impaired individual to be less competent in cognitive abilities than the normally speaking individual. The second null will find that listeners will not perceive the speech-impaired individual to be less competent in social abilities than the normally speaking individual. The third null will find that listeners will not perceive the speech-impaired individual to be less competent in physical abilities than the normally speaking individual.

## Method

### Participants

Thirty-eight adult part time and full time students (thirty-one females and seven males), between nineteen and fifty-one years of age (SD= 168.49) from the University of Central Florida Regional campus participated. They were recruited through announcements in various psychology courses, resulting in a sample of convenience. Most participants earned extra credit for their participation. The participants were treated in accordance with the "Ethical Principles of Psychologists and Code of Conduct" (American Psychological Association, 1992).

### Materials

The experimental materials consisted of two previously recorded audio taped interviews, one of which was with a speech impaired individual (condition one) and the second with normally speaking peer (condition two). The interviews were consistent with respect to the content of the statements asked by the interviewer, and the responses given by the interviewee. A research assistant verbally delivered six statements, which were comprised of school, friends, and sports, in which the interviewee responded to each statement given.

Each interview lasted approximately 1 minute. Examples of the statements used are as follows:

"Tell me about school."

"Tell me about your friends."

"Tell me about the games and sports that you play."

Condition one of the independent variable was an audio taped interview with a speech-impaired individual and condition two of the independent variable was an audio taped interview with a normally speaking peer. The child in condition one has been diagnosed by a speech-language pathologist with Developmental Apraxia of Speech (DAS), which is a neurologically based disorder in the programming of articulatory movements (Marquardt, Sussman, Snow, & Jacks, 2002). According to Bauman-Waengler (2004), a diagnostic label of DAS is "used to refer to children who evidence a lack of motor control of the oral mechanism for speech production that is not attributable to other problems of muscular control (p. 300).

> "The three most frequently reported diagnostic criteria in the complex of symptoms were: (a) struggle, groping, and trial and error behavior on production of some or all phonemes; (b) inability to volitionally produce an isolated phoneme or sequence of phonemes that has/have been produced correctly on other occasions; and (c) failure to achieve, on command, isolated and sequenced oral movements available at an automatic level" (Shriberg, Aram, & Kwiatkowski, 1997).

The child in condition one is currently judged by his mother to be intelligible to unfamiliar listeners approximately fifty percent of the time. The normally speaking peer appeared to have normal speech production abilities. Both of the audio taped speakers were of identical gender (male), and raised in the same region of Florida. The normal

speaker was twelve years of age and the speech-impaired speaker was eleven years of age.

The Teachers Rating Scale of Child's Actual Competence (TRSCAC) was used to measure the dependent variable, the construct of perceived cognitive, social, and physical competence (Appendix D). The scale is a twenty-eight-item questionnaire developed by Susan Harter, paralleling the Perceived Competence Scale for Children, that includes cognitive, social, and physical competency subscales, and a general self-worth subscale. The general self-worth subscale was administered to participants within the study, however, the results are not considered given the hypotheses. The cognitive domain is defined as a school competence and is a reflection of abilities that are perceived in a scholastic or academic ability (Harter, 1982). The cognitive domain consisted of questions addressing both school and nonschool items as follows.

This kid is really good at his schoolwork.

This kid is just as smart as other kids his age.

The social domain is defined as peer related relations and its emphasis is the perception of the popularity with one's peers (Harter, 1982). The social domain consisted of questions referring to peers as follows.

This kid finds it pretty easy to make friends.

This kid is popular with others his age.

The third domain, physical, is in terms of the perceived ability at playing sports and outdoor games (Harter, 1982). Questions within the physical competence subscale addressed perceived skills at sports and outdoor games as follows.

This kid could do well at just about any new outdoor activity he hasn't tried before.

This kid does really well at all kinds of sports.

The scale's title has been changed from "Teacher's Rating Scale of Child's Actual Competence," to "Rating Scale of Competence." The instructions read:

> Please indicate what you feel to be the child's actual competence on each question, in your opinion. First decide which kind of "kid" he is like, the one described on the left or right, and then indicate whether this is just sort of true or really true for that individual. Thus, for each item, indicate on a scale of one to five, (one being the lowest, five being the highest) a number that best represents your opinion of the child's actual competence. If you feel you cannot make a judgment or choose not to, then simply leave that item blank. (If you wish to comment on particular items, or qualify your judgment, feel free to write in any comments or reactions.

Statements of questions and some pronouns within the TRSCAC were adapted for use in this context. For example, statements in the TRSCAC as shown in the following example:

| Really True | Sort of True | | | Really True | Sort of True |
|---|---|---|---|---|---|
| ☐ | ☐ | This kid is really good at his/her school work. | OR | This kid can't do the school work assigned. | ☐ ☐ |

were rephrased as follows:

This kid is really good at his school work.

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

The TRSCAC was adapted to a likert-type scale that ranges from strongly disagree to strongly agree, scored on a scale of one through five. A score of one represented the lowest possible rating of perceived competency, while a score of five represented the highest possible rating of perceived competency by the participant. Each question has four degrees of agreement or disagreement, and the fifth, neutral. Scores were transformed and summed for each of the three subscales using SPSS statistical software.

## Design and Procedure

Upon arrival to the experiment site, participants signed a consent form (Appendix A) and completed a demographics questionnaire consisting of age, gender, major, and year in postsecondary education. Participants were randomly assigned to one of two conditions by drawing a number one representing condition one, or a number two, representing condition two. The participants were then individually escorted to the experiment laboratory. The laboratory in room 274 was set up with a cassette tape player, a chair, and a table, where participants received experimental stimuli. All participants listened individually to one of two prerecorded audiotapes, and then completed the TRSCAC. Upon completion of the experiment, the participants were provided a debriefing form (Appendix B).

Several sessions of testing occur over a period of several days, where participants were exposed to one of two environmental conditions of the independent variable. Testing continued until all thirty-eight participants completed testing.

## Results

An independent two-sample t-test, with an alpha level of .05 (one-tailed), indicated a significant difference between the conditions on all three competence subscales measured. The mean value of perceived cognitive competence in the speech-impaired condition was 14.18 (SD=3.05) and 16.43 (SD=2.15) in the normal speaking condition. The mean value of perceived social competence in the speech-impaired condition was 14.57 (SD=4.58) and 18.53 (SD=3.43) in the normal speaking condition. The mean value of perceived physical competence in the speech-impaired condition was 16.45 (SD=3.91) and 19.09 (SD=2.15) in the normal speaking condition. These values indicate that the speech-impaired speaker had a significantly lower level of perceived cognitive, social, and physical competence in comparison to his normally speaking peer.

## Discussion

The results of the present study confirms and supports all of the three experimental hypotheses, which stated that the perceived cognitive, social, and physical competence of a speech-impaired individual would be rated less than that of his normally speaking peer.

This is indicative of the participants in condition one who scored the speech-impaired individual lower in cognitive, social, and physical domains, than participants who scored his normally speaking peer.

Based on these findings, one might conclude that stereotypes of cognitive, social, and physical incompetence are perceived to be a composite of the speech-impaired. Irrespective of the speech-impaired speakers known ability, he was judged as less competent than his normally speaking peer. It is plausible that listeners used stereotypes, category-based expectancies, and person schemas to form judgments of the speaker. They judged the speakers using speech ability as a function of their overall ability, without knowing their actual abilities.

The importance of this finding is that it establishes evidence that those who are speech impaired are perceived less competent than those who have normal speech. Therefore, knowing these perceptions are essential due to theoretical implications of self-fulfilling prophecies and symbolic interactionism.

There may have been additional factors influencing the results of this study. First, the speech-impaired individuals' intelligibility level may have been instrumental in influencing respondents' judgments, which resulted in the scores, demonstrated within the study. Perhaps those judgments would change or be different based on the level of intelligibility demonstrated by the communicator.

Additionally, during the interview, the speech-impaired individual presented with grammatical errors, which may have had a confounding affect on listeners' judgments of competence (Appendix C). When stating, "My friends is very polite," his usage of

grammar was incorrect, using "is" instead of "are." Other grammatical errors noted were that he did not add an "s" at the end of get, when stating, "I don't like Joe, he get on my nerves," and not adding an "s" at the end of she, when in the statement, "I like Libby because she nice to me."

The study adds to the support of other studies, which find that communicative disordered persons are viewed more negatively than those without disabilities. These findings warrant a need for those who work within the academic or social service context with speech-impaired children to consider the effect of their perceptions and sensitivity to the needs of these children in the area of social perceptual interpretation.

Suggestions for further research include replicating the current study using varying levels of speaker intelligibility. Perhaps the level of intelligibility would prove to be more evident.

This study carries several limitations. It is limited in its lacking of a test-retest reliability measure, specific to the children and adults under such a study. There were no normative data found for this scale. Another limitation is one of validity, due to the alteration of the TRSCAC scale for its use within the context of the study. Future research should address designing studies to validate a scale of a listeners' perceived competence to use within the context of this study.

The sample of participants came from a sample of convenience, which limits the generalizability, whereby causing an inability to generalize the findings to the population parameters, given the demographics of the sample.

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# Appendix A: Consent Forms

## Consent Form 1

Your honesty in completing the survey is critical to research and greatly appreciated.

**Participant Population:**
A total of 30 to 40 participants will be participating in this study and will be recruited from the University of Central Florida, Cocoa campus and Brevard Community College, Cocoa campus.

**Procedures:**
If you agree to participate in this research, you will be asked to read and sign this consent form, then be escorted by a research assistant to the conference room in room 283, where you will listen to an audio taped recorded interview, and then complete two questionnaires; one containing 31 items and the second containing 30 items. After the completion of the audiotape and the questionnaires, please return the questionnaires to the research assistant and you will be given a debriefing form.

**Voluntary Participation:**
Your participation in this study is entirely voluntary and you may refuse to participate or discontinue participation at any time without penalty or loss of benefits to which you would normally be entitled. Your decision about whether or not to participate in the study will not affect your relationship with the University of Central Florida.

**Assurance of Confidentiality:**
Participants will remain anonymous. Participants will not be asked to put their name on any form, other than this consent form. All data will be stored securely. Only the principal investigator and her assistants will have access to the data.

**Questions:**
If you have any questions about the research, please contact Dr. Maria Lavooy at (321) 632-1111 ext.65598. If you have any questions about your rights as a research participant, please contact the University of Central Florida Institutional Review Board Office.

**Consent To Participate In Research:**
I have read or have had read to me and understand the above research study and have had an opportunity to ask questions that have been answered to my satisfaction and hereby give my consent to participate in this research study.

_____
Participants Name

_____ _____
Signature of Participant Date

## Consent Form 2

Your honesty in completing the survey is critical to research and greatly appreciated.

**Participant Population:**
A total of 30 to 40 participants will be participating in this study and will be recruited from the University of Central Florida, Cocoa campus and Brevard Community College, Cocoa campus.

**Procedures:**
If you agree to participate in this research, you will be asked to read and sign this consent form, then be escorted by a research assistant to the conference room in room 283, where you will listen to an audio taped recorded interview, and then complete a 31 item questionnaire. After the completion of the audiotape and the questionnaire, please return the questionnaire to the research assistant and you will be given a debriefing form.

**Voluntary Participation:**
Your participation in this study is entirely voluntary and you may refuse to participate or discontinue participation at any time without penalty or loss of benefits to which you would normally be entitled. Your decision about whether or not to participate in the study will not affect your relationship with the University of Central Florida.

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**Consent To Participate In Research:**
I have read or have had read to me and understand the above research study and have had an opportunity to ask questions that have been answered to my satisfaction and hereby give my consent to participate in this research study.

_____
Participants Name

_____ _____
Signature of Participant Date

## Appendix B: Debriefing Form

**Debriefing Form**

Thank you for your participation in this study. This study examined the perceptions of the academic, social, and physical competence of children with and without speech and language impairments.

Your participation in this study will help us to discover and understand how competence, within these domains, is perceived by others in children with and without speech and language impairments and may help in the development of educational and awareness programs to aid children who are speech and language impaired.

If you are interested in learning more about speech and language impairment in children related to education and socialization, I recommend the following articles:

Windsor, J. (1995). Language impairment and social competence. In M. E. Fey, J. Windsor, & S. F. Warren (Eds.), *Language intervention: preschool through the elementary years* (pp. 213-238). Baltimore, MA: Paul H. Brookes Publishing Co.

Unger, F.L (2001). Speech directed at able-bodied adults, disabled children, and disabled adults with speech impairments. (Doctoral dissertation, University of Hofstra, 2001). *Dissertation Abstracts International, 62*, 1146.

If you have any further questions regarding this experiment or your participation in it, please feel free to contact Dr. Maria Lavooy at 632-1111, ext. 65598 or Sherri Scofield, UCF Burnett Honors College student, at email Sh851810@pegasus.cc.edu .

# Appendix C: Interview Scripts

**Speech-Impaired Speakers' Interview Script**

**Q: Tell me about school.**

A: I like school

**Q: Tell me about your favorite subjects.**

A: I like Science, and Band, and French.

**Q: Tell me about the subjects you don't like.**

A: I don't like Math and Writing.

**Q: Tell me about the kids at school.**

A: I don't like Joe, he get on my nerves.

I like Libby because she nice to me.

**Q: Tell me about your friends.**

A: My friends is very polite.

Sometimes we argue.

Me and my friends like to ride four wheelers and go-carts.

**Q: Tell me about the games and sports you play.**

A: I like soccer and computer games, and kickball.

I don't like baseball very much.

**Thank you, it's been nice talking to you.**

**Normal Speakers' Interview Script**

**Q: Tell me about school.**

A: I like school

**Q: Tell me about your favorite subjects.**

A: I like Science, Band, and French.

**Q: Tell me about the subjects you don't like.**

A: I don't like Math and Writing.

**Q: Tell me about the kids at school.**

A: I don't like Joe, he gets on my nerves.

I like Libby because she's nice to me.

**Q: Tell me about your friends.**

A: My friends are very polite.

Sometimes we argue.

Me and my friends like to ride four wheelers and go-carts.

**Q: Tell me about the games and sports you play.**

A: I like soccer, computer games, and kickball.

I don't like baseball very much.

**Thank you, it's been nice talking to you.**

## Appendix D: Rating Scale of Competence

**Rating Scale of Competence**

Please indicate what you feel to be the child's actual competence on each question, in your opinion. For each item, indicate on a scale of one to five, (one being the lowest, five being the highest) a number that best represents your opinion of the child's actual competence. If you feel you cannot make a judgment or choose not to, then simply leave that item blank. (If you wish to comment on particular items, or qualify your judgment, feel free to write in any comments or reactions.

1. This kid is really good at his school work.

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

2. This kid finds it pretty easy to make friends.

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

3. This kid does really well at all kinds of sports.

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

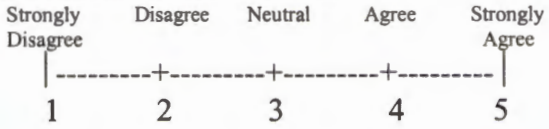
4. This kid is fine the way he is.

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

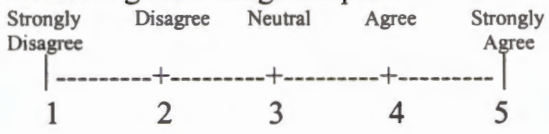
5. This kid is just as smart as other kids his age.

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

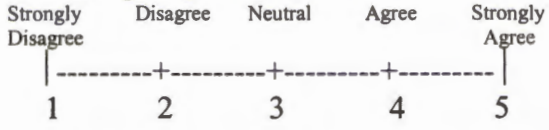
6. This kid has a lot of friends.



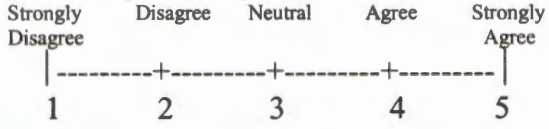

7. This kid is good enough at sports.



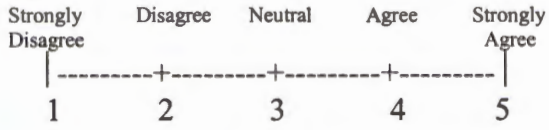

8. This kid is pretty sure of himself



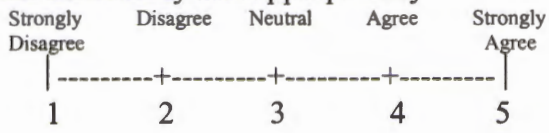

9. This kid is pretty important to their classmates.



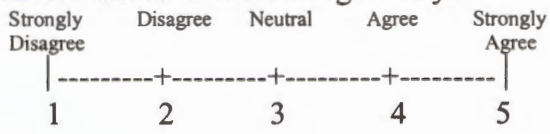

10. This kid could do well at just about any new outdoor activity he hasn't tried before.



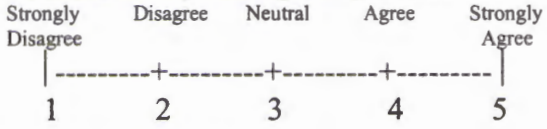

11. This kid usually acts appropriately.



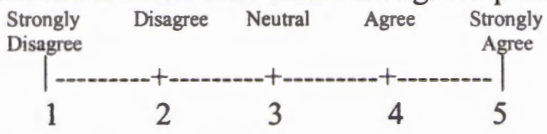

12. This kid can remember things easily.



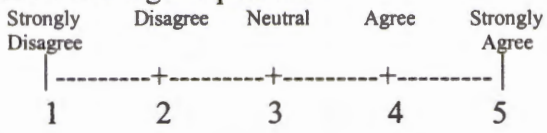
13. This kid is always doing things with a lot of kids.



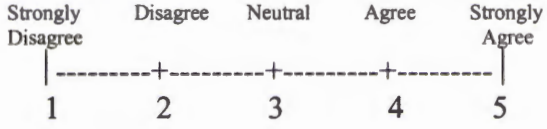

14. This kid is better than others his age at sports.



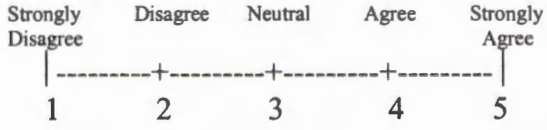

15. This kid is a good person.



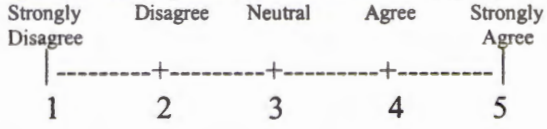

16. This kid does well in class.



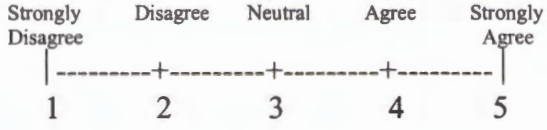

17. Most kids like him.



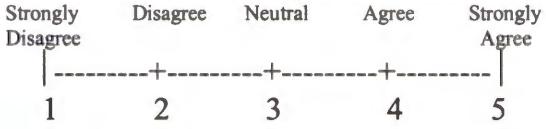

18. In games and sports, this kid usually plays rather than just watches.



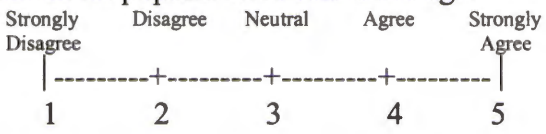

19. This kid is fine the way he is.



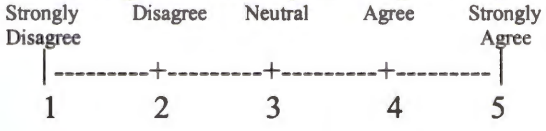
20. This kid doesn't have any trouble understanding what he reads.



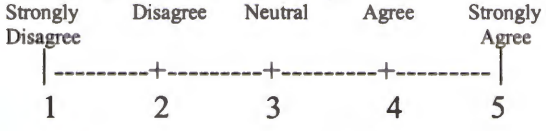

21. This kid is popular with others his age.



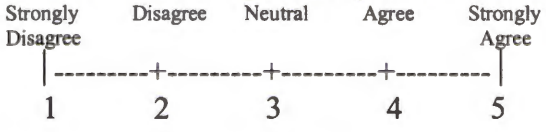

22. This kid is good at new games right away.



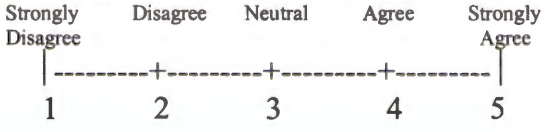

23. The way this kid does things is fine.



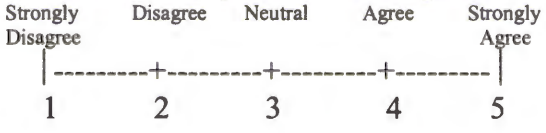

24. This kid almost always can figure out the answers.




25. This kid is really easy to like.




26. This kid is usually picked first for games.



27. This kid usually does the right things.

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

Part II: In order to obtain a more global rating of your view of the child's actual competence in each of the three skill areas, please indicate on a scale of one to five, (one being the lowest, five being the highest) a number that best represents your opinion of the child's actual competence. Please leave the question blank if you cannot judge.

1. How *intellectually* competent do you feel this child is?

| Highly Incompetent | Moderately Incompetent | Competent | Moderately Competent | Highly Competent |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

2. How *socially* competent is this child with his or her peers (popular, likable, etc.)?

| Highly Incompetent | Moderately Incompetent | Competent | Moderately Competent | Highly Competent |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

3. How *physically* competent is this child, for example in sports and outdoor games?

| Highly Incompetent | Moderately Incompetent | Competent | Moderately Competent | Highly Competent |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |