

OCTH 6260-Spring- Assessment Rating Form

I. General Information

Title of the test: Routine Task Inventory

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Publisher: Manual is available for free to download as a PDF

Time required to administer: The scoring of the RTI-E is based on familiarity with the client assessed and observation done during several days in different contexts. It is not based on a one time structured task performance and therefore referred to as routine task performance.

Cost of the Test: manual is free to download

<http://www.allen-cognitive-network.org/index.php/allen-model/routine-task-inventory-expanded-rti-e>

II. Description of Test

Type/Purpose of Test: The Routine Task Inventory was introduced in 1985 as an assessment of cognitive abilities in the context of routine daily activities. The RTI is intended to assess the degree to which their cognitive disability restriction interferes with everyday task performance through observation of task behavior. The aim of the assessment of routine task behavior is to promote the safe, routine performance of an individual's valued occupations and to maximize participation in life situations.

Population: People with cognitive disability. I.e. depression, dementia, post stroke, schizophrenia

Focus of measurement:

Organic systems Abilities Participation/life habits Environmental Factors

III. Practical Administration

Ease of Administration: Simple

Clarity of Directions: Simple

Scoring Procedures:

Prior to scoring, the therapist needs to observe the individual performing at least four tasks from each area scored. Areas include: Physical/ADL, Community/IADL, Communication, and Work Readiness. The therapist must report which tasks were observed and the duration of the observations in the reporting form.

The scores are based on an observation of performance. After the observation, check the number on the score sheet that best describes the observations of performance. Scores are determined by identifying a pattern of behaviors for each task of the RTI-E which is being scored.

The therapist matches the data gathered in the process of administering the assessment with the scoring criteria. Therapists then score the highest level at which there is a clear pattern of performance, following the specific guidelines in the manual. If the behaviors which have been recorded on a specific task (i.e. dressing, child care) appear to span two levels of performance, an intermediate score such as 3.5 or 4.5 may be recorded. If at least four tasks within an area are scored, a mean score is calculated for that area.

The RTI-E can be completed by more than one method (self, care giver, therapist), in that case, record each scoring in the appropriate column on the scoring sheet. The level of agreement or discrepancy can be used also as a measure of the client's self-awareness. The therapist may only record behaviors which he/she has directly observed.

Examiner Qualification & Training: The RTI-E should be used by professional occupational therapy personnel. Administering this assessment requires knowledge of the cognitive disabilities model, interview skills, and observation and activity analysis skills.

IV. Technical Considerations

Standardization: X Norms ___ Criterion Referenced ___ Other _____

Reliability: high inter-rater, test-retest and internal consistency

Validity: Content, Construct, Criterion

Manual: X Excellent ___ Adequate ___ Poor

What is (are) the setting/s that you would anticipate using this assessment?

Mental Health settings, community programs with elderly, skilled nursing facilities

Summary of strengths and weaknesses:

Weakness:

May take more than one session to administer

Observation of performance, so it is possible they could be having a bad day

Strength:

Download the manual for free

Good instructions

Good descriptions of tasks

Easy to administer

Can be completed by more than one method (self, caregiver, therapist)