dc's CHILDREN'S LAW CENTER family. health. education.

7. Evaluations

a. Sample Consent for Evaluations
b. Information on Common Evaluations and Interpreting Psychoeducational Evaluations
c. Sample Evaluations
    i. Psychoeducational Evaluations
        1. Psychoeducational Evaluation for Child with LD/OHI/ED
        2. Psychoeducational Evaluation for Child with ED
        3. Psychoeducational Evaluation for Child with ID
        4. Early Stages Psychological Evaluation (example of problematic evaluation)
    ii. Neuropsychological Evaluation
    iii. Educational Evaluation for Learning Disabled Student
    iv. Speech-Language Evaluation
    v. Occupational Therapy Evaluation
    vi. Assistive Technology Evaluation
    vii. Functional Behavior Assessment
        1. Functional Behavior Assessment (example of problematic evaluation)
        2. Functional Behavior Assessment (example of adequate evaluation)
        3. Functional Behavior Assessment
d. Obtaining Independent Evaluations
    i. Sample Letter Requesting Independent Evaluations (IEE)
    ii. IEE Authorization
    iii. DCPS IEE Parent Guide (2018-2019)

e. Analysis of Existing Data Form
f. Prior Written Notice for Evaluation

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS
Office of Special Education

Consent for Initial Evaluation/Reevaluation

Student Information

Student: [redacted] **Local ID:** [redacted] **State USI:** [redacted] **DOB:** [redacted] **Grade:** KG

LEA/School Information

LEA of Enrollment: District of Columbia Public Schools
School/Site: Malcolm X ES at Green
School Address: 1500 Mississippi Ave. SE, Washington, DC 20032

Case Manager: Richard Smith
School Phone: 202-645-3409

Based on the information provided in the Analysis of Existing Data Report and the Prior Written Notice, the LEA is requesting that you provide consent to conduct an evaluation of your child to determine if he/she has or continues to have a disability that requires special education and related services under the Individuals with Disabilities Education Act (IDEA).

A Procedural Safeguards Notice that explains the educational rights of you and your child is enclosed with this form. Please read it carefully and if you have any questions about the content of the Notice or this consent, please contact Richard Smith at 202-645-3409.

[ ] I give my consent to have [redacted] evaluated to determine if he/she is eligible or continues to be eligible for special education and to determine educational needs. I understand this consent is voluntary and may be revoked at any time.

[ ] I DO NOT give my consent to have [redacted] evaluated to determine if he/she is eligible for special education and to determine educational needs.

Signature of Parent _____ Date _____

The following documents are enclosed:
[ ] Procedural Safeguards (required for initial referral and parent request for evaluation)
[ ] Prior Written Notice
[ ] Analysis of Existing Data Report

(Only complete if team needs parental consent for the release of additional records pursuant to the evaluation process)
The following education records (if any) related to your child will be released to the IEP Team at Malcolm X ES at Green:

_____ _____
_____ _____
_____ _____

[ ] I give my consent to have the education records listed above released to the IEP Team at Malcolm X ES at Green. I understand this consent is voluntary and may be revoked at any time.
[ ] I DO NOT give my consent to have the education records listed above released to the IEP Team at Malcolm X ES at Green.

Signature of Parent _____ Date _____

TYPES OF PSYCHOLOGICAL EVALUATIONS

Cognitive: an I.Q. test.
- Indicates approximate level of intellectual functioning.
- Typical tests: usually a Wechsler: WPPSI (preschool), WISC (child), or WAIS (adult).
- If index scores are more than 15 points apart, the Full Scale I.Q. becomes less representative and index scores become more informative.

Academic: School achievement.
- Typical tests: Woodcock-Johnson, WIAT, many others.
- Shows skill level of various aspects of reading, writing, and math, but does not explore reason for deficit.

Psycho-educational Evaluation = Cognitive + Academic.
This demonstrates if learning is commensurate with potential.

Neuropsychological = Information Processing + Cognitive + Academic.
- Understanding how an individual processes information allows for effective intervention, accommodation, and remediation strategies.
- Typical tests: NEPSY, D-KEFS for executive functions, WMS/CMS/WRAML for memory, language tests, CTOPP or PALS for phonological processing, VMI for sensory-motor integration, many others.
- Tests of information processing reveal the 'how' of a student's learning. This way of determining how the brain functions is more informative than a biological image like a CAT scan. It is useful for most individuals with complex learning profiles, **not limited** to those with traumatic brain injury, seizures, or diagnosed conditions.
- Look for strengths and weaknesses, discrepancies from I.Q.

Social/Emotional Assessment, or Clinical Evaluation, or Psychological Testing:
all terms for determining the role of the emotions in functioning. Necessary for psychiatric diagnoses of mood, anxiety, conduct, and thought disorders.
- May include assessment for attention/ADHD and or Aspergers/Autistic Spectrum Disorder but may not unless you specifically request it.
- Typical tests: Clinical interview, history and record review, observation, projective tests (Rorschach, Thematic Apperception Test, Guess Why Game), checklists completed by parent/teacher/older student (Conners' for attention, BASC for behavior, BRIEF for executive function, many others).
- Clinical psychological testing can be done separately from a psycho-educational evaluation. It is similar to a psychiatric evaluation, but with projective testing.

Comprehensive Evaluation = Clinical + Psycho-educational (+ Neuropsychological)

Ellen Iscoe, Director, Diagnostic and Psychological Services, eiscoe@kingsbury.org

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ABOUT EVALUATIONS

Qualities of Psychological Tests:

1. Norm referenced: the score is compared to national sample of others, either same age or same grade.

2. Standardized administration: given the same way to all examinees, individually administered in a comfortable setting with an opportunity to establish rapport, take breaks, and optimize performance.

3. Confidential, revised regularly.

Qualities of a Professional Report:

1. All except academic testing must be administered by a professional who is extensively trained in administration, integration, and interpretation of the test results.

2. Has no errors in basic data such as age, current school setting, and gender.

3. Includes a review of the individual's developmental, social, and academic history including prior testing.

4. Includes DSM-IV (or V) diagnoses of learning, developmental, and mental health problems, with relevant criteria specified in the report.

5. Has extensive recommendations for both remediation and accommodation in the academic and home/residential setting. Likely to include referrals for further testing (speech and language, occupational therapy) as well as referrals for services such as medication evaluation and therapy. May include recommendations for community-based interventions as well.

How to Read an Evaluation:

1. Read the behavioral observations and get a sense of the child.

2. Start with the summary: it should paint a picture of strengths, weaknesses, and deviations from average.

3. Turn to sections of interest for relevant details.

4. Generate your own hypothetical recommendations, then look at what is recommended.

Ellen Iscoe, Director, Diagnostic and Psychological Services, eiscoe@kingsbury.org

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Interpreting Test Scores

This page describes which scores to use to accomplish each of several purposes and tells what the different types of scores mean.

Three of the fundamental purposes for testing are (1) to describe each student's developmental level within a test area, (2) to identify a student's areas of relative strength and weakness in subject areas, and (3) to monitor year-to-year growth in the basic skills. To accomplish any one of these purposes, it is important to select the type of score from among those reported that will permit the proper interpretation. Scores such as percentile ranks, grade equivalents, and standard scores differ from one another in the purposes they can serve, the precision with which they describe achievement, and the kind of information they provide.

Types of Scores

Raw Score (RS)

The number of questions a student gets right on a test is the student's raw score (assuming each question is worth one point). By itself, a raw score has little or no meaning. The meaning depends on how many questions are on the test and how hard or easy the questions are. For example, if Kati got 10 right on both a math test and a science test, it would not be reasonable to conclude that her level of achievement in the two areas is the same. This illustrates why raw scores are usually converted to other types of scores for interpretation purposes.

Percent Correct (PC)

When the raw score is divided by the total number of questions and the result is multiplied by 100, the percent-correct score is obtained. Like raw scores, percent-correct scores have little meaning by themselves. They tell what percent of the questions a student got right on a test, but unless we know something about the overall difficulty of the test, this information is not very helpful. Percent-correct scores are sometimes incorrectly interpreted as percentile ranks, which are described below. The two are quite different.

Grade Equivalent (GE)

The grade equivalent is a number that describes a student's location on an achievement continuum. The continuum is a number line that describes the lowest level of knowledge or skill on one end (lowest numbers) and the highest level of development on the other end (highest numbers). The GE is a decimal number that describes performance in terms of grade level and months. For example, if a sixth-grade student obtains a GE of 8.4 on the Vocabulary test, his score is like the one a typical student finishing the fourth month of eighth grade would likely get on the Vocabulary test. The GE of a given raw score on any test indicates the grade level at which the typical student makes this raw score. The digits to the left of the decimal point represent the grade and those to the right represent the month within that grade.

Grade equivalents are particularly useful and convenient for measuring individual growth from one year to the next and for estimating a student's developmental

status in terms of grade level. But GEs have been criticized because they are sometimes misused or are thought to be easily misinterpreted. One point of confusion involves the issue of whether the GE indicates the grade level in which a student should be placed. For example, if a fourth-grade student earns a GE of 6.2 on a fourth-grade reading test, should she be moved to the sixth grade? Obviously the student's developmental level in reading is high relative to her fourth-grade peers, but the test results supply no information about how she would handle the material normally read by students in the early months of sixth grade. Thus, the GE only estimates a student's developmental level; it does not provide a prescription for grade placement. A GE that is much higher or lower than the student's grade level is mainly a sign of exceptional performance.

In sum, all test scores, no matter which type they are or which test they are from, are subject to misinterpretation and misuse. All have limitations or weaknesses that are exaggerated through improper score use. The key is to choose the type of score that will most appropriately allow you to accomplish your purposes for testing. Grade equivalents are particularly suited to estimating a student's developmental status or year-to-year growth. They are particularly ill-suited to identifying a student's standing within a group or to diagnosing areas of relative strength and weakness.

Developmental Standard Score (SS)

Like the grade equivalent (GE), the developmental standard score is also a number that describes a student's location on an achievement continuum. The main drawback to interpreting developmental standard scores is that they have no built-in meaning. Unlike grade equivalents, for example, which build grade level into the score, developmental standard scores are unfamiliar to most educators, parents, and students. To interpret the SS, the values associated with typical performance in each grade must be used as reference points.

The main advantage of the developmental standard score scale is that it mirrors reality better than the grade-equivalent scale. That is, it shows that year-to-year growth is usually not as great at the upper grades as it is at the lower grades. (Recall that the grade-equivalent scale shows equal average annual growth -- 10 months -- between any pair of grades.) Despite this advantage, the developmental standard scores are much more difficult to interpret than grade equivalents. Consequently, when teachers and counselors wish to estimate a student's annual growth or current developmental level, grade equivalents are the scores of choice.

The potentials for confusion and misinterpretation that were described in the previous subsection for the GE are applicable to the SS as well. Relative to the GE, the SS is not as easy to use in describing growth, but it is equally inappropriate for identifying relative strengths and weaknesses of students or for describing a student's standing in a group.

Percentile Rank (PR)

A student's percentile rank is a score that tells the percent of students in a particular group that got lower raw scores on a test than the student did. It shows the student's relative position or rank in a group of students who are in the same grade and who were tested at the same time of year (fall, midyear, or spring) as the student. Thus, for example, if Toni earned a percentile rank of 72 on the Language test, it means that she scored higher than 72 percent of the students in the group

with which she is being compared. Of course, it also means that 28 percent of the group scored higher than Toni. Percentile ranks range from 1 to 99.

A student's percentile rank can vary depending on which group is used to determine the ranking. A student is simultaneously a member of many different groups: all students in her classroom, her building, her school district, her state, and the nation.

Types of Score Interpretation

An achievement test is built to help determine how much skill or knowledge students have in a certain area. We use such tests to find out whether students know as much as we expect they should, or whether they know particular things we regard as important. By itself, the raw score from an achievement test does not indicate how much a student knows or how much skill she or he has. More information is needed to decide "how much." The test score must be compared or referenced to something in order to bring meaning to it. That "something" typically is (a) the scores other students have obtained on the test or (b) a series of detailed descriptions that tell what students at each score point know or which skills they have successfully demonstrated. These two ways of referencing a score to obtain meaning are commonly called norm-referenced and criterion-referenced score interpretations.

Norm-Referenced Interpretation

Standardized achievement batteries like the Woodcock-Johnson III are designed mainly to provide for norm-referenced interpretations of the scores obtained from them. For this reason they are commonly called norm-referenced tests. A norm-referenced interpretation involves comparing a student's score with the scores other students obtained on the same test. How much a student knows is determined by the student's standing or rank within the reference group. High standing is interpreted to mean the student knows a lot or is highly skilled, and low standing means the opposite. Obviously, the overall competence of the norm group affects the interpretation significantly. Ranking high in an unskilled group may represent lower absolute achievement than ranking low in an exceptional high performing group.

An achievement battery is a collection of tests in several subject areas, all of which have been standardized with the same group of students. That is, the norms for all tests have been obtained from a single group of students at each grade level. This unique aspect of the achievement battery makes it possible to use the scores to determine skill areas of relative strength and weakness for individual students or class groups, and to estimate year-to-year growth. The use of a battery of tests having a common norm group enables educators to make statements such as "Suzette is better in mathematics than in reading" or "Danan has shown less growth in language skills than the typical student in his grade." If norms were not available, there would be no basis for statements like these.

Norms also allow students to be compared with other students and schools to be compared with other schools. If making these comparisons were the sole reason for using a standardized achievement battery, then the time, effort, and cost associated with testing would have to be questioned. However, such comparisons do give educators the opportunity to look at the achievement levels of students in relation to a nationally representative student group. Thus, teachers and administrators get an "external" look at the performance of their students, one that is independent of the school's own assessments of student learning.

A common misunderstanding about the use of norms has to do with the effect of testing at different times of the year. For example, it is widely believed that students who are tested in the spring of fourth grade will score higher than those who are tested in the fall of fourth grade with the same test. In terms of grade-equivalent scores, this is true because students should have moved higher on the developmental continuum from fall to spring. But in terms of percentile ranks, this belief is false. If students have made typical progress from fall to spring of grade 4, their standing among fourth-grade students should be the same at both times of the year. (The student whose percentile rank in reading is 60 in the fall is likely to have the same percentile rank when given the same test in the spring.) The reason for this, of course, is that separate norms for fourth grade are available for the fall and the spring. Obviously, the percentile ranks would be as different as the grade equivalents if the norms for fourth grade were for the entire year, regardless of the time of testing. Those who believe students should be tested only in the spring because their scores will "look better" are misinformed about the nature of norms and their role in score interpretation.

Scores from a norm-referenced test do not tell what students know and what they do not know. They tell only how a given student's knowledge or skill compares with that of others in the norm group. Only after reviewing a detailed content outline of the test or inspecting the actual items is it possible to make interpretations about what a student knows. This caveat is not unique to norm-referenced interpretations, however. In order to use a test score to determine what a student knows, we must examine the test tasks presented to the student and then infer or generalize about what he or she knows.

Criterion-Referenced Interpretation

A criterion-referenced interpretation involves comparing a student's score with a subjective standard of performance rather than with the performance of a norm group. Deciding whether a student has mastered a skill or demonstrated minimum acceptable performance involves a criterion-referenced interpretation. Usually percent-correct scores are used and the teacher determines the score needed for mastery or for passing.

When making a criterion-referenced interpretation, it is critical that the content area covered by the test -- the domain -- be described in detail. It is also important that the test questions for that domain cover the important areas of the domain. In addition, there should be enough questions on the topic to provide the students ample opportunity to show what they know and to minimize the influence of errors in their scores.

Most of the tests in batteries like the Woodcock-Johnson III cover such a wide range of content or skills that good criterion-referenced interpretations are difficult to make with the test scores.

Interpreting Scores from Special Test Administrations

A testing accommodation is a change in the procedures for administering the test that is intended to neutralize, as much as possible, the effect of the student's disability on the assessment process. The intent is to remove the effect of the disability(ies), to the extent possible, so that the student is assessed on equal footing with all other students. In other words, the score reflects what the student knows, not merely what the student's disabilities allow him/her to show.

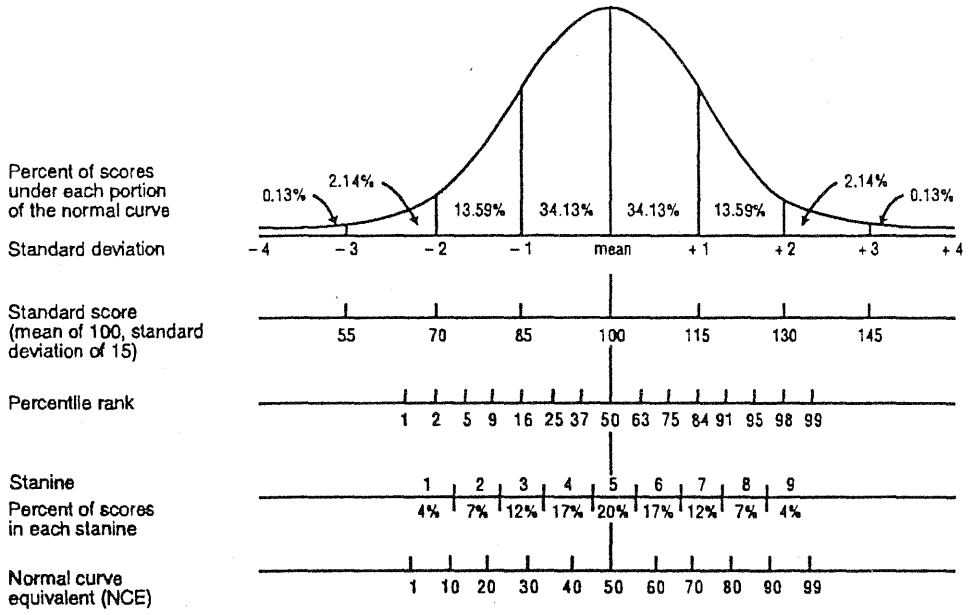
The expectation is that the accommodation will cancel the disadvantage associated with the student's disability. This is the basis for choosing the type and amount of accommodation to be given to a student. Sometimes the accommodation won't help quite enough, sometimes it might help a little too much, and sometimes it will be just right. We never can be sure, but we operate as though we have made a good judgment about how extensive a student's disability is and how much it will interfere with obtaining a good measure of what the student knows. Therefore, the use of an accommodation should help the student experience the same conditions as those in the norm group. Thus, the norms still offer a useful comparison; the scores can be interpreted in the same way as the scores of a student who needs no accommodations.

A test modification involves changing the assessment itself so that the tasks or questions presented are different from those used in the regular assessment. A Braille version of a test modifies the questions just like a translation to another language might. Helping students with word meanings, translating words to a native language, or eliminating parts of a test from scoring are further examples of modifications. In such cases, the published test norms are not appropriate to use. These are not accommodations. With modifications, the percentile ranks or grade equivalents should not be interpreted in the same way as they would be had no modifications been made.

Certain other kinds of changes in the tests or their presentation may result in measuring a different trait than was originally intended. For example, when a reading test is read to the student, we obtain a measure of how well the student listens rather than how well he/she reads. Or if the student is allowed to use a calculator on a math estimation test, you obtain a measure of computation ability with a calculator rather than a measure of the student's ability to do mental arithmetic. Obviously in these situations, there are no norms available and the scores are quite limited in value. Consequently, these particular changes should not be made.

Adapted from testing information at the University of Iowa College of Education
www.education.uiowa.edu

The Normal Curve and Its Relationship to Various Derived Scores



After norms have been established, an individual's raw score can be converted to "derived scores" which communicate that individual's performance to the standardization sample. This chart shows the relationship of derived scores in a normal distribution.

- Since most educational and psychological tests use **standard scores** (SS) with a mean of 100 and a standard deviation of 15, a standard score of 100 is at the 50% **percentile rank** (PR) level. A standard scores of 85 is at the 16 % PR level. A standard score of 115 is at the 84% PR level.
- Most educational and psychological tests use **subtest scores** with a mean of 10 and standard deviation of 3. A subtest score of 10 is at the 50% PR level. Subtest scores of 7 and 13 are at the 16% and 84% PR levels.
- One half of all children fall above and one half of all children fall below the mean of 50% which is also represented as a standard score of 100. A standard score of 100 = PR 50.
- Two-thirds of all children are between + 1 and - 1 standard deviations from the mean.
- Two-thirds of all children are between the 16% and 84% percentile ranks. (84 minus 16 = 68)
- A standard score of 90 is at the 25% level. A standard score of 110 is at the 75% level.
- One half of all children fall between the 75% level and 25% level. (75-25 = 50)
- One half of all children achieve standard scores between 90 to 110.
- A percentile rank score between 25% and 75% is the same as a standard score of between 90 to 110 --- and are usually considered to be within the "average range."

Jessica R. Gurley, Ph.D.
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DC Psychologist License # 1000570
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240-813-8545

COMPREHENSIVE PSYCHOLOGICAL EVALUATION

CONFIDENTIAL

Name: [redacted] **Date of Birth:** [redacted]
Age at Evaluation: 15 years, 4 months **Date of Evaluation:** December 19, 2014
Date of Report: February 27, 2015

Identifying Information/Reason for Referral

[redacted] is a 15 year old African American male who was referred to me by his mother's educational attorney for an Independent Educational Evaluation. The specific purpose of this evaluation was to assess [redacted]'s cognitive, academic, adaptive, and emotional functioning to determine current level of each and to provide recommendations to improve his areas of academic weakness.

Evaluation Procedures & Record Review

Evaluation Procedures

Clinical Interview with [redacted], December 19, 2014
Clinical Interview with [redacted] mother, December 19, 2014
Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V), December 19, 2014
Woodcock Johnson Tests of Achievement, Fourth Edition (WJ-ACH), December 19, 2014
Behavior Assessment System for Children – Second Edition, Structured Developmental History (BASC-2-SDH), completed by Ms. [redacted] on December 19, 2014
Behavior Assessment System for Children – Second Edition, Parent Report Scale (BASC-2-PRS), completed by Ms. [redacted] on December 19, 2014
Behavior Assessment System for Children – Second Edition, Self Report of Personality (BASC-2-SRP), completed by [redacted] on December 19, 2014
Behavior Assessment System for Children – Second Edition, Teacher Report Scale (BASC-2-TRS), completed by Ms. [redacted] on February 8, 2015
Behavior Assessment System for Children – Second Edition, Teacher Report Scale (BASC-2-TRS), completed by Mr. [redacted] on February 24, 2015[1]
Adaptive Behavior Assessment System, Second Edition (ABAS-II), completed by Ms. [redacted] on December 19, 2014

Records Reviewed

Psychological Evaluation by Steffie Turner, PsyD, no date on report (last date of testing March 22, 2007)
Comprehensive Psychological Evaluation by Angela Fletcher, PsyD, dated March 5, 2011
Speech/Language Re-Evaluation Report by Stephany Dinkins, MS, dated May 14, 2007
Comprehensive Speech – Language Evaluation by Diane Douglas, MS, CCC-SLP, dated November 20, 2014
Occupational Therapy Evaluation Report by Richelle Wilson, OTR/L, Dated August 9, 2004
Comprehensive Occupational Therapy Evaluation by Lynn Grasso, MS, OTR/L, dated January 24, 2011

[1] I requested additional teachers completed the BASC-2; however, as of this writing, they have not responded to my request

Individualized Education Plan (IEP), dated August 24, 2010
IEP, dated February 7, 2011
IEP, dated February 23, 2012
IEP, dated January 14, 2013
IEP, dated December 2, 2013
IEP Progress Report – Annual Goals, dated February 3, 2014
IEP Progress Report – Annual Goals, dated April 3, 2014
Amended IEP, dated April 28, 2014
IEP, dated November 6, 2014
IEP Meeting notes, no date but attached to IEP dated November 6, 2014
Prior Written Notice, dated April 28, 2014
Final Eligibility Determination Report, dated January 24, 2013
Incident Report, dated March 8, 2012
Incident Report, dated November 21, 2014
Behavior Intervention Plan (BIP), dated August 23, 2010
Upper School Summer STEM Progress Report, reporting period July 1 – August 2, 2013
Student Schedule By Date, printed February 21, 2014
Attendance Totals 2013-2014, printed February 21, 2014
Attendance Totals 2013-2014, printed June 19, 2014
School Year 2013-2014 grades (Kingsbury), run date February 21, 2014
Suspension Notice, dated May 6, 2014
Student Withdrawal Form, dated June 25, 2014
Updated schedule, dated November 6, 2014

Background Information
This information in this section incorporates information from the available records, as well as information provided by [redacted] *and Ms.* [redacted]

Family/Social History
[redacted] is the son of [redacted] and [redacted]. He has resided with his mother since birth and according to both Ms. [redacted] and [redacted], his biological father has not been involved in [redacted]'s life. [redacted] did note that his mother has had a boyfriend for the past two to three years and that [redacted] gets along well with him. [redacted] also reported he had a close relationship with his mother. It should be noted that Ms. [redacted] has been receiving treatment for cancer. [redacted] did not want to talk about his mother's current health status during the evaluation.

[redacted] has two older sisters and a younger brother. All of his siblings reside in the home and he shares a room with his brother. His mother noted that [redacted] generally gets along with his siblings, but does not like when they tell him what to do. [redacted] also noted that although he gets along with his brother, he would like to have his own room so he would be able to set it up according to his own desires.

Ms. [redacted] reported that [redacted] has one close friend; [redacted] noted that he had an additional friend when he went to Kingsbury, but that he has not seen her since he changed schools. [redacted] further noted that he had a large social media presence, with approximately 3,000 followers on Instagram and 3,000 friends on Facebook. His mother confirmed this. [redacted] noted that he spends a significant amount of time on social media and will often stay up to 2am or later while on the various social media sites. When this occurs, he is tired the next day at school.

[redacted] also denied any history of sexual, physical, or emotional abuse. His mother corroborated this.

Developmental/Medical/Mental Health History
According to Ms. [redacted], the majority of her pregnancy with [redacted] was uncomplicated. She noted that she received prenatal care throughout the pregnancy and did not use alcohol, drugs, or cigarettes while pregnant with [redacted]. However, she noted that she developed high blood pressure late in pregnancy and as a result, labor was induced. This is contrary to what was reported in previous reports, all of which stated that there were no complications with [redacted]'s pregnancy, labor, or delivery. [redacted] was born full term and weighed over 7 pounds at birth. He and his mother remained in the hospital for two days and he was then discharged to his mother's care.

Ms. [redacted] reported that [redacted] met developmental milestones at appropriate ages. Although he spoke at an appropriate age, she did note that he appeared to have difficulty pronouncing some sounds. As a result, he was evaluated by Children's National Medical Center (CNMC) at the age of three and was determined to have difficulty with articulation and delayed speech. At that point, he began receiving speech services. His mother noted that he continues to have difficulty with understanding speech; specifically, [redacted] has "a difficult time understanding when you ask him to do something" and described his receptive language abilities as being similar to a "6 or 7 year old." She also noted that he continues to have difficulty pronouncing the "th" and "wh" sounds. Regarding his motor abilities, she reported that he had difficulty learning to throw and catch as a child. Records indicate he has been receiving occupational therapy services to improve his motor skills.

Regarding medical history, Ms. [redacted] reported that [redacted] had a neurological assessment at the age of three to determine if he had "water on the brain" and the results of that assessment were negative. Records corroborate this, reporting that [redacted] had a neurological examination due to macrocephaly (enlarged head), but that the results indicated no structural problems. [redacted] and Ms. [redacted] reported that last year [redacted] hit his head at school and required stitches. [redacted] noted that he "blacked out" and had a "brain scan."

Regarding mental health history, Ms. [redacted] reported [redacted] was diagnosed with Attention Deficit Hyperactivity Disorder (AD/HD) at age 4 and has been intermittently treated with stimulant medication. Currently, he is prescribed Intuniv to treat his symptoms of AD/HD. His mother also noted that [redacted] has shown other symptoms consistent with mental health difficulties, including becoming angry easily and having difficulty expressing himself and "shutting down." She noted that he has never been physically aggressive towards his siblings, but has destroyed his own property when angry (e.g., when he was made he tore apart a set of his headphones). Ms. [redacted] also said there was a family history of acting out; specifically, her 18 year old daughter received special education services throughout school due to her behavior.

[redacted] reported other symptoms consistent with possible mental health problems. He stated that he felt as if there were germs on him and takes a shower and/or rubs his skin to get them off. He said he takes two showers per day, one in the morning and one after school because he feels that he has a "smell" of the other students on him. He also said that he pulls his hair when he is bored. His mother corroborated this. He further noted that he receives counseling services at school.

Education History
According to the previous evaluations and Ms. [redacted], [redacted] started receiving special education services at the age of 3, after he was evaluated by CNMC and determined to have delays in his speech, specifically in his articulation and his receptive and expressive language abilities. Ms. [redacted] said that [redacted] attended a therapeutic daycare and then transitioned to Simon Elementary School. However, he only remained at Simon Elementary School for a week because he would run out of class. He then transitioned to the Jackie Robinson Center for Excellence until the school closed when he was in the 6th grade. At that point, he started attending school at Simon Elementary School and by the middle of 6th

grade, then transitioned to High Roads Primary. He remained at High Roads until he transitioned to Kingsbury for the 2013-2014 academic year but then transitioned back to High Roads for the 2014-2015 academic year. It should be noted that Dr. Fletcher's evaluation (dated 2011) reported that [redacted] attended Paul Robertson Elementary School for the 1st and 2nd grade and then transitioned to the Jackie Robinson Center because Paul Robertson closed.

[redacted] reported that he wants to graduate high school and go to college. He further stated that he was unsure of what he wanted to study in college, but noted that he has considered becoming a tattoo artist or a piercing artist.

School Records (including IEP's)
I was able to review school records, including multiple IEP's, dated 2010 through 2014. It does not appear that the records were complete, as there was only one set of grades. The following is a summary of the available records.

According to the IEP dated August 24, 2010, when [redacted] was in the 6th grade at Simon Elementary School, [redacted] received special education services under the classification of Emotional Disturbance. He received a variety of services, including 2.5 hours per subject (reading, writing, and mathematics) inside the general education setting and 2.5 hours per subject outside the general education setting, for a total of 15 hours of services per week. The IEP also provided for 1 hour per week of occupational therapy services, 1 hour per week of speech and language services, and one hour per week of behavioral support services.

Around the same time (August 23, 2010), [redacted] had a BIP. The purpose of the BIP was to work with [redacted] to have him ask for assistance in challenging situations, appropriately verbally express his feelings when he was angry or frustrated, to avoid intruding on other students' personal space, and from acting aggressively. The interventions included praise and positive reinforcement, the use of a token system, behavioral support services, and a loss of rewards.

[redacted]s 2011 IEP (dated February 7, 2011) continued to provide a classification of Emotionally Disturbed. It increased his services from a total of 15 hours (7.5 outside general education) to 24.4 hours of specialized instruction outside the general education setting. The IEP continued to provide for one hour per week for occupational therapy, speech and language, and behavioral support services. This IEP also provided for extended year services (ESY). Based on the IEP, it appears this increase in services was due to his disrupting class.

I was able to review a draft IEP from 2012 (dated February 23, 2012); based on the Final Eligibility Determination report (dated February 23, 2012), it appears there were some changes from the draft I reviewed and the final; however, the final IEP was not available for review. This draft IEP provided for 23 hours of specialized instruction outside of the general education setting under the classification of Emotional Disturbance. Although his occupational therapy and his speech and language services were not changed, his behavioral support services were increased to 2.5 hours per week. The Final Eligibility Determination Report noted that his classification was Multiply Disabled instead of Emotionally Disturbed.

There was an Incident Report, dated March 8, 2012, that I was able to review. According to the report, [redacted] caused injury to another student at High Roads Middle School and was subsequently restrained. No other records from the 2011-2012 academic year were available for review.

According to [redacted]'s first 2013 IEP (dated January 14, 2013), he was to received 26.5 hours per week of specialized instruction outside of the general education setting under the classification of Multiply

Disabled. His occupational therapy and his speech and language services remained unchanged from the previous IEP's (1 hour per week each of occupational therapy and sleep and language). His behavioral support services were decreased one hour per week to 1.5 hours per week of services. Based on the IEP, the decrease in services may have been due to his improved behavior.

[redacted]'s second 2013 IEP (dated December 2, 2013) remained unchanged from the January 2013 one, and continued to provide for 26.5 hours per week of specialized instruction outside the general education setting under the classification of Multiply Disabled. He also continued to receive occupational therapy, speech and language, and behavioral support services.

There was a progress report for this IEP dated February 3, 2014. The teachers noted that he was not making progress in reading or in mathematics. Specifically, his mathematics teacher noted that he does not attend to his classwork when he attends class. However, he was making progress in some areas of writing and in his speech language services. His progress regarding his emotional support services was described as "inconsistent" as he was able to participate in a positive manner but had difficulty refraining from negative peer interactions. Regarding his motor and physical skills development, it was noted that his "decreased organization, planning, schedule adherence, and time management continues to impact [redacted] during the school day."

[redacted]s IEP was amended on April 28, 2014. He continued to received services at Kingsbury under the classification of Multiply Disabled. He also continued to receive 26.5 hours per week of specialized instruction outside the general education setting, as well as 240 minutes per month of occupational therapy services, 240 minutes per month of speech and language services, and 360 minutes per month of behavioral support services.

School records from Kingsbury also noted that in May 2014, [redacted] was suspended because he pushed a staff member when he was told to stop writing on a locker. He received a 10 day suspension for this infraction.

Regarding his grades for the 2013-2014 academic year, his teachers noted that he had a "rough start" in some classes (e.g., history) and this was reflected in his 1.5 GPA for the first semester. He continued to received C's and D's throughout the school year.

[redacted]'s third 2014 IEP was dated November 6, 2014. This IEP provided for services under the classification of Emotional Disturbance. It is unclear why his classification was changed, especially since he continued to receive occupational therapy (120 minutes per month), speech and language (240 minutes per month), and behavioral support services (60 minutes per week). This IEP decreased his behavioral support services from 360 minutes per month to 60 minutes per week. It also provided for 24.5 hours per week of specialized instruction outside the general education setting. The IEP meeting notes also stated that he had been initially placed in the wrong grade (9^{th}) at High Roads and should actually have been enrolled in the 10^{th} grade.

A couple of weeks after the third 2014 IEP, there was an incident report where [redacted] required restraint (dated November 21, 2014). According to the report, [redacted] was off task and was prompted to return to the task. The situation escalated, eventually resulting in his being escorted out of the classroom into the timeout room, where he reportedly became verbally aggressive and destroyed school property by writing on the walls and ripping the carpet. He was then switched to another time out room and scratched the walls and wrote on the walls in the second room as well. Staff came in to deescalate the situation and, according to the incident report, [redacted] started "bucking" at staff and was restrained. He was able to calm down after being restrained and was suspended for two days.

Previous Evaluations

Speech and Language Evaluations

I was able to review two speech and language evaluations. The first was conducted by Stephany Dinkins on May 14, 2007. Ms. Dinkins noted that [redacted] had minor errors in articulation and that his receptive and expressive language abilities were below average. She suggested that he received 30 minutes of speech and language services twice per week to address these areas of deficit.

The second evaluation was conducted by Diane Douglas (dated November 20, 2014). Ms. Douglas noted that [redacted] had "significant language disorder" with deficits in receptive and expressive vocabulary, oral expression, reading comprehension, and written expression. She recommended that his speech and language services be increased and that he continue receiving one hour per week of speech and language services outside the general education setting and that an additional hour per week within the education setting be added. She also recommended that the school implement the recommendations of the Assistive Technology Evaluation (described below) and extend his classification beyond Emotional Disturbance, given the severity of his academic delays.

Assistive Technology

I was also able to review an assistive technology evaluation by Diane Douglas and Emily Roberts (dated November 20, 2014). Ms. Douglas and Ms. Roberts recommended that [redacted]s IEP be amended to include assistive technology services, including access to his own laptop to complete reading and writing assignments and use of speech to text software. They also recommended that he receive a minimum of 40 hours of assistive technology training.

Occupational Therapy

I was able to review two occupational therapy evaluations by Richelle Wilson (dated August 9, 2004) and Ms. Grasso (dated January 24, 2011). Ms. Wilson's evaluation recommended that [redacted] receive occupational therapy twice per week for 30 minutes at a time. Ms. Grasso's evaluation also recommended one hour per week of occupational therapy services, but she also recommended an assistive technology evaluation and that [redacted] have an appointment with an optometrist. It is unclear if there was any follow through on these recommendations.

Psychological Evaluation

I was able to review two psychological evaluations. The first was conducted by Steffie Turner, PsyD, (last date of testing March 22, 2007). According to Dr. Turner's report, [redacted]s overall cognitive abilities, as measured by the Woodcock Johnson Test of Cognitive Abilities Third Edition, was in the Very Low range (GIA = 68). However, his verbal abilities were in the Low Average range (Verbal Comprehension = 80). The testing revealed significant delays in reading and in math; Dr. Turner did not assess [redacted]s written language skills as part of this evaluation. The evaluation also noted behavioral difficulties, including attention problems and atypical behavior. Based on projective drawings, Dr. Turner reported that [redacted] also had low self-esteem and felt inadequate. She diagnosed him with AD/HD and Mixed Receptive-Expressive Language Disorder, by history. She recommended that he received specialized services as well as group and individual therapy.

The evaluation by Angela Fletcher, PsyD, (dated March 5, 2011) was requested by an educational advocate. It should be noted that [redacted] was due for a triennial evaluation in 2010; there was no 2010 evaluation included in the records and it is unclear if one was completed. The results of Dr. Fletcher's evaluation placed [redacted]'s cognitive abilities in the Borderline/Very Low range (WISC-IV FSIQ = 70). However, his nonverbal abilities were in the Low Average range (PRI = 82) and his verbal abilities were in the Borderline range (VCI = 73). His processing speed abilities were less developed and in the Very Low range (PSI = 68). His academic skills, as measured by the Woodcock Johnson Tests of Achievement Third Edition were below expected, given his age and grade placement. Testing also revealed difficulties

in receptive and expressive language skills, motor skills, and attentional abilities. Dr. Fletcher diagnosed [redacted] with AD/HD, Mixed Receptive Expressive Language Disorder, Reading Disorder, Mathematics Disorder, and Disorder of Written Expression.

Mental Status/Behavioral Observations

[redacted] is a 15 year old African American male who appeared his stated age. He arrived for the testing appointment with his mother and older sister and was appropriately dressed and well groomed. Although he appeared his stated age, some of his actions were more consistent with a younger child than a teenager. For example, when asked if he was sexually active, he started to giggle and said, "No" with a sing-songy tone to his voice. His reaction is typical of a younger child, not a 15 year old adolescent male. Regarding his speech, it was difficult to understand at times. He appeared to have difficulty pronouncing some sounds (e.g., "th") resulting in his speech sounding slurred. The content of his speech was minimal; he would answer the questions asked of him, but would not elaborate unless it was requested. His recent and remote memory appeared to be intact, as he was able to recall both recent events (e.g., what he had for breakfast) as well as more distant events (e.g., how he celebrated his last birthday), but the content of his recollections was minimal and often concrete. It was unclear if he was unable to recall details of the events or if he was unable to explain the events in more detail (e.g., memory deficit vs. expressive language deficit). His understanding of questions was also concrete, as an example, he endorsed an item on the BASC-2 that indicated he felt as if someone was watching him. When asked to discuss this, he explained that when he is out with his friends, people text him to say that they saw him. He thought the question was asking if people see him when he was out. Again, it is possible that his documented difficulties with receptive language were interfering with his ability to understand the question.

[redacted] did engage in some atypical behavior during the evaluation. For example, when he spoke, he often kept his head on his shoulder. He also picked at his eyebrows and frequently used the hand sanitizer that was on the table. When asked why he was using the hand sanitizer frequently, he replied that he enjoyed the scent.

[redacted] denied most symptoms of severe psychopathology, including symptoms consistent with anxiety and mood disorders. His eye contact was normal, but he did require frequent redirection to remain on task. He did, however, endorse that he has heard voices that others have not been able to hear. Specifically, he noted that he has heard someone screaming and has heard a voice in his head calling his name and swearing. This happened twice, shortly after his aunt's death, and he believes it may have been her voice that he was hearing. He firmly denied experiencing suicidal, homicidal, or self harm thoughts or behavior.

During the evaluation, it was evident that [redacted] had difficulties with his speech (see above), his motor skills, and his academic abilities. Regarding his motor skills, he pushed down very hard with his pencil on writing tasks. He also had difficulty writing his sentences in the space provided and the spacing between words and sentences was inconsistent. He tended to spell words phonetically (e.g., vacaeshun instead of vacation) and, with extra time, was able to write sentences with appropriate content. However, it did take him a great deal of time to complete writing tasks. For mathematics, he had little difficulty with addition, including when there were decimals, but had difficulty with multiplication and division. He also appeared to mix up his mathematics operations; as an example, he treated parentheses like exponents (e.g., would multiply the items in parentheses by themselves rather than do the operation in the parentheses).

Cognitive Abilities

[redacted] was administered the Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V), which is an individually administered test of cognitive abilities for children ages 6 through 16. The WISC-V

contains 21 subtests that can used to calculate six Primary Indices, five Ancillary Indices, and three Complementary Indices. The Primary Indices assess a variety of areas of cognitive functioning, including overall cognitive abilities (Full Scale IQ, FSIQ), verbal abilities (Verbal Comprehension Index; VCI), an understanding of visual-spatial relationships (Visual Spatial Index; VSI); problem solving abilities (Fluid Reasoning Index; FRI), ability to attend to and manipulate information (Working Memory Index; WMI), and the ability to process visual information quickly (Processing Speed Index; PSI). The Ancillary Indices serve as adjuncts to the Primary Indices and cover a variety of areas ranging from nonverbal abilities to thinking ability. [redacted] was administered 16 subtests of the WISC-V and the WISC-V was administered and scored according to standard procedures and thus is considered to be an accurate reflection of his cognitive abilities at this time.

The FSIQ is considered to be the best measure of *g*, or overall cognitive abilities. [redacted]'s FSIQ of 68 was in the Extremely Low Range and below the scores of 98% of his peers. Due to random testing error, there is a 95% chance that his true FSIQ is between 64 and 75. Although the FSIQ is generally seen as the best measure of overall cognitive abilities, due to some areas of strength and weakness in [redacted]s cognitive abilities scores, each of the areas of cognitive ability assessed on the WISC-V are discussed in more detail below.

The VCI is a measure of verbal reasoning abilities and the fund of verbal knowledge. [redacted]'s score of 65 on the VCI was in the Extremely Low range and below the scores of 99% of his peers. There is a 95% chance that his true score is between 60 and 75. [redacted]'s scores on the subtests that comprise this index, along with supplemental verbal subtests, were equally developed and substantially below the average performance of his peers. This indicates that he will have more difficulty than his peers with verbal reasoning and social judgment. His knowledge of vocabulary and verbal facts is also lower than that of his peers. Still, it is important to note that this index relies heavily on both receptive and expressive language ability and that his documented difficulties in this area may have negatively impacted his performance.

The VSI is a measure of visual-spatial and constructional abilities. His score of 75 on the VSI was in the Very Low range and below the scores of 95% of his peers. There is a 95% chance that his true VSI score is between 69 and 85. His performance on the subtests that comprise this index was similar, indicating that his visual spatial abilities and constructional abilities are equally developed and below those of his peers. He will have more difficulty than his peers with visual tasks.

The FRI is a measure of the student's ability to use novel and known information to solve nonverbal problems. [redacted]'s score of 74 on the FRI was in the Very Low range and below the scores of 96% of his peers. There is a 95% chance that his true score is between 69 and 83. However, there were significant discrepancies in his performance on the subtests that comprise the FRI. His nonverbal problem solving abilities were similar to those of his peers (Matrix Reasoning = 8); however, when he was required to rely on his mathematics skills to solve nonverbal problems, his performance declined substantially (Figure Weights = 3). It is also important to note that his performance on a supplemental FRI subtest that relied only on nonverbal reasoning and not on mathematics knowledge was in the average range (Picture Concepts = 9), supporting the idea that while [redacted]'s problem solving abilities are similar to those of his peers, he has difficulty with quantitative reasoning. His performance on the Ancillary Index, Quantitative Reasoning Index (QRI; a measure of mathematics knowledge and abilities) was significantly below the average performance of his peers (QRI= 63), also providing support that [redacted]'s low performance on the FRI was not due to an underdeveloped ability to reason nonverbally; instead, it was due to difficulties with math.

The WMI is a measure of the student's ability to attend to and manipulate both visually and orally presented information. [redacted]'s score of 88 on the WMI was in the Low Average Range and above the

performance of 21% of his peers. There is a 95% chance that his true WMI is between 81 and 97. [redacted] performance on this index suggests that when presented with simple information, his ability to attend to and manipulate information is generally similar to the abilities of his peers. However, his performance on a related Ancillary Index (Auditory Working Memory; AWMI) indicates that he has more difficulty than his peers with orally presented information (AWMI = 78). His lower performance on this subtest was due primarily to his difficulties attending to more complex information. [redacted]'s ability to handle simple information is similar to that of his peers (Digit Span = 8); however, his ability to attend to and manipulate more complex orally presented information is limited (Letter-Number Sequencing = 4). This is consistent with the information in the records indicating that [redacted] has difficulty attending in class; class lectures contain complex information and [redacted] requires that information be broken down into simpler pieces of information for him to understand it.

The PSI is a measure of [redacted]s ability to process simple visual information quickly. His score of 66 on this index was in the Extremely Low range and below the scores of 99% of his peers. There is a 95% chance that [redacted]'s true score is between 61 and 79. [redacted]'s performance on this index suggests that he processes information much slower than his peers do, indicating that he will require additional time to complete tasks.

Overall, [redacted]'s performance on the WISC-V indicated that although his nonverbal reasoning abilities and problem solving abilities, when time and mathematics ability was not a factor, were similar to those of his peers, he has difficulties with verbal information and reasoning, difficulties attending to complex information, and works more slowly than his peers. His overall performance on the WISC-V was significantly lower than the average performance of his peers.

Academic Achievement

[redacted] completed the Woodcock Johnson Tests of Academic Achievement, Fourth Edition (WJ-ACH), an individually administered measure of academic achievement. The WJ-ACH contains multiple subtests that can be used to calculate a variety of clusters that measure different facets of academic abilities, including (but not limited to) reading, written language, and mathematics. The WJ-ACH can be scored by comparing the examinee's scores to either others his age or in his same grade. [redacted]'s performance was compared to others his age. The WJ-ACH was administered according to standard procedures and is considered to be an accurate reflection of his current level of academic achievement.

[redacted]'s overall reading ability, as measured by the Broad Reading cluster (score = 52), was in the Very Low range and below the scores of over 99.9% of his peers. There is a 95% chance that his true score, or his score without error, is in the range of 45-59. His reading skills were equivalent to someone in the 2nd grade. It should be noted that [redacted] had weaknesses relative to his other academic abilities in his ability to read quickly (Reading Fluency) and his ability to read single words (Letter-Word Identification). His Relative Proficiency Index (RPI) on both of these clusters was a 1/90, indicated that on tasks his peers can do with 90% proficiency, he will complete the task with 1% proficiency. His abilities to read single words, read sentences out loud, understand what he has read, and read quickly are significantly below the abilities of his peers and are much lower than expected given his age, grade, and cognitive abilities. In other words, the results of the WJ-IV indicate that [redacted] has severe deficits in reading.

[redacted]'s overall mathematics ability, as measured by the Broad Mathematics cluster (score = 45) was in the Very Low range and below the scores of over 99.9% of his peers. There is a 95% chance that his true score is in the range of 38-53. His mathematics abilities were similar to someone in the 2nd grade. [redacted] had weaknesses, relative to his other academic abilities, in his ability to complete mathematics problems (Math Calculation Skills) and to apply his mathematics knowledge and to determine when to use different mathematics facts in solving problems (Applied Problems). In other words, [redacted] has difficulty completing mathematics problems and applying his mathematics knowledge. These abilities are

significantly below the abilities of his peers and are much lower than expected given his age, grade, and cognitive abilities. In other words, the results of the WJ-IV indicate that [redacted] has severe deficits in mathematics. This is consistent with his report that he has difficulty with mathematics.

[redacted]'s overall written language ability was in the Very Low range. His score of 65 on the Broad Written Language cluster was below the scores of 99% of his peers. There is a 95% chance that his true score is between 56 and 73. The results of testing suggested that his skills in writing varied. The content of his writing was in the average range and similar to that of students who have finished the 6th grade (Writing Samples = 91). This was an area of strength for him, relative to his other academic abilities. However, it is important to note that grammar, spelling, and time were not factors in this subtest; this subtest only assesses the content of the written expression. His other writing abilities, including his ability to write simple sentences quickly and his ability to spell single words, were far below the abilities of his peers. In other words, his overall writing abilities are lower than those of his peers.

The subtests on the WJ-ACH can also be used to calculate three academic clusters that assess overall basic academic skills, the ability to apply academic skills, and the ability to complete simple academic tasks quickly. [redacted]'s level of basic academic skills was an area of strength for him, relative to his other academic abilities (Academic Skills = 61). Although this was an area of strength for him, his abilities are still far less developed than those of his peers. Regarding his relative level of basic academic skills proficiency, on tasks that his peers can complete with 90% proficiency, [redacted] will complete the same tasks with 4% proficiency (RPI = 4/90). [redacted]'s ability to complete simple academic tasks quickly was an area of weakness for him relative to his other academic abilities (Academic Fluency = 43). Regarding his relative level of basic academic skills proficiency, on tasks that his peers can complete with 90% proficiency, [redacted] will complete the same tasks with 0% proficiency (RPI = 0/90). In other words, [redacted] completes tasks much slower than his peers do.

Adaptive Functioning

Ms. [redacted] rated [redacted] on the Adaptive Behavior Assessment Scales, Second Edition (ABAS-II), a measure of adaptive functioning. The ABAS-II contains items that assess various aspects of adaptive functioning, including the Conceptual, Social, and Practical Domains. The items on the ABAS-II can be combined to create a General Adaptive Composite, which is an overall measure of adaptive functioning.

According to Ms. [redacted]' ratings, [redacted]'s General Adaptive Composite of 80 was in the Below Average range. Ms. [redacted]' ratings placed [redacted] Conceptual abilities (Conceptual = 81), which include communication, functional academics, and self-direction, into the Below Average range. She also rated his Practical abilities (Practical = 90) into the Average range. The Practical domain includes items assessing community use, home living, health and safety, and self-care. Finally, her ratings placed his Social functioning (Social = 78) into the Borderline range. This domain includes items that assess [redacted]'s social development and how he spends his leisure time.

Overall, Ms. [redacted]' ratings of [redacted]'s adaptive functioning were consistent with her report that he generally is able to care for himself and that she has been teaching him life skills, such as cooking and laundry. It is also consistent with her report, with [redacted]s report, and school records that he has difficulty with social interactions, which is reflected in his lower score on the social domain. Although his social functioning is lower than that of his peers, his practical functioning is similar to that of his peers.

Personality/Emotional Functioning

The Behavior Assessment System for Children, Second Edition (BASC-2) is a measure of personality and emotional functioning for children and adolescents. In addition to a self-report measure, the BASC-2 has rating forms where teachers and caregivers can rate the student on various aspects of behavior and emotional functioning. In addition to [redacted] completing the self report form, Ms. [redacted] and two of

[redacted]s teachers (Ms. Aguiao and Mr.Hicks) rated him on the BASC-2. The BASC-2 has validity indices to assess whether the raters were attempting to portray an overly positive or negative view of [redacted]. The results of the validity indices indicated that none of the raters attempted to present an overly positive or negative view of [redacted]; however, two of the raters ([redacted] and Mr. Hicks) were somewhat inconsistent in their responding. An analysis of their pattern of responses revealed that the inconsistencies were minor (e.g., rating his behavior as "sometimes" occurring on one item and as "often" occurring on a similar item). Thus, the results are considered to be an accurate reflection of [redacted]'s current behavioral symptoms and emotional functioning.

Self

[redacted] endorsed a number of difficulties on the BASC-2. He noted that he tends to engage in behaviors that are atypical, including hearing voices when no one else can. This was described previously in the Mental Status section of this report; [redacted] explained that he has heard a female voice on two occasions and endorsed that this was "often." He also endorsed items indicating that he tends to develop physical symptoms in response to stress. His pattern of responding indicated that he is experiencing minor difficulties with hyperactivity and attention, which is consistent with his previous diagnosis of AD/HD. He also noted his experiences some minor symptoms of depression, including feeling that he is not currently in control of his own life. It is important to note that he denied overt symptoms of depression, including depressed mood and suicidal ideation. [redacted] also reported that he has difficulty with interpersonal relationships and had a poor attitude towards school and teachers. This is consistent with the school's reports of his behavior in school (e.g., acting out, refusing to do work).

Parent

Ms. [redacted]'s report of her son's behavior and personality functioning was similar to [redacted]'s. She also noted significant difficulties with odd behavior, attention, and hyperactivity. She also noted more minor difficulties with depression and aggression. Unlike [redacted], she did not endorse a significant number of items indicating that he has a tendency to develop physical symptoms in response to stress. She did, however, note that he has minor difficulties with adapting to new situations, with social interaction, with taking charge, and with caring for himself. Ms. [redacted] did note that her son has significant difficulties when trying to communicate with others, which is consistent with his documented receptive and expressive language difficulties. This was also consistent with his report of his adaptive functioning (e.g., that he has difficulty with social interactions but is generally able to care for himself).

Teachers

Ms. Aguiao and Mr. Hicks completed the teacher rating form of the BASC-2. It should be noted that they rated [redacted] quite differently, with Ms. Aguiao identifying more difficulties than Mr. Hicks did. There are a number of possibilities for this, including that Mr. Hicks has an overall more favorable impression of [redacted] than Ms. Aguiao and that [redacted]n behaves better with Mr. Hicks than he does with Ms. Aguiao.

Both teachers noted that [redacted] had some difficulties with hyperactivity, aggression, and with overall behavior. However, Ms. Aguiao reported these problems were severe whereas Mr. Hicks reported these difficulties were more minor. Ms. Aguiao also reported [redacted] displayed some odd behaviors, has a tendency to develop physical symptoms in response to stress, had severe attention problems, and had minor difficulties with anxiety and depression. Mr. Hicks, on the other hand, did not report any of these. Both noted that [redacted] has some difficulties learning, but Ms. Aguiao endorsed more severe difficulties than Mr. Hicks did. Ms. Aguiao's pattern of responding indicated that she has noticed [redacted] has difficulties with communication and minor difficulties adapting to new situations and with study skills; Mr. Hicks did not endorse any of these.

Summary

Overall, the ratings of the various sources suggest that [redacted] has difficulties with communication and with some odd behavior. His difficulties with communication are consistent with his documented difficulties with receptive and expressive language. Based on the raters' responses, [redacted] has difficulties with attention and hyperactivity as well, consistent with his previous diagnosis of AD/HD. There appear to be minor difficulties with adapting to new situations as well. Both teachers noted that [redacted] engages in acting out behaviors; this is consistent with the available school records. As Ms. [redacted] did not endorse significant acting out behavior, it is probable that [redacted] acts out more at school than at home.

Summary and Diagnostic Impressions

[redacted] is a 15 year old African American male who was referred to me for an Independent Educational Evaluation. The specific purpose of this evaluation was to assess [redacted] cognitive, academic, adaptive, and emotional functioning to determine current level of each and to provide recommendations to improve his areas of academic weakness. Overall, [redacted]'s performance on the WISC-V indicated that his nonverbal reasoning abilities and problem solving abilities, when time and mathematics ability was not a factor, were similar to those of his peers. However, his performance indicated that he has difficulties with verbal information and reasoning, difficulties attending to complex information, and he works more slowly than his peers. This suggests that in order to be successful, he will require additional time and for complex tasks to be broken down into smaller tasks. Given his receptive and expressive language difficulties, he would benefit from having tasks presented nonverbally rather than verbally, when possible.

The results of testing also indicated that [redacted]'s academic abilities, as measured by the WJ-IV, are generally equivalent to that of someone who is in the 2nd or 3rd grade. The one exception to this is his ability to express himself in writing, which was similar to someone who had just completed the 6th grade. It is important to note, however, that his performance on this subtest (Writing Samples) was based solely on the content of his writing and not on the grammar, spelling, or the amount of time he took to complete the task. The results of testing also indicated that [redacted] works much more solely than his peers and thus, would likely benefit from extended time. This is consistent with diagnoses of Specific Learning Disabilities in Reading, Mathematics, and Written Language. A specifier of severe has been added due to the severity of the learning disabilities; despite being in the 10th grade and receiving special education services since the age of 3, [redacted]'s academic functioning is only equivalent to some who is in the 2nd or 3rd grade.

The results of this evaluation, consistent with his previous speech and language evaluations, indicate that [redacted] has difficulties with language, both understanding it and expressing it. His difficulties with language do not appear to be due to a hearing impairment or another neurological impairment. This, in combination with his receiving services due to speech delays since age 3, is consistent with a diagnosis of Language Disorder.

Regarding his attentional deficits: [redacted] has been diagnosed with AD/HD in the past and has been prescribed medication to treat the disorder. [redacted]'s difficulty sustaining attention, reported hyperactivity, and impulsivity are consistent with a diagnosis of AD/HD. His difficulties sustaining attention and with hyperactivity are present at home and at school, according to his mother's and his teachers' reports. Thus, based on the results of this evaluation, [redacted] does meet criteria for Attention Deficit/Hyperactivity Disorder at this time.

The results of [redacted]'s cognitive testing placed his FSIQ below 70. This, combined with some of his delays in adaptive functioning (e.g., social skills), is indicative of a possible diagnosis of Intellectual Disability. Given that successful completion of many of the tasks on the WISC-V rely on receptive and

expressive language abilities, it is quite possible that [redacted]s receptive and expressive language delays interfered with his ability to complete the tasks on the WISC-V, thus underestimating his true cognitive abilities. Consistent with this, his performance on many of the nonverbal tasks on the WISC-V was in the average range (e.g., Matrix Reasoning, Picture Concepts); these were the tests that are the least verbally loaded. Given this information, a diagnosis of Intellectual Disability is not appropriate at this time.

[redacted] also showed some symptoms consistent with mental health difficulties. Specifically, he endorsed feeling like he is not in control of his life and others noted he has shown symptoms consistent with depression and anxiety. He, his mother, and his teachers reported that he engages in some atypical behavior; consistent with this, he did endorse items on the BASC-2 indicating that he has heard a voice, he believes to be his aunt's, shortly after her death. He also has a history of acting out in class; however, this may be due to difficulties with the work and not an underlying mental illness, as students who are having difficulty with academic work are more likely to act out in class than students who are able to access the material. His acting out may also be related to his difficulties with receptive and expressive language; he may not be able to appropriately verbally express the frustration he is experiencing. Although these symptoms do not meet criteria for a psychological disorder at this time, they should nonetheless be monitored and addressed to ensure they do not progress into a serious psychopathology.

DSM-5 Diagnosis

315.89 (F80.9) Language Disorder
314.01 (F90.2) Attention Deficit/Hyperactivity Disorder, Combined Presentation
315.00 (F81.0) Specific Learning Disorder with Impairment in Reading: Word Reading Accuracy, Word Reading Rate or Fluency, and Reading Comprehension, Severe
315.1 (F81.2) Specific Learning Disorder with Impairment in Mathematics: Accurate or Fluent Calculation and Accurate Math Reasoning, Severe
315.2 (F81.81) Specific Learning Disorder with Impairment in Writing: Spelling and Grammar and Punctuation Accuracy, Severe

Opinion as to Eligibility for Services

Although [redacted] currently received services under the classification of Emotionally Disturbed, he has received services under the classification of Multiply Disabled in the past. Under IDEA, a student can be classified as having Multiple Disabilities when there are "concomitant impairments. . . the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments."[2] [redacted] has documented deficits in his ability to understand language and express himself orally, has been diagnosed with AD/HD, meets critieria for multiple Specific Learning Disabilities, and has been classified as Emotionally Disturbed. Disabilities in one of these areas would likely interfere with [redacted]'s ability to access an education; however, it is my opinion that the combination of these multiple disabilities is causing a level of educational needs that cannot be accommodated in a program solely for one of the impairments. As evidence of this, despite receiving special education services since age 3, including being placed in a full time special education placement for multiple years, [redacted]'s academic functioning is still similar to that of someone who is in the 2nd or 3rd grade, indicating he has made very little progress. Thus, it is my opinion that according to the language contained in IDEA, [redacted] meets criteria for eligibility as a student with Multiple Disabilities.

[2] See §300.8(c)(7)

Recommendations

The following are recommendations that the multidisciplinary team should consider while reviewing and revising [redacted] IEP.

1. The results of this evaluation suggest that [redacted] has difficulty understanding what is said to him and expressing himself. I was able to review a recent speech and language evaluation that recommended he receive additional services. I would suggest that the MDT review the speech and language evaluation to determine if he would benefit from the additional speech and language services.
2. [redacted] also had a recent Assistive Technology evaluation that indicated he would likely benefit from Assistive Technology Services. I would recommend that the MDT review that evaluation to determine if he would benefit from the services.
3. Despite being placed in a full time special education placement, [redacted] has shown very little academic progress, according to the information contained in his IEP's and from the data available from previous testing. At this point, a higher level of intervention is warranted. This could take the form of daily one on one tutoring to ensure that [redacted] is able to access the information and/or the assignment of a 1:1 aide who could ensure that [redacted] remains on task in class and is able to access the information presented (e.g., explain it in a way that [redacted] can understand).
4. The results of testing indicate that [redacted] has attentional deficits consistent with AD/HD. Individuals with attention deficits may benefit from the following services (please note that according to his IEP, [redacted] already receives many of these services):
    a. *Small class size*: Individuals with AD/HD are easily distracted. Having a low student to teacher ratio will limit the number of distractions that are present in the classroom as well as increase the amount of individual attention that [redacted] receives.
    b. *Preferential seating at the front of class*: Individuals with AD/HD are easily distracted. Sitting at the front of the class will minimize the distractions that [redacted] can easily see, as the students will be behind him. This may also serve to increase attention from the instructor, assuming the instructor teaches at the front of the classroom.
    c. *Use of an organizer:* Individuals with AD/HD often benefit from increased structure. The use of an organizer can help to provide [redacted] that structure.
    d. *Frequent, short, scheduled breaks:* Individuals with AD/HD have difficulty sustaining attention for extended periods of time. [redacted] should have frequent scheduled breaks. These breaks can be only a few (e.g., 2-3 minutes) and should occur at regular intervals, such as once every 20 minutes. These short beaks will provide [redacted] a chance to relax and may serve to improve his attention after the break.
5. The results of testing indicate that [redacted] completes academic tasks more slowly than his peers do. He would benefit from extended time on academic tasks.
6. [redacted]'s working memory is less developed than his peers. He would benefit from having tasks broken down into smaller tasks with step by step instructions.
7. [redacted] would benefit from memory improvement techniques and strategies, including the use of mnemonic devices.
8. [redacted] has difficulty attending to information that is orally presented. This increases the chance that he will miss information presented in class. He may benefit from receiving a copy of notes from the teacher or the use of a note taker. This will ensure that he has access to all of the information presented in class.
9. [redacted] has difficulty applying his mathematics knowledge. He may benefit from being taught math problem solving strategies, such as STAR (Search the Passage, Translate the words into an equation, Answer the problem, Review).
10. The school should consider using an updated behavior intervention plan with [redacted] in order to encourage him to attempt more academic work. He should be rewarded when he attempts to

complete an academic task, such as by receiving a sticker on a chart. This may improve the amount of effort he puts into his academic tasks.

11. [redacted] should continue receiving counseling services at school. At least 50% of the services should be individual therapy, as he has difficulties with receptive and expressive language and he may feel more comfortable in a one on one setting than in a group setting. However, given his social difficulties, he would likely benefit from participating in a group setting, especially if social skills are addressed as part of the group.
12. [redacted]'s emotional functioning should be monitored, as both his parents and his teacher has reported some symptoms consistent with depression and anxiety. [redacted] also reported engaging in some atypical behaviors, as documented above.
13. [redacted]'s academic abilities should be reassessed at the end of the school year in order to ensure that he is making progress. If he is not making adequate progress, the team should consider what changes should be made to help him progress. If the retesting is going to be done with the Woodcock Johnson, it is important that his retesting be done with the WJ-IV, Forms B or C, rather than the WJ-III, as the use of the WJ-III may overestimate his current academic abilities.[3]

It was a pleasure working with [redacted]. Please do not hesitate to contact me with questions.

Jessica R. Gurley, Ph.D.
DC Psychologist # 1000570

[3] This is due to the WJ-IV's updated comparison sample. Additionally, Forms B or C should be used as Form A was used during this testing. The use of Form A increases the risk of practice effects, or an artificial increase in scores because the examinee is familiar with the test items.

Appendix A

WISC-V Scores

Composite Scores have a mean of 100 and a standard deviation of 15
Subtest Scores have a mean of 10 and a standard deviation of 3

Composite Index	**Score**	**95%CI**	**%tile**	**S/W**
Primary Composite Scores				
Full Scale IQ	68	64-75	2	
Verbal Comprehension Index	65	60-75	1	
Visual Spatial Index	75	69-85	5	
Fluid Reasoning Index	74	69-83	4	
Working Memory	88	81-97	21	S
Processing Speed Index	66	61-79	1	
Ancillary Composite Scores				
Quantitative Reasoning Index	63	59-71	1	
Auditory Working Memory Index	78	72-87	7	
Nonverbal Index	72	67-80	3	
General Ability Index	69	65-76	2	
Cognitive Proficiency Index	74	69-83	4	

Subtest	**Score**	**S/W**
Block Design	7	
Similarities	4	
Matrix Reasoning	8	
Digit Span	8	S
Coding	3	
Vocabulary	3	W
Figure Weights	3	W
Visual Puzzles	7	
Picture Span	8	
Symbol Search	5	
Information	3	
Picture Concepts	9	
Letter-Number Sequencing	4	
Cancellation	5	
Comprehension	2	
Arithmetic	4	

Note: CI = Confidence Interval, %tile = Percentile Rank, S/W = Individual Strength or Individual Weakness

Appendix B

WJ-ACH Scores

Cluster and Subtest scores have a mean of 100 and a standard deviation of 15

Cluster	**Score**	**95% CI**	**GE**	**AE**	**PR**	**RPI**	**S/W**
Reading	58	52-64	2.4	7-10	0.2	4/90	
Broad Reading	52	45-59	2.4	7-9	<0.1	1/90	
Basic Reading Skills	66	59-72	2.8	8-3	1	12/90	
Reading Fluency	55	46-64	2.2	7-8	0.1	1/90	W
Mathematics	56	49-63	2.7	8-1	0.2	3/90	
Broad Mathematics	45	38-53	2.3	7-9	<0.1	1/90	
Math Calculation Skills	52	44-61	2.5	7-11	<0.1	1/90	W
Written Language	77	70-83	4.5	9-11	6	38/90	
Broad Written Language	65	56-73	3.4	8-10	1	24/90	
Written Expression	68	56-81	3.2	8-8	2	35/90	
Academic Skills	61	56-66	3.1	8-7	0.5	4/90	S
Academic Fluency	43	34-53	1.9	7-4	<0.1	0/90	W
Academic Applications	61	54-68	2.8	8-3	0.5	16/90	
Subtest	**Score**	**95% CI**	**GE**	**AE**	**PR**	**RPI**	**S/W**
Letter-Word Identification	56	49-63	2.4	7-10	0.2	1/90	W
Applied Problems	53	43-63	1.8	7-3	<0.1	2/90	W
Spelling	70	63-77	3.7	9-1	2	10/90	
Passage Comprehension	62	52-72	2.5	7-10	1	10/90	
Calculation	67	59-75	3.6	9-0	1	5/90	
Writing Samples	91	82-101	6.9	12-4	29	78/90	S
Word Attack	84	74-94	4.0	9-5	14	60/90	
Oral Reading	66	58-75	2.2	7-7	1	11/90	
Sentence Reading Fluency	55	44-67	2.3	7-8	0.1	0/90	W
Math Facts Fluency	43	29-57	1.7	7-1	<0.1	0/90	W
Sentence Writing Fluency	44	20-68	1.7	7-1	<0.1	8/90	W

CI: Confidence Interval, GE: Grade Equivalent, AE: Age Equivalent, PR: Percentile Rank, RPI: Relative Proficiency Index, S/W: Strength or Weakness compared to student's other academic abilities (S = Strength, W = Weakness)

Appendix C
BASC-2 Scores
Scores have a mean of 50 and a standard deviation of 10.

Composite Scores

	[redacted]	Ms. [redacted]	Ms. Aguiao	Mr. Hicks
School Problems	69	N/A	83	60
Internalizing Problems	70	53	71	48
Externalizing Problems	N/A	65	102	68
Behavioral Symptoms Index	N/A	72	86	56
Adaptive Skills	N/A	31	33	49
Inattention/Hyperactivity	67	N/A	N/A	N/A
Emotional Symptoms Index	57	N/A	N/A	N/A
Personal Adjustment	46	N/A	N/A	N/A

Scale Scores

	[redacted]	Ms. [redacted]	Ms. Aguiao	Mr. Hicks
Atypicality	82	70	89	55
Anxiety	58	52	68	49
Depression	62	65	65	48
Somatization	82	41	72	48
Attention Problems	63	75	77	56
Hyperactivity	66	70	94	68
Aggression	N/A	63	97	65
Conduct Problems	N/A	57	104	68
Withdrawal	N/A	58	49	38
Adaptability	N/A	33	31	48
Social Skills	N/A	37	41	48
Leadership	N/A	32	42	49
Activities of Daily Living	N/A	38	N/A	N/A
Functional Communication	N/A	29	25	49
Study Skills	N/A	N/A	33	51
Learning Problems	N/A	N/A	84	63
Attitude Towards School	68	N/A	N/A	N/A
Attitude to Teachers	65	N/A	N/A	N/A
Sensation Seeking	60	N/A	N/A	N/A
Locus of Control	69	N/A	N/A	N/A
Social Stress	58	N/A	N/A	N/A
Sense of Inadequacy	49	N/A	N/A	N/A
Relations with Parents	53	N/A	N/A	N/A
Interpersonal Relations	39	N/A	N/A	N/A
Self-Esteem	52	N/A	N/A	N/A
Self-Reliance	44	N/A	N/A	N/A

Appendix D
ABAS-II Scores
Composite scores have a mean of 100 and a standard deviation of 15
Subtest scores have a mean of 10 and a standard deviation of 3

General Adaptive Composite (GAC): 80

Conceptual	**81**
Communication	7
Functional Academics	5
Self Direction	7

Social	**78**
Leisure	7
Social	4

Practical	**90**
Community Use	7
Home Living	9
Health and Safety	10
Self-Care	9

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

CONFIDENTIAL PSYCHOLOGICAL EVALUATION

DEMOGRAPHIC INFORMATION

Name of Student: [redacted]
Date of Birth: [redacted]
Student's Chronological Age: 15 years, 5 months
Student Identification Code: [redacted]
School Psychologist: Marquita Elmore, Ph.D.

Attending School: [redacted]
Grade: 10th
Dates of Evaluation: 09/07, 14, 21, & 22/2011
Date of Report: 09/29/2011
School Psychology Intern: Lori McDowell, M.S.

REASON FOR REFERRAL:

[redacted] is a 15-year-old male who was referred for testing at the request of his father, Mr. [redacted] to assess his cognitive and social/emotional functioning. Mr. [redacted] was unaware of [redacted] involvement in special education services in his previous school in Virginia. His father reported that [redacted] has exhibited poor reading and writing skills since transferring to DCPS from Alexandria Public Schools last year. [redacted] was previously diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). He was previously found eligible for Special Education services under the disability category of Other Health Impairment. His current IEP dated 11/29/2010 prescribes 7 hours of Specialized Instruction, and 30 minutes of Behavioral Support weekly to meet his educational needs. [redacted] reportedly has exhibited emotional and behavioral problems at home and academic, emotional and behavioral problems in the educational environment. Since enrolling in Coolidge last fall, [redacted] has exhibited poor academic progress with a cumulative grade point average of 1.12. [redacted] has had behavioral problems with his peers and adults characterized as disruptive behavior in class. He has also exhibited defiant and verbally aggressive behavior. There were also reports that [redacted] alleged on several occasions that peers where planning to assault him, causing him to avoid the classroom or to flee from the school building. Upon investigation, school administrators were not able to verify his claims of being victimized. It was recently revealed to the school that [redacted] attempted suicide by setting himself on fire prior to enrolling at Coolidge. He was subsequently diagnosed with Post Traumatic Stress Disorder and Major Depressive Disorder with Psychotic Features. Given the above, the purpose of this re-evaluation is to determine whether [redacted] continues to meet Special Education eligibility criteria for Other Health Impairment or whether he meets eligibility criteria for Emotional Disturbance or Specific Learning Disability. As such, instruments used to complete this evaluation will address cognitive ability, processing, and emotional/behavioral functioning in the educational environment.

PROCEDURES AND TESTS ADMINISTERED

1. Clinical Interview and observation of [redacted]; 09/07/2011; 09/14/2011; 09/21/2011; 09/22/2011
2. Interview with Mr. [redacted] father; 09/02/2011
3. Interviews with [redacted] teachers (Regular Education: Ms. [redacted]; Special Education: [redacted])
4. Reynolds Intellectual Assessment Scales (RIAS)
5. Wechsler Intelligence Scale for Children, Fourth Edition (WISC-IV)
6. Reynolds Adolescent Depression Scale, Second Edition (RADS-2)
7. Behavior Assessment System for Children, Second Edition (BASC-2) Self-Report—Adolescent

825 North Capitol Street, NE 6th Fl| Washington, DC 20002 T 202.442.4800 F 202.442.5518 | www.k12.dc.us

8. Behavior Assessment System for Children, Second Edition (BASC-2) Parent Rating Scales — Adolescent (not returned)
9. Behavior Assessment System for Children, Second Edition (BASC-2) Teacher Rating Scales — Adolescent
10. Woodcock-Johnson –III Parent's Checklist
11. Woodcock-Johnson – III Teacher's checklist
12. Behavior Rating Inventory of Executive Function (BRIEF) (Parent Form)
13. Behavior Rating Inventory of Executive Function (BRIEF) (Teacher Form)
14. Conners 3 – Parent Short Form (Conners-3) (not returned)
15. Devereux Behavior Rating Scale – School Form (DBRS-SF) parent
16. Beery Test Visual Motor Integration (VMI)
17. Rorschach Inkblot Test
18. Records Reviewed:

    a. Psychoeducational & Psychological Evaluation from 02/05/2009 by [redacted], Ed.S., NCSP School Psychologist from Alexandria City Public Schools
    b. Alexandria Public Schools Social History dated 2/18/2009
    c. Letter of Medical Necessity dated 6/27/2011 by [redacted], M.D. Child Psychiatry Intern at Children's National Medical Center
    d. Diagnostic and Assessment Report by [redacted], LPC, First Home Care Corporation dated 12/01/2010
    e. Alexandria City Public Schools Individual Education Plan dated 04/26/2010
    f. DCPS Transcript dated 09/07/2011
    g. Attendance Summary, DCPS dated 09/07/2011
    h. DCPS Student Progress Reports dated 9/21/2011 and 9/23/2011

BACKGROUND INFORMATION

The available background information was obtained from interviews with [redacted], his father, and from the referral documents. According to these sources, [redacted]'s birth and early development were unremarkable. He continues to be healthy. He has experienced no hospitalizations, or serious illnesses, but according to his father, he has sustained a very serious head injury within the last year. Reportedly, in Virginia last summer, [redacted] was jumped by a gang of boys from his former school. He sustained a head injury from the beating however, his mother did not feel it was serious enough to be treated at the hospital. His vision requires glasses which he prefers not to wear in school. [redacted]'s hearing has been evaluated by an audiologist recently and reportedly found to be within normal limits. [redacted] has been prescribed Ritalin and Concerta for Attention Deficit Hyperactivity Disorder (ADHD); however he reported that he does not take medication. According to his father, [redacted] cognitive development was slower than other children's during his early childhood. He reportedly had more difficulty counting, learning the alphabet, and mastering general knowledge. However he had a normal social development.

With respect to other social history, [redacted] lived in Virginia with his mother and several siblings until October, 2010 when he began living with his father. He reported that he has a very large family and is the only product of his mother and father's relationship. Relationships with his father and his six siblings in DC are good according to [redacted]. However, his relationship with his mother in Virginia and his older brother is reported to be poor. [redacted] claims that his mother has neglected and abused him for some years.

With respect to emotional and behavioral functioning, previous records state that in 2009, [redacted]'s mother characterized her relationship with [redacted] as strained. Managing [redacted]'s behavior and academic problems required a significant amount of her time. Referral records stated that often [redacted] did not remain after school for tutoring and would leave school without permission. She also reported that he had a history of lying and stealing items from her home. She considered having him participate in esteem and leadership skill building programs such as the Naval Sea Cadets Corps. According to the First Home Care report dated 12/1/2010, [redacted] had a violent incident in his mother's home in which she held him down and allowed his older brother to punch and choke him. Reportedly, after the assault [redacted] felt he did not want to live anymore and set himself on fire with matches. [redacted] stated that one of his sisters found him, called for emergency assistance and he was treated and released from the hospital. Due to reported suicidal ideation and gestures, and incoherent thoughts and speech, he was evaluated by the psychiatric unit and they made recommendations for therapy. Immediately following his release he chose to live with his father and has been in his custody since that time.

With respect to other emotional and behavioral functioning, his father reported that [redacted] has been previously diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). Referral records indicate previous diagnoses of Posttraumatic Stress Disorder, Major Depressive Disorder with Psychotic features, and Psychotic Disorder, NOS. There is no history of psychiatric hospitalization. Records state that as a result of past abuse, [redacted] often experiences poor sleeping habits, flashbacks, and episodes of re-experiencing emotion and thoughts. In addition, referral records note that [redacted] acknowledged struggling to pay attention in school, difficulty sitting still, being involved in physical altercations, and having difficulty controlling his anger. He has been suspended numerous times for fighting and recently was charged with assault and battery. Records also note that he often consumed alcohol and cannabis to relieve the stress of living with his mother. Reportedly, depending on his mood, his father reported that [redacted] has difficulty waiting his turn, talks excessively and interrupts conversations. Reportedly, he has an exaggerated startle response, a history of anxiety, panic attacks and racing thoughts as well.

With respect to relevant educational history, [redacted] reportedly has attended schools in Alexandria Public Schools since he began school and he remained there until October 2010 when he enrolled at Coolidge SHS. The referral documents state that in 2003 he was found eligible for special education services as a student with a Specific Learning Disorder (SLD) in first grade. Later in the same year, his pediatrician's evaluation resulted in a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and he was prescribed medication. It is reported that at some point in time, Ms. [redacted] decided she did not like the side effects of the medication and she questioned if the medication was helpful. Subsequently, she discontinued the medication although, afterward she acknowledged the difference in [redacted] behavior when he had taken it. The referral documents state that [redacted] struggled with reading and math and his achievement has been slow since his earliest elementary school years. In seventh grade, [redacted] received instruction in a self-contained environment instead of being co-taught in a general education classroom. This seemed to contribute to [redacted] improvement. His father is uncertain about [redacted]'s previous compliance with school and classroom rules, or his treatment of teachers. However he is aware of [redacted] inattention and hyperactivity, and that he exhibits variability in his level of effort completing schoolwork. His father noted that [redacted] also often has difficulty organizing tasks and activities, may misplace his belongings and is easily distracted. When tasks are difficult for him, [redacted] may avoid or is otherwise reluctant to engage in them. Mr. [redacted] believes that [redacted] needs smaller classes that will assist him in focusing on his school work.

According to currently available school records, [redacted] has earned a total of 6.00 credits of the necessary 24 credits toward graduation from [redacted]. This classifies him as a 10th grade student and he is on track to graduate on time. During the 2010-2011 school year, he earned a "B" (Physical Education II), three "C"s (US

History, English 1-A and 1-B, Learning Lab), two "D"s (Health Education, Biology 1-A and 1-B), and two "F"s (Algebra 1-A and 1-B) and (JROTC). The teacher comments indicate that [redacted] exhibits distractibility and has difficulty completing his assignments. Attendance records for last year indicate that [redacted] was absent a total of thirty-two days and present for ninety-nine. This year he has had two days of excused absences for medical appointments.

According to [redacted] previous cognitive and achievement assessments completed in 2009, [redacted] has good mathematical skills. However, he is reported to struggle to use syntactic and semantic cues to understand the meanings of sentences, phrases, and paragraphs. He is below grade level for reading comprehension skills. With respect to written expression, [redacted] present level of performance indicates significant deficits in reading fluency, comprehension, spelling, and sentence construction.

REVIEW OF PAST EVALUATIONS AND MEDICAL RECORDS

A Psychoeducational Evaluation from 02/2009, was completed by Jennifer Le-Si, Ed.S., NCSP School Psychologist of Alexandria Public Schools. Please refer to the original document for complete details. Assessment using the Wechsler Abbreviated Scale of Intelligence (WASI) yielded a Full Scale IQ of 88 (Low Average), a Verbal comprehension Index of 87 (Low Average), and a Perceptual Reasoning Index of 93 (Average). Assessment of academic achievement was accomplished using the Woodcock-Johnson Tests of Achievement (WJ-III). [redacted] obtained a Total Achievement standard score of 89, a Broad Reading standard score of 86 (Low Average), a Broad Math standard score of 96 (Average), and a Broad Written Language standard score of 88 (Low Average). Results of emotional and behavioral testing indicated that [redacted] tended to exhibit hyperactivity, poor self-control, aggression, and distractibility. He also demonstrated incoherent speech and appeared to be out of touch with reality. At that time, his mother, [redacted] reported that he used foul language, had stolen items and was disobedient. The resulting educational disability category was Other Health Impaired due to Attention-Deficit/Hyperactivity Disorder.

RESPONSE TO INTERVENTION

[redacted] current IEP (dated 11/29/2010) prescribes 7 hours of Specialized Instruction service and 30 minutes of Behavioral Support to meet his Special Education needs. He receives accommodations of extended time on tests, flexible scheduling, repetition of directions, and use of a calculator. [redacted] response to these interventions appears to be quite variable. During the previous school year while at [redacted], [redacted] teachers reported that he continued to exhibit some disruptive behavior in school. It is reported that he threatened a teacher verbally, often talked back to teachers, called out impulsively in class, and laughed loudly at inappropriate times in class. During the summer school session, Dr. [redacted], an Educational consultant for the parent interviewed his teachers. The teacher's conclusion was that [redacted] appeared to be acting out in class because he did not understand the material. The teacher reported that [redacted] was disrespectful, absent on multiple occasions, was verbally aggressive, and left the classroom without permission. Although his grades were poor, he did pass. Similar concerns have been noted during the present school year in one class; however, relatively few behavioral issues have been reported in two other classes. While he exhibited conflicts with peers during the previous school year, no peer interaction problems have been reported during the present school year. Finally, each of [redacted] teachers report that he continues to exhibit difficulties with distractibility. In some classes having fewer students, he is performing fairly well academically and is easily redirected however in other classes, he reportedly is performing poorly and requires nearly constant redirection and limits.

ASSESSMENT RESULTS AND INTERPRETATION

Interviews (Father, Student, Teacher)

Parent

[redacted]'s father, Mr. [redacted] was given a parent checklist to offer information on [redacted] health, early childhood and school history, temperament, mood and behavior. [redacted] has been prescribed medication for ADHD with other disorders. Mr. [redacted] reported that [redacted] often has mood swings between highs of energy and periods of sadness or depression. [redacted] has glasses but prefers not to wear them in school. His sleeping is abnormal however his eating habits vary depending on his mood. [redacted] often complains about physical aches and pains. Mr. [redacted] reported that he has only recently learned that [redacted] has had a long history of academic, emotional and behavioral problems at home and school in Virginia because [redacted] was not in his custody during that time. With respect to educational issues, his father reported that [redacted] likes some things about school and dislikes others. He reported that [redacted] has always struggled learning since his early childhood. Mr. [redacted] also reported that [redacted] often exhibits inattentiveness, impulsiveness and distraction at home. Mr. [redacted] said that during conversations, [redacted] can get sensitive and emotional. He may become aggressive if someone disagrees with his belief and he will run out of the house when he becomes agitated. According to Mr. [redacted] cannot play unsupervised with his younger siblings because [redacted] becomes agitated when others make loud noises. Mr. [redacted] is concerned that he may hurt them. [redacted] can also become uncooperative when doing chores. Mr. [redacted] eported that [redacted] may rebel depending on his mood, the circumstances and atmosphere at home. He also has witnessed [redacted] becoming nervous and disoriented. In addition, his father reported that [redacted] often talks and laughs out loud to himself at home and in the classroom over things that are not funny to others. [redacted] has trouble managing him anger, has trouble staying focused, and has a low tolerance for frustration. Finally, Mr. [redacted] describes [redacted] as accommodating, emotional and intelligent.

On interview, Mr. [redacted] stated that he believes that [redacted] requires a smaller educational setting due to his ADHD and other problems. He said that [redacted] has significant difficulties concentrating and that he is easily disturbed by loud noises. His father reported that [redacted] tries very hard to fit in with his peers. As a result, he is "an easy target" to be set up or to be victimized by others. Consequently, [redacted] has been very fearful of attacks by peers on occasion and he has been known to flee from the school building or from the house when he becomes agitated. As well, Mr. [redacted] reported that [redacted] is troubled from time to time by hearing lightening in his ears. [redacted]'s hearing was subsequently evaluated and hearing problems were ruled out as a source of the issue. Mr. [redacted] stated that [redacted] is currently being evaluated to assess the appropriateness of medication to address [redacted] mental health issues.

Teachers

[redacted]'s teachers [redacted] completed Progress reports based on the last month of school. Ms. [redacted], the Learning Lab teacher, reported that [redacted] recently was transferred to her class and he has adjusted well and been able catch up quickly with the material. She also stated that [redacted] has trouble focusing, however once he is able to focus, he is invested and completes tasks. His overall level of functioning in her class is good, although sometimes he does not comply with class rules or authority. Although, Ms. [redacted] reported that she has not witnessed any significant signs of anxiety or depression that interfere with academic performance, there are times that [redacted] requires teacher intervention due to his emotional or behavioral problems. Similarly, Ms. [redacted], the World History I teacher, reported that [redacted] distractibility interferes with learning. Once his schedule changed, he was in her 5th period class which is small and has fewer distractions. He can become easily distracted however; [redacted] also has the ability to focus at times. [redacted] is currently earning a "D." Ms. [redacted] reported that

[redacted] has good overall functioning in her class however, he has been absent eight times since the beginning of the school year, has some problems concentrating during instruction and she also has to intervene on a regular basis due to his disruptive behavior. In contrast, First Sergeant [redacted] of the JROTC reported that [redacted]'s attendance is good, he has participated more than he did during the previous school year, and he is not distracted. The Sergeant also reported that he has been able to see the improvement in [redacted]'s attitude over time. He has not had to intervene because of [redacted]'s emotional or behavioral problems. In stark contrast to that, an interview with Mr. [redacted], his special education teacher, revealed that [redacted] appears to have very frequent, nearly daily behavioral problems in class. Mr. [redacted] reported that [redacted] typically needs constant redirection and limit setting in order to manage his disruptive, oppositional, and hostile behavior. He reportedly exhibits a negative and defiant attitude during most classes and he frequently uses profanity. When limits are set, he uses profanity to argue that he has not used profanity. Mr. [redacted] observed that [redacted] does not appear to be a good observer or judge of his own behavior. Finally, none of [redacted]'s teachers reported observing any concerns with respect to issues of anxiety or depression.

Student

On interview, [redacted] presented as a healthy looking 15-year-old who appeared to be his stated age. [redacted] was alert, fully oriented, and in no apparent distress. He was neatly dressed and appropriately groomed. His affect was somber but he brightened as testing went on. His speech was within normal limits with respect to rate, tone, volume, and cadence. Attention span was age-appropriate in most sessions. [redacted] denied any excessive sadness, depression, irritability, excessive anxiety, worries, or fears, obsessions or compulsions, phobias, or somatic symptoms. However, he stated that he cannot always stop his thoughts. He denied any vegetative symptoms including any disturbance of appetite, energy, or guilt. He often has difficulty sleeping throughout the night. He awakes at least once every night. [redacted] admitted experiencing difficulty managing anger. He stated that he experienced past suicidal but not homicidal ideation. He does not have current intent or plans and denied any experiences of emotional or sexual abuse despite referral records that state otherwise. Finally, he denied any delusions however, he did acknowledge that he has experienced auditory and sensory hallucinations in his ears. Specifically, he reported that he "feels" lightning and thunder in his ears at random times. He reported having had this sensation throughout much of his life but he explained that he did not know until recently that this is an unusual sensory experience.

When asked about school [redacted] stated this is his second year at Coolidge. He transferred in October 2010. [redacted] thinks "things" at [redacted] are different this year. He does not really like school because he does not find it fun. [redacted] reported that he is passing his classes and has not been held back any year. He reported that he has attended school every day except for when he had doctor's appointments. [redacted] knows he is in Special Education but was not able to specify the kind of interventions he is receiving or how long he has been receiving services. When asked how teachers would describe him, [redacted] replied that he did not know their opinion of him.

When asked about his previous school experiences, [redacted] recalled that he attended [redacted] High School in Alexandria, VA from the beginning of 9th grade until October 2010. He acknowledged that he typically does complete homework but only turns it in if the teacher requests it. When asked about behavioral problems in school, [redacted] reported that he had been suspended from his school in Virginia because of fighting with another student. As well, he added that he likes History because it is interesting. He stated that he typically does complete class assignments but only turns it in if the teachers request it.

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Behaviorally, he stated his behavior is good with no problems with friends or family. [redacted] acknowledged that it is hard to control his anger at times. He did admit to an altercation with a teacher during the third week of school because he thought the Learning Lab teacher, Mr. [redacted] called him a name. According to the teacher, [redacted] misperceived the situation, became agitated and attempted to physically approach the teacher. This resulted in a transfer to a different teacher and immediate schedule change. When asked if he had ever been physically mistreated he recounted when he lived with his mother in Virginia. She held him down while she allowed his older brother to beat him. Immediately following that episode, he burned his stomach with a lighter causing second degree burns. His sister found him and he was transported to the hospital where they treated him. It was this event that precipitated [redacted] moving to D.C. to live with his father, Mr. [redacted] According to [redacted], his mother has been abusive and neglectful for several years. When he misbehaved, his mother reportedly hit him with a belt or other object. He stated that the beatings decreased when his behavior did not improve. Although, his record indicates that [redacted] has been prescribed medication [redacted] stated that he did not take the medication. When asked, he stated that his concentration is intact, although he admits having trouble remembering things. He stated that he often gets into trouble even though he knows he should not be involved in certain activities like talking back to adults or disrespecting others. [redacted] claims that he is not afraid of anything, however when people get too physically close to him, he becomes uncomfortable and tells them to move away from him.

In his leisure time, [redacted] stated that he likes to hang with friends, and play basketball. Once graduated from high school, [redacted] wants to become a K-9 police officer. Given three wishes, [redacted] said that he would wish 1) "to have money, 2 billion dollars", 2) "to open up a pet shop for my dad", and 3) "to make everybody happy and share the 2 billion dollars."

Behavioral Observations

Classroom Observation

[redacted] was observed for 30 minutes during his first period World History class taught by Ms. [redacted], and for 1hour and 20 minutes during his second period Geometry class taught by Mr. [redacted] and Mr. [redacted]. There were twenty students in the World History Class and 35 students and two teachers in the Geometry class. During Ms. [redacted] class, [redacted] sat in the back of the class next to one student away from the remainder of the class. His classmate asked permission and left the class to go to the bathroom. [redacted] was looking blankly in front of him not focusing on his assignment. When his History teacher engaged him, he was not certain about the instructions of the assignment, which she repeated. Upon her leaving his side, he put his head down on his arm on the desk. He appeared drowsy and uninterested. When the teacher instructed the class to switch worksheets with a partner, [redacted] remained in his seat, lifted his head and turned his sheet over. When Ms. [redacted] asked him a direct question regarding the assignment, he answered appropriately and she complimented his thinking process. [redacted] put his head back on the desk for several minutes and did not participate again until the teacher engaged him. When his classmate returned, they spoke to one another briefly and both put their heads down for the remainder of the class until the bell rang.

In Geometry class, [redacted] arrived on time however he did not open his binder until the end of the class period. He sat somberly with his arms folded, and offered no participation or activity in his seat during instruction. When the co-teacher, Mr. [redacted] asked for homework, [redacted] did not move. He delayed raising his hand when the teacher, Mr. [redacted] asked who was a sophomore. The class was instructed to turn their chairs towards a side board. [redacted] turned his desk slightly and laid his head on his desk for several minutes. Mr. [redacted] directed him to lift his head then asked to speak with him in the hallway. Upon returning, [redacted] put

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his head back down, and then lifted it off the desk a bit. He looked at the board, however he did not open his binder or have a writing utensil to write what appeared on the board. After approximately 40 minutes, [redacted] sat up, opened his binder and asked to copy the work from his classmate in front of him. Mr. [redacted] directed the class to break into groups for an activity. However [redacted] did not follow the instructions. He stayed seated and finished copying the notes. He put his head down again and talked with his classmates. They mentioned athletic practice later and he replied that he was sick. [redacted] complied when the class was instructed to return their desks to their original positions. He offered a vague response when the teacher asked what he was supposed to be doing. [redacted] was one of the last students to get up and answer questions posted around the room. He had no notebook or writing utensil as most other students did. Instead of completing the task, [redacted] stood by his desk and talked with classmates until everyone returned to their seats. [redacted] listened as the teachers reviewed the upcoming schedule for extra credit, tests and quizzes. However, he did not comply with instructions to get paper out for the exit slip. He put his binder away with the rest of the class and put his head down on his desk. He remained expressionless even when Mr. [redacted] asked about ideas for Homecoming until the bell rang.

Testing Observation

The evaluation was conducted in four sessions at [redacted] SHS. Following explanation, [redacted] agreed to participate in the evaluation. He responded to inquiries regarding himself, his family, friends, and school with brief responses. He was somewhat guarded during the beginning of the interview. By the fourth or fifth question, he was more willing to report issues in the interview. He elaborated with prompting on occasion and offered some details on most topics of discussion. It was easy to follow the logic of his stories on most occasions, while at other times, his report was directly contradicted by referral documents (e.g. "I'm doing good in classes"). [redacted] was cooperative during the formal testing. He denied any significant emotional issues but he acknowledged that he has struggled with being able to maintain attention and concentration at school. He minimized most other behavioral issues and blames others for the conflicts. [redacted] completed all tasks as requested. He appeared to be aware of the correctness of his answers. If he was unsure about a response, he asked if it was correct. Once told that this information could not be shared, he persisted to find a response with which he was more comfortable. He did not have difficulty understanding or recalling task directions. In the first testing session, [redacted] appeared sleepy, when asked he responded that he was not feeling well. He persisted through more subtests however within fifteen minutes, he asked for permission to go to the nurse. In the second testing session, [redacted] appeared to be more restless turning in his chair. His attention span was age-appropriate, and he was not impulsive or distractible, although his restlessness was evident. His behavior was similar during the third and fourth sessions. Given the above, the data appear to provide a valid representation of his cognitive functioning but may not fully represent his current social-emotional functioning.

Test Results

(Caution: IQ tests measure only a portion on the skills involved in intelligence. Other factors may be impacting on [redacted]'s performance, including environment, motivation, mood, and experience with cultural norms of the test. Therefore, the results of any intelligence test must serve as only one of the components used to assess [redacted]'s educational needs. For each test administered, the tests were selected and administered as to not negatively discriminate on a racial and cultural basis. The tests were provided and administer in [redacted]'s native language. The instruments and techniques are technically sound and provide relevant information. The instruments were administered by a trained and knowledgeable examiner in accordance with instructions provided by the producers of the tests.)

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Cognitive

REYNOLDS INTELLECTUAL ASSESSMENT SCALES (RIAS)

Composite Scores Summary

Scale	Scaled Score	90% Conf. Interval	Qualitative Description
Verbal Intelligence Index (VIX)	**65**	**62 – 74**	**Significantly Below Average**
Nonverbal Intelligence Index (NIX)	**98**	**89 – 100**	**Average**
Composite Intelligence Index (CIX)	81	77 – 87	Moderately Below Average

Subtest Scores Summary

Scale	T-Score	Qualitative Description
Verbal Intelligence Index		
Guess What (GWH)	**20**	**Significantly Below Average**
Verbal Reasoning (VRZ)	**34**	**Significantly Below Average**
Nonverbal Intelligence Index		
Odd-Item Out (OIO)	**51**	**Average**
What's Missing (WHM)	**46**	**Average**
Composite Memory Index		
Verbal Memory (VRM)	**27**	**Significantly Below Average**

[redacted]'s overall intelligence was assessed using the Reynolds Intellectual Assessment Scales (RIAS). The RIAS is composed of a variety of verbal and nonverbal test items. Some of the RIAS items emphasize the understanding and use of words to solve problems. These items require the use of language, knowledge of words and their meanings, and thinking skills, and are a part of the RIAS Verbal Intelligence Index. Examples of such verbal items include, "What rises every morning, heats the earth, and shines brightly in the sky?", and "Lead is to pencil and ink is to ...?"

The RIAS also includes nonverbal items that require thinking with pictures and shapes or identifying the part of an object that is missing in a picture. Examples of such nonverbal items include a picture of a coffee cup with the handle missing in which the examinee must identify the part that is missing, and a picture of three squares and a circle in which the examinee must point out which object does not belong with the others. Such items are part of the RIAS Nonverbal Intelligence Index.

When correct responses are summed across these verbal and nonverbal items, an estimate of [redacted]'s overall intelligence is obtained. In the case of the RIAS, this overall intelligence score is called the Composite Intelligence Index. [redacted]'s Composite Intelligence Index was in the Moderately Below Average range. His Verbal Intelligence Index of 65 was well below his Nonverbal Intelligence Index of 98. His performance in these two areas is significantly different, indicating that [redacted]'s Verbal and Nonverbal Intelligence skills are not evenly developed for some tasks. As well, a difference of this magnitude is quite uncommon and occurs only 2% of the time. In all, the results reveal average nonverbal reasoning skills and significantly deficient verbal reasoning skills.

[redacted]'s Verbal Memory was assessed using a task that required [redacted] to listen to the examiner read a story. [redacted]'s task was to repeat the story back to the examiner using the same words to the greatest degree possible. [redacted]'s performance on this task was in the significantly below

average range. His poor performance on this task may demonstrate [redacted]'s struggles with auditory attention or short term memory for verbal information of little interest.

Wechsler Intelligence Scale for Children, Fourth edition (WISC-IV)

Composite	Scaled Scores	95% Confidence Interval	Qualitative Descriptor
Verbal Comprehension Index (VCI)	75	70-83	Borderline
Perceptual Reasoning Index (PRI)	86	79-95	Low Average
Working Memory Index (WMI)	86	79-95	Low Average
Processing Speed Index (PSI)	85	78-96	Low Average
Full Scale Intelligence Quotient (FSIQ)	78	74-84	Borderline

The Wechsler Intelligence Scale for Children, Fourth Edition (WISC-IV), an assessment of general intelligence was also administered to provide an estimate of [redacted]'s intellectual ability. The WISC-IV was designed to determine purposeful intellectual skills needed for academic success for youth six to sixteen years of age. The Full Scale IQ is derived from a composite of scores from the four Factors: Verbal Comprehension Index (VCI), Perceptual Reasoning Index (PRI), Working Memory Index (WMI) and Processing Speed Index (PSI). Index scores between 90-109 are considered Average.

[redacted]'s scores are considered a valid estimate of his intellectual abilities given his level of effort and participation during testing. Based on [redacted]'s performance during the subtests, his Full Scale IQ score (FSIQ=78) falls in the Borderline range. Overall, [redacted] ability to think and reason is below that of his same age peers. He achieved a Verbal Comprehension Index score of 75 (Borderline range), a Perceptual Reasoning Index score of 86 (Low Average range), a Working Memory Index score of 86 (Low Average range), and a Processing Speed Index score of 85 (Low Average range). [redacted] performed comparable on verbal tasks and nonverbal reasoning tasks.

Within the verbal domain, [redacted]'s performance fell in the Borderline range. On a measure of social conventions and general principles of social situations, [redacted] earned a score in the Below Average range (Comprehension, SS=5). He does not understand social norms well relative to his peers. When asked to describe similarities between objects and/or concepts as a measure of abstract verbal reasoning, his score fell within the Low Average range (Similarities, SS=7). [redacted] had difficulty recognizing the relationship between the items presented. He also earned a Below Average score when asked to define progressively more difficult words (Vocabulary, SS=5). This is was a significant deficit in [redacted]'s abilities. He may not have the language development and word knowledge to sufficiently respond to verbal demands. His verbal abilities are poorly developed compared to his same age peers. Within the nonverbal domain, [redacted]'s performance fell in the Average to Low Average range. On a task measuring visual concept formation (nonverbal reasoning), he was asked to choose pictures that belonged to the same category; he performed in the Average range (Picture Concepts, SS=9) which is a strength for him. [redacted] also performed in the Average range (Matrix Reasoning=9), on a measure of nonverbal reasoning which required him to complete visually-presented patterns and arrays (perceptual-motor ability). [redacted]'s visual perception ability is also a relative strength for him. However, when asked to arrange blocks into visual patterns, he performed in the Below Average range (Block Design, SS=5). He struggled with visual motor abilities to create the blocks into the visual models. [redacted]'s nonverbal abilities are unevenly developed however, his Average ability in nonverbal reasoning and visual-perceptual motor abilities should help him process visually based information. Within the working memory domain [redacted]'s performance fell within the Average range. On the first task, he was asked to repeat

progressively longer strings of numbers both forward and backward, he was able to repeat up to six numbers forward and four numbers backward earning a score in the Low Average range (Digit Span, SS=7). The second task was more complex and required [redacted] to sequence numbers and letters in ascending order; he was able to sequence up to six letters and numbers correctly and earned a score in the Average range (Letter-Number Sequencing, SS=8). [redacted] was able to reorder the information and reproduce it back. [redacted]'s working memory ability is similar to his same age peers. Finally, on tasks measuring processing speed, [redacted] scores fell within the Below Average to Average range. On the first task, he was asked to copy and match symbols to numbers using a key (Coding, SS=5); he earned a score in the Below Average range. This indicates that he has poor visual sequential processing and may highlight his problems with attention and concentration particularly when combined with a motor response mode (written response). The second task required him to discriminate graphic symbols on paper as a measure of timed visual discrimination and he earned a score in the Average range (Symbol Search, SS=9). [redacted]'s perceptual discrimination ability is equally developed as his peers. However, his poor sequential processing with motor output ability may be a significant factor in his difficulty to keep pace with the rest of his class and complete work.

Visual-Motor Integration

Beery Test of Visual Motor Integration (VMI)

[redacted]'s visual motor skills were assessed using the VMI. His performance yielded average results (standard score of 93, 32% percentile, T-score=45). His perceptual motor integration appears to be age appropriate. The results suggest that [redacted] does not appear to have difficulty with the mechanics of proper reproduction of abstract or geometric shapes and forms. As such, [redacted]'s difficulty with writing appear to be due to motor speed issues rather than to difficulties with producing written work due to visual perception motor integration issues.

Achievement

WJ-III CLUSTERS SUMMARIES

WJ-III Tests of Achievement Clusters Form A	Standard Score	68% interval	Grade Equivalent	Key to SS classification WJ-III
Broad Reading	83	81-85	5.9	121-130, superior 111-120, high average 90-110, average 80-89, low average 70-79, low ≤69, very low
Broad Math	93	91-96	8.3	
Broad Written Language	83	79-86	5.8	

Broad Reading Domain Test-Scores Summary

Test Name	Standard Score	Confidence Interval	Grade Equivalent
Letter-Word Identification	96	93-99	8.5
Reading Fluency	79	78-81	5.0
Passage Comprehension	82	78-87	4.5

Broad Mathematics Domain Test-Scores Summary

Test Name	Standard Score	Confidence Interval	Grade Equivalent
Calculation	88	83-92	6.7
Math Fluency	94	92-96	8.5
Applied Problems	100	97-103	10.3

Broad Written Language Domain Test-Scores Summary

Test Name	Standard Score	Confidence Interval	Grade Equivalent
Spelling	85	81-89	5.7

The Woodcock Johnson Tests of Achievement-Third Edition (WJ-III ACH, Form A) was administered to [redacted] to provide an estimate of his level of achievement in reading, mathematics, and spelling. The following results indicate [redacted]'s performance when compared to other students at his grade level.

[redacted]'s skill in overall reading achievement including sight-word identification, reading fluency, and reading comprehension, is in the Low Average range. [redacted]'s ability to identify words and to read sentences quickly for meaning is in the Average range. [redacted]'s ability to abstract meaning from surrounding context by identifying missing words in passages is significantly weaker and this likely accounts for his continuing struggles with reading tasks. [redacted]'s overall mathematical skills are in the Average range. His ability to solve simple mathematical problems quickly is also in the Average range. In addition, his ability to perform mathematical computations and to think about the application of math concepts is in the Average range. [redacted]'s skill in Spelling is in the Low Average range. Taken together, [redacted]'s performance in mathematics, reading and spelling is consistent with the previous assessment data.

Emotional-Behavioral

The Reynolds Adolescent Depression Scale (RADS), Rorschach, and the Behavior Assessment System for Children, Second Edition (BASC-2), were administered to [redacted] along with a clinical interview to assess emotional and behavioral functioning in the educational setting. This information was also supplemented with parent and teacher interviews, teacher questionnaires, a classroom observation, and review of referral documents. These results are presented below.

The Reynolds Adolescent Depression Scale, Second Edition (RADS-2) was administered to [redacted] to assess possible symptoms of depression. The results yielded a raw score of 51 which is below the recommended cutoff score for depression. These results suggest that it is unlikely that [redacted] is experiencing clinically significant depression symptoms. These results are inconsistent with his interview responses and the clinical observations and the Behavior Assessment System for Children, Second Edition (BASC-2) results.

The Behavior Assessment System for Children, Second Edition (BASC-2) was administered to provide additional data concerning [redacted] perception of his behaviors, attitudes, relationships, and adjustment relative to that of other teens his age. The F and V validity indicators were each in the acceptable range. However, the L validity indicator was in the caution range which suggests that [redacted] may have responded in a manner that projects an idealized view of himself. With this caution in mind, the results revealed that three of the twelve Clinical Profile scales were significantly elevated and five more scales were slightly elevated. The elevated *Attitude toward School* (T-score = 70) suggests that [redacted] has a negative attitude toward school such that he perceives school as unsatisfying, and uncomfortable apart from the opportunity to interact with peers. The significant elevation on *Locus of Control (T-score=78)* indicates he usually does not perceive himself as able to impact his own circumstances by any of his efforts. The elevation on the *Depression scale* (T-score=70) indicates that [redacted] recognizes that he experiences some depressive symptoms and may struggle with depression more than other students. The Critical Items highlight some of his depressive thinking. Six of the ten items indicate that [redacted] may have ongoing feelings of pessimism and hopelessness. He indicated this

through endorsing items such as: "I just don't care anymore," "My life is getting worse and worse," and "Other kids hate to be with me." Another important item is "I hear voices in my head that no one else hears."

Mild (at-risk) elevations were revealed on four scales. Such at-risk elevations suggest that a problem is not severe enough warrant formal treatment or it may suggest the potential of developing a problem that needs careful monitoring. Mild elevations were revealed on the *Attitude to Teachers (T-score=61). This mild* elevation suggests that [redacted] tends to view his teachers as unfair, uncaring, or unmotivated to help their students. A slight elevation in the Sensation Seeking score(T-score=65) suggests that [redacted] views himself as having a moderate need for stimulating activities, and possibly a tendency to engage in risky or novel activities such as using alcohol or drugs. The at-risk score on the *Sense of Inadequacy* scale (T-score = 61) suggests that [redacted] doubts his ability to perform a variety of tasks even when he puts forth substantial effort. The mild elevation on the Atypicality subscale (T-score=61) suggests that [redacted] may view himself as somewhat different from his peers as evident by his acknowledgement that he experiences unusual sensory experiences. Interestingly, *Attention Problems* scale (T-score = 58) indicates that [redacted] tends to view himself as maintaining the necessary levels of attention necessary for good academic functioning. This stands in stark contrast to the view of his teachers at Coolidge, his previous school, previous assessment reports, and his own admission that he has previously had difficulty maintaining attention. On the *Adaptive Scales*, the subscale *Relations with Parents* (T-score=38) suggests that [redacted] is experiencing some difficulties in his relationship with his parents. As he noted in his records and his clinical interview, he accused his mother of persistent abuse and neglect as recently as last year. However, based on [redacted]'s report, he has enjoyed living with his father since moving in late last year. With these exceptions, [redacted] views himself as typical of his peers in that he does not perceive himself as dealing with minor health concerns or academic problems. He also views himself as having a positive self-image, good social interaction with peers and as having confidence in his ability to be self-reliant. Again, given the L validity concern, these personal insights should be interpreted with caution.

Given concern regarding possible psychotic symptoms, the Rorschach was administered to assess reality testing and personality response patterns. While no formal or standardized scoring using the Exner scoring system was possible due to an insufficient number of responses, the responses that [redacted] did provide are relevant clinically. Based on these limited data, [redacted]'s responses suggest that he is emotionally quite vulnerable and fragile. He exhibits significant confusion and is easily overwhelmed by the complexities of what he sees. His appears to focus on minute details of situations and to over generalize in his responses to them without taking account of the larger totality of interactions or circumstances. As a result of his poor reality testing, his responses may be inappropriate to the situation, out of proportion to the circumstances, or simply inconsistent with the nature and content of the interaction. [redacted] tends to reject corrective feedback in favor of his own flawed perceptions and he holds rigidly onto his beliefs. This likely creates many difficulties for him and the resulting feedback fuels his sense of feeling attacked and out of control of his environment. He alternates between being passive and assertively responding to perceived intrusions or disruptions. His tolerance for stress is limited and his ability to cope with stress and ambiguity is deficient. [redacted] appears to be psychologically isolated from others. He has a casual façade and desires to be independent and confident however, this appears to cover feelings of confusion and uncertainty leading to withdrawal, emotional isolation, and avoidance of challenges, both academic and interpersonal.

A number of parent and teacher questionnaires were completed to provide additional data concerning [redacted] emotional and behavioral functioning. Based on Ms. [redacted]'s BASC-2 teacher rating results, the F validity Response Patten indicators were each in the acceptable range. However, the Consistency Indicator was suggests using caution when interpreting her responses. This may be explained by Ms. [redacted]s limited knowledge about [redacted] given the brief period he has been in her class. Of the twelve Clinical Profile scales, none was significantly elevated; however seven were in the at-risk range. Mild elevations were revealed on the

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Externalizing Problems Index (T-score=60). One at-risk subscale was on *Hyperactivity* (T-score=68) which suggests that [redacted] is more physically active in his classroom and this may interfere with his academic functioning. *Conduct Problems* (T-score=63) suggests that some of his behaviors do not conform to classroom rules or practices. The at-risk score on *Attention Problems* (T-score=63) indicates that his teacher perceives that [redacted] is having difficulty maintaining necessary levels of attention necessary for academic functioning, which is consistent with previous and current reports. On the Adaptive Scales, there were three at-risk subscales. The Social Skills (T-score=38) indicates that [redacted] has some difficulty with interpersonal interaction with peers and adults. Leadership (T-score=38) suggests that [redacted] may follow his peers' behavior instead of initiating his own behavior. Finally, results on Study Skills (T-score=38) suggests that he demonstrates weak study skills which impacts his classroom functioning.

The Conners-Third Edition (Conners-3) is an assessment tool used to obtain the teacher's and parent's observations about a student's behavior in the school and home settings, respectively. The Conners-3 was designed to assess attentional issue, impulsivity and activity level associated with the clinical diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), based on criteria delineated in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition (DSM-IV). The Conners 3 also identifies the presence of the most common co-morbid problems in school-age youth.

[redacted] and one of his teachers, Ms. [redacted], completed the Conners-3. Her responses resulted in clinically elevated scores in *Peer Relations* (T-score=77) which suggests that [redacted] has significant difficulty in his peer interactions in the classroom. On *Hyperactivity/Impulsivity* (T-score=61), Ms. Bennett rated his impulsivity, have a high level of activity and distractibility as a concern, which is consistent with his ADHD diagnosis. However, she did not indicate that the other areas caused any significant problems in regards to his current functioning. The *Inattention (T-score=51), Learning Problems/Executive Functioning* (T-score=53), and *Aggression* (T-score=53) were not major concerns for Ms. [redacted]

In addition to the teacher's result, [redacted] completed a Conners-3 Student Report is an assessment tool used to obtain the student's self-observations in school and home settings. The Conners-3 was designed to assess attentional issues, impulsivity, and activity level and also identifies the presence of the most common co-morbid problems in school-age youth. In contrast to his teacher's results, [redacted]'s responses on the Conners-3 resulted in clinically elevated scores in *Hyperactivity/Impulsivity* (T-score=66), *Aggression* (T-score=79), and *Family Relations* (T-score=80). Based on [redacted]'s endorsements on this assessment, he demonstrated some insight into his own behavior. On *Hyperactivity* he acknowledged that he can be impulsive, have a high level of activity and be easily distracted. He also recognized that his *Aggression* is demonstrated by poor anger management, breaking rules, or being physically or verbally aggressive. [redacted] rated *Family Relations* as the most elevated area of concern. He feels that he has been unjustly criticized or punished at home. The *Inattention (T-score=63)* and *Learning Problems* (T-score=62) Scales were in the High Average range which indicates that [redacted] acknowledges his difficulty with distraction, concentration and academic struggles, respectively.

[redacted] father completed the *Behavior Rating Inventory of Executive Function (BRIEF) Parent Form. BRIEF* questionnaires were designed to assess executive functioning skills in school age children between five and 18 years of age. The findings enable professionals to ascertain executive function behaviors in the home environment. The *BRIEF* contains eight discrete domains that comprise a composite profile. These domains include: *Inhibit, Shift, and Emotional Control, (which comprise the Behavioral Regulation Index) and Initiate, Working Memory, Plan/Organize, Organization of Materials,* and *Monitor (which comprise the Metacognition Index).* The overall score is the *Global Executive Composite*. Two of the domains, *Inhibit* and *Working Memory*, are clinical scales useful in differentiating the diagnostic subtypes of Attention-Deficit/Hyperactivity Disorder

(ADHD). Standard (T) scores at or above 65 are indicators of potential clinical significance, with 90% confidence.

The Negativity and Inconsistency scales were in acceptable levels so results are considered valid. The overall score, the *Global Executive Composite (T-score=80)* indicates that there were several subscales that were clinically elevated. Mr. [redacted] feels that [redacted] has significant struggles in several areas. The extremely elevated *Behavioral Regulation Index (T-score=84)* suggests that [redacted] has low ability to modulate his emotions and to make shifts in his cognitive abilities. The *Metacognition Index (T-score=73)* indicates that [redacted]'s ability to cognitively self-manage tasks and monitor his performance. On *Inhibit (T-score=81)* [redacted] has difficulty resisting impulses and does not appropriately consider possible consequences of his actions. In addition, he tends to display high levels of physical activity. *Shift (T-score=81)* indicates that [redacted] may have a tendency to lose emotional control when their routines are interrupted, their perspectives are challenged or more flexibility is required. The elevation on *Emotional Control (T-score=82)* suggests that [redacted] exhibits sudden emotional outbursts or frequent mood swings, *Initiate (T-score=66)* indicates that [redacted] is not a self-starter and while he desires to complete tasks, he has difficulty doing so without external prompting. The elevation on *Working Memory (T-score=82)* [redacted] struggles with holding an appropriate amount of information for processing which may make it difficult to remain attentive on a given task. *Plan/Organize (T-score=72)* indicates that [redacted]'s ability to follow multiple steps and may feel overwhelmed by large amounts of information. On *Monitor (T-score=68)*, it indicates that [redacted] tends to be less aware of his behavior on others, however he makes effort to check for mistakes in his work. The subscale *Organization of Materials (T-score=63)* indicates that [redacted] has been able to organize his belongings in his environment.

Finally, [redacted] father completed the Devereux Behavior Rating Scale – School form to provide additional information concerning [redacted]'s emotional and behavioral functioning at school relative to her peers. The subscales of this instrument are designed to align with the areas of difficulty that characterize the behavior of children who meet eligibility criteria for special education services under the category of Emotional Disturbance. These subscales include Interpersonal Problems, Inappropriate Behaviors/Feelings, Depression, and Physical Symptoms/Fear. [redacted]'s father's ratings were in the abnormal range for all subscales of this instrument as well as for the Total Scale score. Mr. [redacted]'s endorsements reflect very significant emotional problems with which [redacted] is currently dealing. Thus, based on the referral data that indicates that [redacted] has had ongoing emotional and behavioral problems at school and home, these issues were viewed by his father to be so significant as to present a significant barrier to school achievement and are such a magnitude as to be characteristic of individuals who are eligible for Special Education services under the category of Emotional Disturbance. Taken together, these results are consistent with Mr. [redacted] interview responses and stated concerns regarding [redacted]'s emotional and behavioral problems.

EDUCATIONAL IMPLICATIONS

Taken together, the results of the present evaluation revealed that [redacted]'s intellectual ability is not appropriately reflected by an overall integration of verbal and nonverbal problem solving abilities. His verbal reasoning skills appear to be more limited while he exhibits a significant strength in his average nonverbal reasoning skills. When combined with data concerning his academic achievement, [redacted] also exhibits significant problems with reading comprehension, and writing. These problems limit his ability to access the regular education curriculum without special education services. The results reveal that although his basic reading skills are well developed, [redacted] struggles to understand what he reads. Given that the reading demands of high school are significant, this likely is a major contributor to [redacted]'s continuing academic struggles. As a result, he continues to lag behind his same grade peers despite receiving targeted interventions to address his reading, writing, and math difficulties as prescribe by his IEP. The data suggest that [redacted] does

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present some behavior issues at home and in the community. Behaviorally, [redacted] reported that he has exhibited few problems with his peers and a teacher this year at school however, his school records reported that he was suspended for fighting. Since enrolling at [redacted], there has been one significant report of verbal and physical threats toward a teacher. As well, another of [redacted]s teachers did report that he exhibits very frequent disruptive behavior requiring nearly constant redirection and limit setting. His other teachers report little if any behavioral disruptions and that when disruptions occur, they are easily redirected and managed. There are no indications of significant peer relations problems while at [redacted] during the present year. However, during the previous school year, [redacted] had several incidents in which he alleged that peers were after him and intending to harm him. Taken together, it appears that [redacted]'s mental health and learning issues present the greatest barrier to his achievement at this time.

With respect to eligibility issues, the referral question concerned possible eligibility under Specific Learning Disability or Emotional Disturbance. However, in addition to his slow pace of learning and emotional and behavioral problems, [redacted] exhibits attentional difficulties due to ADHD and this may also present significant educationally relevant challenges. As defined by IDEA 2004 and the Office of the State Superintendent of Education (OSSE) guidelines, the educational disability category of Other Health Impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment that adversely affects a child's educational performance, due to chronic or acute health problems. To be Eligible a child must meet both criterion 1 and 2 and the disability must have an adverse effect on educational performance.

1. Due to chronic or acute health problems such as asthma, attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia.
   - [redacted] does meet this criterion. [redacted] was previously diagnosed with Attention Deficit Hyperactivity Disorder, and he appears to continue to exhibit significant symptoms of the disorder in the educational environment. His teachers describe him as easily distracted and sometimes disruptive.

2. The impairment adversely affects a child's educational performance.
   - [redacted] does appear to meet this criterion. He reportedly does exhibit significant impairment due to inattention and lapses of concentration which appear to have a negative impact on his learning and retention of information.

As defined by IDEA 2004 and the Office of the State Superintendent of Education (OSSE) guidelines, Specific Learning Disability is defined by one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage. In order for a student to be identified as having a learning disability and deemed eligible for special education under IDEA, the following criteria must be met:

1. The child does not achieve adequately for the child's age or meet state-approved grade-level standards in one or more of the following areas when provided with learning experiences and instruction appropriate for the child's age or state-approved grade-level standards: oral expression,

listening comprehension, written expression, basic reading skills, reading fluency skills, reading comprehension, mathematics calculation, or mathematics problem-solving;

- [redacted] meets this criterion as his achievement lags behind expectations in comprehension skills writing and math skills.

2. The child does not make sufficient progress to meet age or state-approved grade-level standards in one or more of the areas identified above when using a process based on the child's response to scientific, research-based interventions;
   - [redacted] does meet this criterion as he is performing below grade level expectations in reading comprehension, writing and math.

3. The child exhibits a pattern of strengths and weaknesses in performance, achievement or both, relative to age, state-approved grade-level standards, or intellectual development that is determined by the Multidisciplinary Team (MDT) to be relevant to the identification of a specific learning disability (as defined above) when using appropriate assessments;
   - [redacted] meets this criterion. Based on the most recent assessment data, he appears to exhibit significant verbal processing deficits as well as slow achievement in reading comprehension and math despite the implementation of an IEP.

4. The MDT determines that its findings noted above are not primarily the result of any of the following: a visual, hearing or motor disability; an intellectual disability; emotional disturbance; cultural factors, environmental or economic disadvantage, or limited English proficiency;
   - The MDT has not yet met to consider this issue.

5. To ensure that underachievement in a child suspected of having a specific learning disability is not due to a lack of appropriate instruction in reading or math, the group (MDT) must consider, as part of the evaluation, data demonstrating that:

   a. Prior to, or as part of the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel; and
   b. Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's parents.

A child must not be determined to be a child with a disability if the determinant factor for that decision is:

   a. Lack of appropriate instruction in reading, including the essential components of reading instruction—phonemic awareness; phonics; vocabulary development; reading fluency, including oral reading skills; and reading comprehension strategies;
   b. Lack of appropriate instruction in math
   c. Limited English proficiency.

- The MDT will meet to discuss the factors that are primarily responsible for the eligibility decision.

[redacted] appears to present with the conditions to meet eligibility criteria for Special Education services as a student with Specific Learning Disability.

At this point, [redacted] does appear to present with the conditions to meet eligibility criteria for Special Education services as a student with Emotional Disturbance. Specifically, as defined by IDEA 2004 and the Office of the State Superintendent of Education (OSSE) guidelines, a student with Emotional Disturbance

exhibits one or more of the following characteristics over a long period of time, that is severe, chronic, and frequent, is not generally accepted as age appropriate and/or ethnic or culturally normative, and that adversely affects academic progress, social relationships, personal adjustment, classroom adjustment, self-care, or vocational skills. The behaviors must occur at school and at least one other setting:

1. An inability to make educational progress that cannot be explained by intellectual, sensory, or health factors;
   - [redacted] does not meet this criterion. He appears to have been able to make educational progress, albeit slowly.

2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
   - [redacted] appears to meet this criterion. The data indicate that he has had episodes of aggression, oppositional, defiant, and disruptive behavior that strains his ability to develop and maintain appropriate friendships with adults and peers.

3. Inappropriate types of behavior or feelings under normal circumstances;
   - [redacted] does appear to meet this criterion at present. He appears to exhibit quite variable behavior. At times, his behavior is focused, and on-task, while at other times, he is angry, hostile, aggressive, oppositional, and explosive. On evaluation, he also revealed evidence of impaired reality testing and perceptual disturbances that may be impairing his ability to judge, perceive accurately, and regulate his own behavior. This may be evidence of the psychotic symptoms previously diagnosed by his psychiatrist.

4. A general pervasive mood of unhappiness or depression;
   - The date on this issue are mixed. Previously [redacted] was diagnosed with a mood disorder, his father perceives him as exhibiting depressive symptoms, and some of the present assessment data suggest that he continues to experience some symptoms of depression. However, [redacted] present teachers have not observed any signs of depression such that it is having a negative impact in the educational environment.

5. A tendency to develop physical symptoms or fears associated with personal or school problems.
   - The data on this issue are mixed as previously, [redacted] reported several incidents of fear and anxiety associated with negative peer interactions and the school environment. However, this has not been observed during the present school year.

[redacted] appears to meet eligibility criteria for Special Education services under several different categories including Other Health Impairment, Specific Learning Disability, and Emotional Disturbance. According to OSSE Guidelines, students may also meet the eligibility requirement for Multiple Disabilities under certain circumstances including meeting eligibility criteria under Emotional Disturbance and Other Health Impairment or Specific Learning Disability and Other Health Impairment. However, students who meet criteria under Emotional Disturbance and Specific Learning Disability are not eligible for the classification of Multiple Disabilities.

SUMMARY

[redacted] is a 15-year-old who is currently enrolled as a tenth grade student in [redacted] SHS. He has a long history of slow academic achievement and behavior problems since 2003. He was previously diagnosed with ADHD and was treated with Ritalin and Concerta while living with his mother in Virginia. Currently, he is not

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prescribed any medications. [redacted] is eligible for Special Education services as a student with Other Health Impairment due to attentional issues associated with ADHD. His current IEP prescribes 7 hours of specialized instruction and 30 minutes of Behavior Support Services. At the outset of the present school year, [redacted]'s father informed the school that [redacted] has experience significant traumatic experiences within the past year. His father reported that [redacted] experienced abuse at the hands of his mother and brother. In response, [redacted] reportedly attempted suicide by setting himself on fire. Subsequently, he was psychiatrically evaluated and was diagnosed with Post Traumatic Stress Disorder and Major Depression with Psychotic Features. Following the incident, [redacted] began living with his father and he was enrolled at Coolidge SHS. Over the course of the previous school year, [redacted] exhibited several episodes of disruptive and verbally aggressive behavior, and poor social interactions in the educational environment. The present evaluation was conducted in order to determine whether [redacted] continues to be eligible for special education services as a student with Other Health Impairment or any other educationally relevant disability category including Specific Learning Disability and Emotional Disturbance.

Results of the present evaluation revealed that [redacted]'s intellectual abilities are not appropriately summarized by combining his verbal and nonverbal reasoning skills. [redacted]'s nonverbal reasoning skills are in the low average range and are an area of strength relative to his other skills. His verbal reasoning and problem solving were in the Below Average range. When combined with his significant achievement deficits in reading comprehension despite continuing IEP interventions, [redacted] is continuing to struggle. As such, the data appear to be characteristic of a Specific Learning Disability. As well, according to some of his teachers, and in the view of his father, [redacted] continues to exhibit significant self-regulatory issues associated with previously diagnosed ADHD. He exhibits short attention span, is highly distractible, requires frequent redirection and limit setting, and is disruptive to his own learning and to that of his fellow students. His behavior appears to meet disability criteria for Other Health Impairment. Finally, [redacted] has been diagnosed with PTSD, Major Depressive Disorder with Psychotic Features, and ADHD within the past year. His behavior at home, in the educational environment, and the results of present testing reveal that he is experiencing significant difficulties with reality testing. He appears to be experiencing occasional auditory hallucinations and perceptual distortions which impair his judgment and ability to perceive and interpret the intentions of others. As a result, he appears to respond in inappropriate ways by laughing or speaking loudly at inappropriate times, becoming verbally aggressive or threatening in response to innocuous interactions, and by fleeing from environments which he suddenly perceives as threatening. His emotional and behavioral issues present significant concerns such that he would appear to meet Special Education eligibility criteria as a student with Emotional Disturbance.

The multidisciplinary team should review this report along with other currently relevant data to make a final determination concerning whether [redacted] meets Special Education for any disabilities, and requires Special Education services. The data indicate that [redacted] will likely continue to require specialized instruction in order to access the regular education curriculum. The data support his eligibility for Special Education services as a student primarily with Emotional Disturbance and secondarily with Other Health Impairment and/or Specific Learning Disability.

RECOMMENDATIONS

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1. Given his emotional and behavioral issues as well as significant distractibility, [redacted] appears to require a specialized therapeutic learning environment in order to minimize distractions and limit the potential for becoming over stimulated by typical classroom disruptions. Although his behavior has varied from few difficulties to significant difficulties in his present classroom settings, the seriousness of his mental health concerns dictates that at this time, [redacted] appears to require a therapeutic environment in which he is provided with full time special education services in his core academic subjects. His class sizes should be small (no more than 15 students) to limit distractions and to provide maximum teacher support, structure, supervision, and therapeutic feedback. [redacted] may not require specialized instruction in elective classes such as Art, Physical Education, or Music. He should be afforded the opportunity to continue to interact with nondisabled peers to the greatest extent possible including during electives, transitions, and lunchtime. However, his adjustment during elective classes, transitions, and lunchtime should be monitored carefully to ensure that he does not require additional support or a more restrictive environment during these portions of the school day as well.

2. Several educational accommodations should be provided to [redacted] including extended time, use of a calculator when necessary, and audio textbooks. Text-to-Speech and Speech-to-text technology may also assist him to get his thoughts on paper for written assignments and to assist him with comprehension and speed of reading issues that may also present difficulties for him in completing classroom and homework assignments. Inattention and distractibility may be limited by teacher proximity, preferential seating, and reduced classroom distractions. Also, as [redacted] is not confident in his academic abilities, he will need frequent assistance, gentle corrective feedback, ample positive reinforcement and praise, and encouragement from his teachers that his efforts will be fruitful. Given his relatively weak verbal language skills, it may also be helpful to allow [redacted] to respond to tests using multiple choice, matching, True/False, and fill in the blank testing formats rather than to require him to produce essay responses.

3. [redacted] was previously exhibiting some behavioral problems in the educational setting and this needs to be addressed using a behavior intervention plan. Both [redacted] and his father should participate in the development, monitoring, and implementation of the plan. He should also continue to receive Behavior Support Services (counseling) as a related service in order to gain educational benefit and gain access the regular education curriculum. He would likely benefit from cognitive and behaviorally based interventions designed to help him to use more prosocial behavior toward peers, comply with school and classroom rules and expectations, develop self-control and self-monitoring skills, coping strategies, and increase frustration tolerance, and to interact respectfully with adults in the educational setting.

4. [redacted] may have a language-based processing deficit given his weak verbal problem-solving abilities. As such, the MDT should discuss whether a language screening would be appropriate to determine whether a comprehensive speech and language evaluation would be warranted if this has not already been accomplished.

5. Although it appears from the present data that [redacted] has a significant verbal reasoning limitation, his concept formation abilities are in the low average range. Unfortunately, with advancing age and grade, traditional educational strategies rely increasingly on presenting information orally or through independent reading of texts. Such an approach makes it very difficult for [redacted] to comprehend and retain the information to the extent that is typically necessary at the high school level. However, it is clear that [redacted] IS capable of understanding and mastering the material if he is provided with appropriate strategies. Some of these likely include the use of graphic organizers to accompany his lessons, presenting material through multiple modalities with little or no reliance on written text. The use of movies, manipulative, diagrams, or other graphic depictions of the information, and significant teacher support and guidance. His teachers should make heavy use of these strategies.

6. [redacted]'s father may find it helpful to obtain community-based counseling/therapy services for [redacted] in order to assist him to gain insight to the factors and circumstances that are impacting his current circumstances, behavioral choices, and future possibilities. He may also benefit from counseling to address feelings of inadequacy, fragile self-esteem, and reported difficulties managing his anger and using age-appropriate judgment. Finally, his father is urged to continue consulting with the community based psychiatrist to monitor [redacted]'s mental health needs and to provide recommendations concerning other helpful intervention strategies.

7. [redacted]'s father should encourage him to read for at least 30 minutes daily and to take advantage of any tutoring session offered by the school in order to increase his literacy skills and achievement in other areas.

CLOSING & ORIGINAL SIGNATURE

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PSYCHOEDUCATIONAL REEVALUATION
CONFIDENTIAL

Name: [redacted]	**Age:** 14-7
Date of Birth: [redacted]	**Grade:** 9th
Date of Report: 11/3/14, 12/5/14	**School:** Friendship Collegiate Academy

Reason for Referral:
The purpose of this re-evaluation is to assess whether or not [redacted]s disability continues to require special education services and related services. She was referred by Collegiate Academy Friendship Public Charter School, her LEA, as a result of a request from the parent for a re-evaluation to assess her current level of functioning, to assist with educational planning.

Language, Acculturation and Diversity
There is no test that is entirely "culture free", making the need for any examiner to be open and aware that cultural differences are a very important part assessments. Before [redacted]was tested, demographic information was reviewed to ensure that [redacted]was not at a disadvantage, compared to other children. Overall, there was no reason to believe that [redacted]had not been exposed to the information on the tests administered.

Tests/Procedures Administered:
Woodcock Johnson Tests of Cognitive Abilities, Third Edition (WJ-III)
Comprehensive Test of Nonverbal Intelligence, Second Edition (CTONI-2)
Woodcock Johnson Tests of Achievement, Third Edition (WJ-III ACH)
Behavioral Assessment of System for Children, Second Edition (BASC-2)
Vineland Adaptive Behavior Scales (Vineland-II)
Observation
Teacher Interview

Background Information:
[redacted]s a 14-year-old African American female who is currently receiving special education services under classification of Specific Learning Disabled. Prior to attending Friendship Collegiate Academy [redacted]was enrolled at Jefferson Academy, Prospect Learning Center, KIPP DC, and Davis ES.

[redacted] was born to her mother, Ms [redacted] full term with no complications. According to Ms. [redacted] she and [redacted]s father have not been together since 2003 and he currently has "early stages of amnesia". [redacted] began walking around 9 months of age and talking at 2 years old. Ms. [redacted] also stated that [redacted] had been receiving early intervention services since she was 2-years-old and has "had an IEP since preschool at Head Start." [redacted] has four siblings; one brother (26 years old) and two sisters (21 and 16 years old). However she only resides with her mother and her 16 year old sister. During a previous meeting Ms. [redacted] provided information regarding [redacted]s social skills. She stated that [redacted] gets along with her siblings and has some friends from around the neighborhood. She explained that they are not secure friends as [redacted] does not plan to hang out, but the friends come to the door to ask her to come outside. As far as traveling independently (i.e. bus or metro), [redacted] requires assistance from Ms. [redacted]

Medical: [redacted] is near-sighted and wears glasses. Recently Ms. [redacted] stated that [redacted] has difficulty hearing from a distance as she does not respond when called. Ms. [redacted] reported that [redacted] hit her ear on a church bench when she was a few months old; a hearing appointment will be scheduled to further assess this. Other than vision and hearing, there are no current medical concerns and Ms. [redacted] denies [redacted] ever being medicated.

Overall, Ms. [redacted] describes [redacted] as a nice, sweet girl that can be stubborn at times (i.e. run away to another room, saying "lalala", and ignoring). [redacted] loves to dance, sing, and be involved. Ms. [redacted] also reported that [redacted] is becoming more independent in the house as she will help clean up without being asked. Lastly, Ms. [redacted] said, "[redacted] has the basic qualities of a teenager, but needs to work on her confidence."

Teacher Input

According to [redacted]s Biology teacher (Ms. Jones), [redacted] has difficulty following directions and usually needs someone to sit next to her and guide her in order to get her to produce work. Ms. Jones also stated that [redacted] is easily distracted and often refuses to do work on her own as she constantly looks in the mirror or has her phone camera facing her (applying lip gloss and playing with her hair). According to the paraprofessional in her classes, [redacted] tends to follow others in the class. He gave the example of other students being reprimanded for a behavior that [redacted] then mimics.

Previous Test Results

According to [redacted]s past evaluation completed in 2009, the Reynolds Intellectual Assessment Scales (RIAS) was used to determine her cognitive functioning. Her scores were as follows: Verbal Intelligence Index (77), Nonverbal Intelligence Index (89), Composite Intelligence Index (81), and Composite Memory Index (86). To supplement this cognitive assessment, the Comprehensive Nonverbal Intelligence (CTONI) was given and [redacted] received the following scores: Nonverbal Intelligence Quotient (87), Pictorial Nonverbal Quotient (79), and Nonverbal Geometric Intellectual Quotient (98).

Observations:

Classroom

[redacted] was observed in her World History class on October 16th. At the start of class the student appeared to not want to participate in the lesson. She sat facing the opposite direction from other students in the class. When a staff member asked [redacted] to sit correctly she obliged and was then on-task for majority of the class. When asking questions, other students began to laugh, which appeared to discourage [redacted] she looked down and withdrew from the class activity. After a few minutes, [redacted] refocused on the task presented to her by the teacher.

[redacted] was observed again in her World History class October 21st [redacted] was witnessed looking into a mirror and applying lip gloss, instead of working independently. The teacher asked her to put the items away, but she did not comply; she was therefore given a warning that it would be taken away. The inappropriate behavior continued, resulting in the mirror being confiscated. When it was [redacted] s turn to go to the desk to discuss her grades, she did not respond. The teacher called for her about three times before another student asked, "*Can you just go to his desk, please?*", to which [redacted] replied, "*I don't want to.*" She eventually went up to the desk to discuss her grades; however, she had her back turned, not paying attention to the teacher's comments.

Testing

Rapport was easily built and maintained as [redacted] is counseled by the examiner 90 minutes a month. [redacted] was evaluated over the course of three days (October 14th, October 15th, and October 23rd). For each day of testing, [redacted] appeared comfortable but complained of having to complete the assessment. She typically sat down in the chair and hid her face behind a pillow or behind her binder, stating "*you can't see me*". During testing [redacted] needed much redirection to complete tasks as she would often complain of being sick (i.e. stomachache, headache, and/or sore legs), when items became perceivably difficult. At one point during testing [redacted] began to cry explaining that she "can't read". She also received several breaks during testing in which she would put her head down, try to sleep, or play with tape and place it over her lips. Other than the instances of complaints, [redacted] complied with task demands making the results of this assessment interpretively useful.

CURRENT COGNITIVE FUNCTIONING

Results:

[redacted] s general intellectual ability was evaluated using the Woodcock-Johnson Tests of Cognitive Abilities: Third Edition (WJ-III). The WJ-III is a norm-referenced, individually administered test of intelligence. It provides a measure of general ability as well as more specific measures of various cognitive abilities which will be discussed below. The Comprehensive Test of Nonverbal Intelligence (CTONI-2) was also given to provide more insight into [redacted] s nonverbal abilities. The CTONI-2 is an individually administered intelligence test that is given with basic English. All items are nonverbal and require no speech. It is made up of six subtests that provide two composite scores and a Nonverbal IQ score.

[redacted]s overall cognitive abilities were found to be within the Extremely Low Range (General Intellectual Ability (GIA) of 57; <0.2nd percentile, 1.7 Grade Equivalent). This indicates that she performed as well as or better than <0.2 percent of individuals of the same age in the WJ-III standardization sample, and is estimated to perform similar to the way a first grader at the seventh month mark would if given the assessment tasks. There is a 95% chance that [redacted]s true abilities fall within the Extremely Low Range (SS of 54 to 60). Along with the Standard Score, the Relative Proficiency Index (RPI) score has been provided to inform the reader of [redacted]s predicted performance if other students received a score of 90. In addition to assessing [redacted]s General Intellectual Ability (GIA), the WJ-III also provides information on several broad ability areas, including background knowledge, long term retrieval, visual spatial thinking, auditory processing, fluid reasoning, processing speed, and short-term memory.

The following is a more detailed explanation of [redacted]s performances within each cognitive area.

Crystallized Knowledge *(Gc):*

Broad Ability *Subtest name*	Standard Score	Confidence Interval (95%)	RPI	%ile	Classification
Crystallized Knowledge (Gc)	--	--	--	--	--
Verbal Comprehension	*72*	*68 to 76*	*19/90*	*3*	*Borderline*

-- Cognitive ability could not be determined due to one subtest being given.

Crystallized knowledge (Gc) represents the ability to reason with previously learned information acquired from formal and informal educational opportunities and exposure to mainstream culture.

[redacted]was asked to name common and abstract pictured objects, determine various synonyms and antonyms, and solve four part analogies (*Verbal Comprehension*). Taken together, these tasks provide a measure of [redacted]s knowledge of vocabulary as well as her ability to reason using her word knowledge.
In the picture vocabulary section, [redacted]was asked to recognize and name objects. She was able to accurately respond to items concerning objects in everyday life (e.g. "ball") with relative ease. [redacted]also stated, "*This is everything I see every day*".
For more novel items in daily living (e.g. "yacht"), [redacted]had some difficulty in providing specific responses. For example, if shown a picture of an otoscope (object doctors use to look in one's ear) she would reply "*uh..a tool, not a tool but a thing*". On few items [redacted]demonstrated some knowledge of the object by vaguely stating where the item is usually seen or used; for example, a 'bandage', which [redacted]called a "*wrapping thing*". On other items [redacted]was unable to identify the picture and provided an incorrect response. She had less success when she needed to state words having synonyms. On beginning items, [redacted]responded with antonyms even after being reminded to provide a synonym. On other items [redacted]provided answers that were unrelated and atypical of an individual her age. For example, [redacted]would state that a synonym for 'assistance' is 'sister' or provide an inaudible response.

[redacted]s performance when asked to state the antonyms of words was slightly better than that of her performance on the synonyms subtest. During this subtest [redacted] stated, "*I want to see pictures!*" She had variable success responding to words that are used in everyday life such as 'high – low'. She responded accurately to some items but on other items she would provide another word that could be commonly associated. For instance, if [redacted] was asked to give an antonym to the word 'lie' she would respond 'right'. While the word 'right' is often associated with a statement that is a lie, the opposite of lie is typically the word "truth". Lastly, on the verbal analogies section of the Verbal Comprehension task [redacted] continued to have difficulty. The beginning items had concrete word relationships (A: B as C: D) and [redacted] was able to correctly respond to few of these word relationships. As the analogies became more complex (A: C as B: D) [redacted] would complete the sentence of the second part of the analogy, but the sentence would still not make sense with the entire word relationship. Overall, this was a difficult task for [redacted] as she provided responses that are atypical of an individual her age and grade level, and had an RPI score of 19/90.

Fluid Reasoning *(Gf)*:

Broad Ability *Subtest name*	Standard Score	Confidence Interval (95%)	RPI	%ile	Classification
Fluid Reasoning (Gf)	--	--	--	--	--
Concept Formation	*50*	*44 to 56*	*2/90*	*<0.1*	*Extremely Low*

-- Cognitive ability could not be determined due to one subtest being given.

Fluid reasoning (Gf) involves the thinking ability for reasoning, forming concepts, and solving problems that include unfamiliar information or novel situations. It is assumed to depend minimally on previous learning experience, and is highly related to academic areas such as math and reading comprehension.

[redacted] was required to determine rules that separate one set of colored geometric figures from another set (*Concept Formation).* This task demanded that she use her inductive reasoning skills, which are the ability to discover underlying characteristics that govern a problem, similar to a doctor's task of examining symptoms before determining a diagnosis. During this task [redacted] received positive feedback for correct answers and corrective feedback for incorrect answers. On beginning items [redacted] had to look at a row of shapes and determine which shape did not belong or was the most different, based on color, size or shape. [redacted] was able to correctly identify simple items. For example, she would be shown a row of blue triangles and one purple circle, and she would indicate that the purple circle did not belong. As the items became more complex, requiring [redacted] to identify why a particular item was different, she had noticeable difficulty. Instead of indicating what made an item different, [redacted] provided every characteristic about the shape. For example, when shown a small orange triangle (with an arrow pointing to it) and a small blue triangle, and asked to say the rule for having an arrow [or why the two shapes are different], [redacted]s response was "*small and blue*" instead of stating that the reason for having an arrow, or rule, is orange.

Short-Term Memory (Gsm):

Broad Ability *Subtest name*	Standard Score *	Confidence Interval (95%)	RPI	%ile	Classification
Short Term Memory (Gsm)	61	57 to 66	9/90	0.5	Extremely Low
Numbers Reversed	*68*	*62 to 73*	*7/90*	*2*	*Extremely Low*
Auditory Working Memory	*65*	*60 to 70*	*12/90*	*1*	*Extremely Low*

Short-term memory (Gsm) is the ability to encode information, hold it in immediate awareness, and manipulate it mentally. Short-term memory has been found to have a relationship with reading, math, and written expression.

Working Memory

Both tasks tapped into [redacted]s working memory, which involves temporarily storing and performing a set of cognitive operations on information that requires divided attention of the short-term memory. On the first task, [redacted] was asked to hold a series of random numbers in immediate awareness, reverse the sequence, and then repeat the numbers in the reversed order (*Numbers Reversed*). [redacted] was consistently able to recall and reverse up to two digits. As the items became longer in sequence, she inconsistently recalled up to four digits. She often used the strategy of repeating the sequence aloud several times. During this task [redacted] also placed a post-it above her mouth as if it was a mustache while providing responses; and stated, "*too hard*" when she could not remember digits.

[redacted] had similar results when required to listen to a mixed series of numbers and common objects and then repeat the objects in sequential order, followed by the numbers in the sequential order (*Auditory Working Memory*). For example, when given the series "5, dog, 2, cat," with the correct response would be, "dog, cat, 5, 2." [redacted] however, consistently recalled one object and one number. She began to have variable success when asked to recall up to two words (or digits) and one number (or word), and often whined and stated, "*give me easy ones*."

Long Term Retrieval (*Glr*):

Broad Ability *Subtest name*	Standard Score *	Confidence Interval (95%)	RPI	%ile	Classification
Long Term Retrieval (Glr)	--	--	--	--	--
Visual Auditory Learning	36	31 to 41	23/90	<0.1	Extremely Low

-- Cognitive ability could not be determined due to one subtest being given.

Long-term retrieval (Glr) is the ability to store information in and fluently retrieve new or previously learned information, such as concepts, ideas, items, or names from long-term memory. Long-term retrieval is the efficiency with which acquired knowledge is initially stored and later retrieved for immediate use. In other words, it is how quickly one can retrieve a file from their mental 'file cabinet'.

[redacted] was asked to perform a task that required her to learn and retrieve a series of pictographic representations of words (i.e., Y= boy, $= girl) that are first combined into phrases and then combined into sentences of increasing length and complexity *(Visual-Auditory Learning)*. Learning is associated with the task as corrective feedback is provided. In the beginning, [redacted] slowly read each pictographic representation of a word but was able to pair symbols with the correct words with relative ease. As new

symbol-word combinations were introduced, [redacted] began to make mistakes, not recalling the word a certain picture represented. Throughout this task [redacted] would sigh, put her head down, and in a whining tone stated, "*dumb, because I hate reading.*" Typically, [redacted] made the same mistakes throughout the task and attempted to flip pages to view the answer. When she was told that she could not look back at the answers she whined and threw her head back.

Auditory Processing (*Ga*):

Broad Ability *Subtest name*	Standard Score *	Confidence Interval (95%)	RPI	%ile	Classification
Auditory Processing (Ga)	85	79 to 91	78/90	16	Low Average
Sound Blending	86	80 to 91	67/90	17	Low Average
Incomplete Words	93	85 to 101	86/90	32	Average

Auditory processing (*Ga*) is the ability to discriminate, analyze, and synthesize auditory stimuli.

[redacted] was required to listen to a series of syllables or phonemes presented through an audio device and then blend the sounds to come up with a complete word *(Sound Blending)*. The words on this task began with two-syllables and increased in complexity by providing words with longer sounds. [redacted] was able to blend the sounds of the two-syllable words with relative ease. For example, if she was presented with the sounds of '/b/ /at/', she could correctly blend the sound. She began to have variable success when identifying and putting together familiar two-syllable words (e.g. tattoo) as she responded correctly within a reasonable amount of time on some, and only deciphered the suffix on others. As longer series of phonemes were presented [redacted] was able to decipher parts of the correct word (beginning, middle, or end) and then create a different word. For example, if presented with the word 'locket' as 'l-ah-k-e-t' [redacted] would say 'lot'. Other times [redacted] provided inaudible responses. Although she performed within the Low Average Range on this task, her RPI score of 67/90 indicates that she would perform lower than her peers.

Next, [redacted] was given a task that required her to recognize and complete a word after only hearing portions of the word *(Incomplete Words)*. She was able to correctly respond to two-syllable low-level words such as 'bedroom', which was presented as 'be_oom'. [redacted] had variable success on low-level words that included more syllables such as 'history', presented as 'histo_ee'; she often responded with pseudowords. She continued to have difficulty on high-level words; she provided answers that were not real words, but what she thought the recording was saying. According to [redacted]s RPI score of 86/90 she would have performed within the same range as her peers.

Overall, this is an area of strength for [redacted] as she performed just below the normal limits on both tasks.

Visual-Spatial Thinking (*Gv*):

Broad Ability *Subtest name*	Standard Score *	Confidence Interval (95%)	RPI	%ile	Classification

Visual-Spatial Thinking (Gv)	--	--	--	--	--
Spatial Relations	98	93 to 103	89/90	46	Average

-- Cognitive ability could not be determined due to one subtest being given.

Visual spatial reasoning (Gv) is the ability to analyze, synthesize, and manipulate visual stimuli. Task demands include perceiving nonlinguistic visual patterns, spatial configurations, visual details, and visual memory. An example of this is constructing a jigsaw puzzle, where one must figure out where to place each piece based on its structure.

[redacted] was asked to select two or three fragments from several choices that could be assembled into a complete target shape *(Spatial Relations)*. Task demands increased in difficulty by their design. Shapes became more irregular and more mental manipulations or rotations were needed to visualize the puzzle. [redacted] responded quickly and accurately when shapes consisted of two parts. As the items increased in difficulty, [redacted] stated that items were "tricky" or "so hard", but continued to provide accurate responses with few errors. Corrective feedback concerning the rules of the rotations needed to construct the puzzle (e.g. turning a shape), was provided when [redacted] answered incorrectly. On some items she would make a mistake concerning the rotation of the fragments, while other times she answered accurately or located two correct pieces out of three. Throughout this subtest however, [redacted] complained that she was tired, pouted, stated she did not know how to do the task, whined, and repeatedly tasted her lip balm on her lips making a humming sound. [redacted]s received an RPI of 89/90 demonstrating that she is in the normative range with her peers. Also, she appears to have an adequate attention to visual details as this is a relative strength.

Processing Speed (*Gs*):

Broad Ability *Subtest name*	Standard Score *	Confidence Interval (95%)	RPI	%ile	Classification
Processing Speed (Gs)	--	--	--	--	--
Visual Matching	76	71 to 81	58/90	5	Borderline

-- Cognitive ability could not be determined due to one subtest being given.

Processing speed (Gs) is the ability to perform simple, clerical-type tasks fluently and automatically, especially when under timed pressure to maintain focused attention and concentration.

[redacted] was allotted three minutes to circle two identical numbers from a horizontal row of six numbers *(Visual Matching)*. The task increases in difficulty as rows move from single-digit numbers to double and triple-digit numbers. Throughout the task [redacted] shook her hand over each row and hummed while selecting her response. She worked at a fair pace accurately selecting identical numbers and occasionally said to herself, "*come on, come on find the number*" or complained of her eyes hurting. As the double-digit numbers were introduced, [redacted] began to slow down. At the end of the task she slammed her head down, whined, and then hung her head backwards in a chair. [redacted]s performance on this task indicates that she is able to accurately perform simple tasks at a fair pace. Compared to her peers, her RPI score states that she would receive a 58 if others received a 90.

The CTONI-2 subtests provide scores with a mean of 10 and a standard deviation of 3. Scores between 7 and 13 are considered average.	
Subtests	Scaled Score
Pictorial Analogies	4
Geometric Analogies	7
Pictorial Categories	8
Geometric Categories	10
Pictorial Sequences	6
Geometric Sequences	9

The CTONI quotients provide scores with a mean of 100 and a standard deviation of 15. Scores between 85 and 115 are considered average.		
Composite	**Standard Score**	**Percentile Rank**
Pictorial Intelligence Quotient (PNIQ)	81	9
Geometric Intelligence Quotient (GNIQ)	91	27
Full Scale Intelligence Quotient (NIQ)	85	14

The Comprehensive Test of Nonverbal Intelligence (CTONI-2) was given as another measure of intellectual ability. [redacted]s Nonverbal Intelligence Quotient (NIQ) fell within the Below Average Range (standard score = 85). This score is comprised of a below average Pictorial Nonverbal Intelligence Quotient (standard score = 81) and an Average Geometric Nonverbal Intelligence Quotient (standard score = 91). Overall, pictorial/visual stimuli is a relative strength of [redacted]s, aforementioned in the fluid reasoning subtest of the WJ-III.

Previous Achievement Scores:

SUBTEST	WJ-III ACHIEVEMENT					
	(2008)		(2011)		(2014)	
	SS	GE*	SS	GE*	SS	GE*
Letter-Word Identification	57	K.8	64	1.9	48	2.4
Reading Fluency	--	<K.8	--	<1.2	63	2.3
Story Recall	[redacted]		25	<K.0	72	1.6
Calculation	75	1.4	78	2.9	55	3.0
Math Fluency	64	K.6	68	2.3	69	3.6
Spelling	65	K.7	65	1.7	59	2.3
Writing Fluency	--	<K.0	59	1.6	60	2.5
Passage Comprehension	63	K.8	50	1.0	50	1.9
Applied Problems	77	1.0	34	<K.0	58	2.1
Word Attack	67	1.0	[redacted]			
Writing Samples	[redacted]				50	1.8
Story Recall-Delayed	[redacted]		75	<2.0	48	<K.0
Picture Vocabulary	81	<K.0	[redacted]			

-- No score obtained

* Grade Equivalent is an estimate of how a student of the stated grade would perform if given these tasks.

CURRENT ACADEMIC ACHIEVEMENT

Tests:

[redacted] was given the Woodcock Johnson Test of Achievement – Third Edition (WJ-III-ACH) to measure various academic skills within the domains of reading, writing, mathematics and oral language. [redacted]'s academic abilities range from Borderline to Average. Along with the Standard Score, the Relative Proficiency Index (RPI) score has been provided to inform the reader of [redacted]'s predicted performance if other students received a score of 90.

Mathematics

Broad Ability/Subtest	Standard Score	Confidence Interval (95%)	%ile	RPI	Classification
Broad Math	**48**	**45 to 52**	**<0.1**	**7/90**	**Extremely Low**
Calculation	55	49 to 60	0.1	4/90	Extremely Low
Applied Problems	58	54 to 62	0.3	1/90	Extremely Low
Math Fluency	69	67 to 72	2	56/90	Extremely Low

To assess [redacted]'s mathematic skills she was given three tasks. The first task measured her calculation skills by having her answer various math problems that progressively increase in difficulty by way of operations *(Calculation).* [redacted] was able to accurately solve basic addition and subtraction problems (i.e. 5-1) and stated, "This is easy!" She often used the strategy of counting on her hands during these tasks. However, when she was presented with addition and subtraction problems that involved grouping, she answered incorrectly. [redacted] demonstrated a lack of understanding or confidence when presented with multiplication and division equations as she attempted one multiplication problem and did not try any division problems. As with previous tasks [redacted] began to whine stating that her neck hurt or that she was tired when shown perceivably difficult information. Her RPI score indicates that she would have performed lower than her peers with a score of 4/90.

[redacted]'s calculation skills were used when she was asked to solve orally and visually presented math problems *(Applied Problems).* She was able to accurately respond to problems that involved telling time, and basic addition and subtraction. Throughout this task, [redacted] utilized her strategy of counting on her fingers. When presented with problems that involved counting money to purchase an item and fractions using pictures, [redacted] was unable to respond accurately. She needed much redirection as she would begin to complain of pains. [redacted]'s RPI on this task is 1/90.

[redacted]'s ability to solve simple computations was demonstrated when asked to solve an assortment of simple arithmetic facts (addition, subtraction, and multiplication) under timed pressure *(Math Fluency).* She worked at a slow pace and made no errors; she was only able to complete up to the addition and subtraction questions. According to the RPI score, [redacted] would have received a 56/90, indicating that she would have performed lower than her peers.

Reading

Broad Ability/Subtest	Standard Score	Confidence Interval (95%)	%ile	RPI	Classification
Broad Reading	68	65 to 71	2	2/90	Extremely Low

Lttr/Wrd Identification	48	45 to 52	<0.1	0/90	Extremely Low
Reading Fluency	63	59 to 67	1	16/90	Extremely Low
Passage Comprehension	50	45 to 56	<0.1	4/90	Extremely Low

Three tasks measured [redacted]s reading ability. The first task asked her to correctly pronounce words that were visually presented to her *(Letter-Word Identification).* [redacted] immediately "hid" behind the test when presented with this task. She accurately identified words that were below her age level and used in everyday language, (e.g. 'then') with relative ease. As the words increased in difficulty (e.g. 'paint') [redacted]was unable to pronounce the words. She received an RPI score of 0/90 on this task.

Utilizing her word identification skills, [redacted]was asked to silently read simple sentences and decide if the statement is true or false *(Reading Fluency).* Fluency is often correlated well with reading comprehension as it measures reading rate and accuracy. When presented with this task [redacted]began to burst into tears stating that she did not know how to read. After some calm talk, [redacted]took a few minutes to readjust herself and continued with the task. She read each sentence aloud and worked at a slow pace making no errors. On one particular item she misread the word 'spoon' and said 'soup'. She received an RPI Score of 16/90.

Lastly, [redacted]was asked to use her skills of word recognition and fluency to silently read short passages and supply the missing word *(Passage Comprehension).* It required her to understand the brief passages while reading them in order to determine a word that best fit the context. [redacted]accurately identified the target word in passages containing basic sentences and pictures. For example if shown a picture of a blue ball the sentence would read 'The ___ is blue.' As the passages slightly increased in difficulty (by way of vocabulary, no pictures, and context clues to figure out the missing word), [redacted]was unsuccessful. Her RPI on this task is 4/90 suggesting she would have performed below her peers.

Writing

Broad Ability/Subtest	Standard Score	Confidence Interval (95%)	%ile	RPI	Classification
Broad Written Language	**47**	**43 to 51**	**<0.1**	**6/90**	**Extremely Low**
Spelling	59	54 to 63	0.3	3/90	Extremely Low
Writing Fluency	60	55 to 66	0.4	10/90	Extremely Low
Writing Samples	50	44 to 56	<0.1	8/90	Extremely Low

[redacted]had below normative success when required to spell words dictated to her individually and in sentences *(Spelling).* She was successful in writing letters and basic words (e.g. 'bat'). [redacted]had variable success with words seen in everyday language such as 'have'. As the words continued to increase in difficulty by way of irregular spelling (i.e. laugh) [redacted]was unable to spell the words correctly. Her RPI score indicates that she would have performed lower than her peers.

[redacted]demonstrated below normative success when required to formulate and write a sentence quickly when given three words and a picture (Writing Fluency). [redacted]worked at a slow pace, including the target words, and occasionally made awkward sentences.

Throughout this subtest she read her sentences aloud as she wrote them and stated, "*I'm not feeling well*". When shown a picture of food along with the target words [redacted] stated, "*Ohh this looks good, I had a lollipop that's why I have this gum in my mouth.*" Toward the end of the test she began grunting and said, "*I can't do this. My leg is already in pain.*" She received an RPI score of 10/90.

Similar to her performance on previous writing tasks, [redacted] struggled when she was asked to write sentences that are evaluated based on expression (Writing Samples). She performed well when she needed to fill in a blank of a basic sentence such as 'This is a __ ball'. When [redacted] needed to write sentences based on specific topics verbally presented to her, her responses either lacked specific detail or did not correlate with the prompt, or lacked appropriate sentence structure. Her performance on this task is similar to that of her performance on comprehension tasks as she did not understand the context to insert a missing word and to her overall verbal abilities. She received an RPI score of 8/90.

Oral Language

Broad Ability/Subtest	Standard Score	Confidence Interval (95%)	%ile	RPI	Classification
Oral Language	**52**	**45 to 58**	**<0.1**	**39/90**	**Extremely Low**
Story Recall	72	61 to 83	3	72/90	Borderline
Understanding Directions	54	49 to 60	0.1	13/90	Extremely Low
Story Recall-Delayed*	48	24 to 71	<0.1	61/90	Extremely Low

*not included in cluster average

Oral language provides the foundation for literacy development, which leads to success in reading and writing. Three tasks measured [redacted]s oral language skills. The first task asked [redacted]o recall increasingly complex stories and then recall as many details as she can remember *(Story Recall)*. [redacted] demonstrated fair success on this task and her performance is seen as a relative strength. She had variable success recalling stories that consisted of two to three sentences. As the stories increased in length she had some difficulty remembering the entire story. She was able to recall few important details, but often added what she assumed happened. Her RPI suggests that she would have received a 72 if her peers received a 90. When [redacted] was asked to recall story elements about an hour after the original presentation *(Story Recall-Delayed),* she struggled. [redacted] was presented with the first line of each story to help her recall elements of the story, but was only able to remember one detail from two stories, resulting in an RPI of 61/90.

[redacted] had below normative success when she was required to listen to a sequence of audio-recorded instructions and then follow the directions by pointing to various objects in a colored picture *(Understanding Directions)*. [redacted] had variable success on this task as she had some difficulty following multi-step directions. She sometimes made the mistake of pointing to one object or pointing to too many objects. Her RPI indicates that she would have performed below her peers.

ADAPTIVE SKILLS

To assess [redacted]s Adaptive Skills the Vineland Adaptive Behavior Scale, Second Edition (Vineland-II) was used. The Vineland provides a comprehensive assessment of personal and social sufficiency for students ages 3 through 21 years in a school, preschool, or structured day care setting. Adaptive behavior refers to an individual's *typical* performance of the day-to-day activities required for personal and social sufficiency. Thus, the Vineland-II assesses what a student *actually does*, rather than what her or she is *able* to do. The Vineland-II assessed [redacted]'s Communication, Daily Living Skills, and Socialization.

Three Vineland-II scales were provided to assess [redacted]s adaptive skills. Separate Teacher Forms were completed by Ms. Maddox and Ms. Franklin; Ms. [redacted] completed the Parent Form. Ms. Maddox's scores are represented as *Rater1,* Ms. Franklin's scores are represented as *Rater 2,* and Ms. [redacted]s scores are represented as *Rater 3.*

Results:

[redacted]s overall level of adaptive behavior (rated by Ms. Maddox, Ms. Franklin, and Ms. [redacted]) was found to be within the Low Range (Adaptive Behavior Composite score of 67). The following is a more detailed explanation of [redacted]s performances within each skill area. It is worthy to note that there is a strong negative relationship between Ms. [redacted]s scores and those of Ms. Maddox and Ms. Franklin.

Vineland-II Classifications		
Standard	**v-Scale**	**Adaptive Level**
130+	21+	High
115-129	18-20	Moderately High
86-114	13-17	Adequate
71-85	10-12	Moderately Low
70 and below	9 and below	Low

Domain/ Subdomain	**Stand. Scr./** v-Scal. Scr. *RATER 1*	**Stand. Scr./** v-Scal. Scr. *RATER 2*	**Stand. Scr/** v-Scal. Scr. *RATER 3*	**Average**	**Descriptor**
Communication	**62**	**62**	**71**	**62**	**Low**
Receptive	9	9	10	9.3	Low
Expressive	8	8	12	9.3	Low
Written	9	9	8	8.7	Low
Daily Living Skills	57	65	97	65	Low
Personal	8	11	15	11.3	Moderately Low
Academic	8	9	16	[redacted]	[redacted]
Domestic	-	-	16	[redacted]	[redacted]

School Community	8	8	-	[redacted]	
Community	-	-	12		
Socialization	60	67	80	69	Low
Interpersonal Relations	7	9	10	8.7	Low
Play & Leisure Time	7	8	12	9.0	Low
Coping Skills	9	10	14	11.0	Moderately Low
ADAPTIVE BEHAVIOR COMPOSITE	**58**	**63**	**81**	**67**	**Low**

Communication:
The three subdomains in the Communication Domain are Receptive, Expressive, and Written. [redacted]s Receptive communication was rated a v-scale score of 9.3 indicating that she has low adaptive skills in listening, paying attention, and understanding communication. Her Expressive communication was rated a v-scale score of 9.3 indicating that [redacted]has low skills in using words and sentences to gather and provide information. [redacted]s Written communication was rated a v-scale score of 8.7 indicating that she has low skills in reading and writing when compared to individuals her age in the norm sample.

Daily Living Skills:
The three subdomains in the Daily Living Skills are Personal, Academic/Domestic, and School Community/Community. [redacted]s Personal daily living skills was rated to be within the low range in taking care of personal needs and hygiene. Her Academic daily living skills were rated to be within the low range for understanding time, money, and math. [redacted]s Domestic skills were rated to be within the adequate range and her Community skills were rated as Moderately Low. [redacted]s School Community Skills were rated as low in her ability to follow rules and routines when compared to individuals her age in the norm sample.

Socialization:
The three subdomains of Socialization are Interpersonal Relationships, Play and Leisure Time, and Coping Skills. [redacted]s Interpersonal Relationship skills were rated a v-score of 8.7 indicating she has low skills in interacting and getting along with others. Her Play and Leisure Times skills was also rated a v-scale score of 9 which measured how she plays and uses leisure time. Lastly, [redacted]s Coping Skills were rated a v-scale score of 11 which measured how she demonstrates responsibility and sensitivity toward others.

BEHAVIORAL FUNCTIONING

Results:

To assess [redacted]s behavior, the Behavior Assessment System for Children, Second Edition (BASC-2) was used. The BASC-2 is a norm-referenced, standardized behavioral assessment system designed to facilitate the differential diagnosis and classification of a

variety of emotional and behavioral disorders of children, and to aid in the design of treatment plans. On the Clinical Scales, scores from 59 and below are considered average. Scores from 60 to 69 are considered at-risk and areas to be aware of and monitor (and are *italicized*). Scores of 70 and above are considered clinically significant and likely deserve attention/further follow up (and are printed in **bold**).

The table below shows Ms. Maddox's results (T-score) and Ms. [redacted]s results (T-Score 2).

Composite	T-Score	%tile	Descriptor	T-Score 2	%tile	Descriptor
Externalizing Problems	56	78	Average	46	42	Average
Internalizing Problems	*67*	*93*	*At-Risk*	50	56	Average
School Problems	**72**	**97**	**Clinically Significant**	[redacted]		
Behavioral Symptoms Index	**77**	**98**	**Clinically Significant**	50	56	Average
Adaptive Skills	40	15	Average	43	23	Average

Below is a more detailed description of the BASC-2 report:

In the composite of Externalizing Problems, there are three categories including Hyperactivity, Aggression, and Conduct Problems. The Hyperactivity scale measures the tendency to be overly active or act without thinking; the Aggression scale measures the tendency to act in a hostile manner that may appear threatening to others; and the Conduct Problems scale measures the tendency to engage in anti-social, rule-breaking behavior. Ms. Maddox only indicated concern within Conduct Problems (62) as it is within the At-Risk Range. She received a Hyperactivity T-score of 54 and an Aggression T-Score of 50. Ms. [redacted] indicated no areas of concern in this composite (i.e. Hyperactivity (47), Aggression (47), Conduct Problems (46).)

The Internalizing Problems Composite examines the areas of anxiety, depression, and somatization. The Anxiety scale measures the tendency to be nervous or worried about real/imagined problems; the Depression scale measures the tendency to have feelings of unhappiness and sadness that may result in the inability to carry out everyday activities; and the Somatization scale examines the tendency to be overly sensitive to relatively minor physical problems/discomforts. Ms. Maddox reported concerns in the area of Anxiety (66) which is in the At-Risk Range, and Depression (70) which is in the Clinically Significant range. The area of Somatization (55) is not of concern; however Ms. [redacted] reported this as an area of Clinically Significant concern (78). Ms. [redacted] rated Anxiety (45) and Depression (50) as not concerning.

The School Problems Composite examines the areas of attention problems and learning problems. The Attention Problems scale measures the tendency to be easily distracted and the inability to concentrate. The Learning Problems scale measures the presence of academic difficulties. Ms. Maddox indicated concerns within both areas; Attention

Problems (68) which is in the At-Risk range, and The Learning Problems scale (73) which is within the Clinically Significant Range.

Behavioral Symptoms Index is made up of Atypicality and Withdrawal scales. The Atypicality scale examines the tendency to think or behave in an odd or unusual manner. The Withdrawal scale examines the tendency to avoid social contact. Within both areas [redacted] was rated to be within the Clinically Significant Range by Ms. Maddox; Atypicality (106) and Withdrawal (83). Ms. [redacted] rated [redacted] as being within the At-Risk Range in Withdrawal (63) and the Clinically Significant Range in Attention Problems (83). There is no concern from Ms. [redacted] regarding [redacted]s Atypicality.

The Adaptive Skills Composite examines pro-social, desirable behaviors, including adaptability, social skills, leadership skills, study skills, functional communication skills, and activities of daily living. There were no concerns in these areas as Adaptability has a T-score of 30, Social Skills (47), Leadership (44), Study Skills (43) and Functional Communication (31). Ms. [redacted] also indicated that there are no concerns in this area, reflected in the following scores: Adaptability (39), Social Skills (13), Leadership (43), Activities of Daily Living (50) Functional Communication (41).

Summary:

[redacted] is a 14 year old female who attends Friendship Collegiate Academy as a 9th grader and currently receives special education services under the classification of Specific Learning Disability.

[redacted]s performance on majority of the cognitive subtests fell below normal limits. However, [redacted] appears to have a relative strength in the area of manipulating visual information. She also appears to have difficulty on all academic tasks as she performed below limits. However it appears that [redacted] has a relative strength in recalling small amounts of information immediately. Along with her cognitive and academic skills, [redacted]s adaptive skills were also below limits. The behavioral scale indicates that [redacted] was rated as having clinically significant school problems, behavioral problems, and at-risk internalizing problems which may be due to her low adaptive skills.

Recommendations:

It is recommended that the results be presented to the IEP team as the team holds the decision to classify, declassify, or change the classification of a student.

- It is recommended that the team consider the classification of Intellectual Disability as [redacted]s Cognitive, Academic, and Adaptive skills were below normative limits.

  [redacted] enjoys dancing, singing, and helping others with tasks. Utilizing these interests can help [redacted] to think of future career goals.

- [redacted] can benefit from modification of educational content into simple concrete steps.
- Due to [redacted]s low socialization, she should receive counseling to teach her how to effectively communicate with others and recognize emotions.
- Since [redacted] struggles to complete basic math computations with automaticity, it may be beneficial for her to use a calculator.
- Because visual spatial reasoning is a strength, try to incorporate as many pictorial demonstrations as possible.
- To improve [redacted]s reading, a review of phonics should be provided using level appropriate text with pictures (approx. 1st grade). The reading level should gradually increase as [redacted] appropriately pronounces words and understands the text by being able to provide main ideas.

Chantel Hazell, MS.Ed, CAS
Nationally Certified School Psychologist
Friendship Collegiate Academy
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EARLY STAGES

CONFIDENTIAL
PSYCHOLOGICAL REPORT

Name:	[redacted]	**Parents:**	[redacted]
DOB:	[redacted]	**Chronological Age:**	4 yrs 07 months
Date of Evaluation:	11/25/2009	**Date of Report:**	11/25/2009
Student ID#:		**Examiner:**	Ana C Rivas, Psy. D

REASON FOR REFERAL

[redacted] is a four-year-old girl who was referred to Early Stages to determine if she is eligible for special education services. [redacted] has had numerous incidences of disruptive behavior in her preschool where she was recently expelled for spitting on her principle.

BACKGROUD NFORMATION

[redacted] lives with her mother, grandmother, and six year old brother. It was reported that [redacted] and her brother have sporadic contact with her biological father who often does not follow through on his scheduled visitation. It was also reported by the mother that [redacted] grandmother often does not support her with regard to correcting and/or disciplining the children. She stated that at home it is difficult for her to enforce rules regarding, eating, sleeping, routines, and behavior because grandmother will contradict her.

With regard to [redacted] s disciplinary problems in school, [redacted] s mother stated that she has asked for help from her teacher to get strategies and techniques. [redacted] s mother also reported that she was receiving so many calls from school asking her to pick up her daughter that she had to quit her job. Ms. [redacted] also stated that [redacted] has reported at home that an adult (unidentified) at school stood on her toes for a continuous period of time to keep her from walking. Ms. [redacted] stated she reported this to the principle who responded that this incident did not happen.

TEST ADMINISTERED

Ages and Stages Questionnaire
Clinical Interview of Mother
Clinical Observation
Wechsler Preschool and Primary Scale of Intelligence- Third Edition
Behavior Assessment System for Children, Second Edition

BEHAVIORAL INFORMATION

[redacted] was observed for a total of four hours. She presented as a girl of normal size and stature and she was very well groomed. [redacted] was alert and attentive to assessment procedures, she able to follow most directions; however she became distracted and fidgety in her chair and showed evidence of testing fatigue during the latter part of the morning. [redacted] was compliant and showed no signs of defiance or opposition. [redacted] responded positively to reinforcement and positive redirection and was able to shift between multiple tasks and challenges. Her language was bilingual Spanish and English although she appears to be Spanish dominant because she chose to answer most verbal questions in the Spanish language. She was very conversational, spontaneous and age appropriate in her speech/language during this observation. This assessment is considered to be an accurate measure of her abilities due to her presentation.

School Observation

[redacted] was observed by two clinicians in her preschool classroom at H.D Cooke Elementary School on 12-8-2009 between 9:30am and 11:30am. Her teacher Ms. Dargan welcomed the observers into the classroom although the visit was unannounced. There were a total of 16 children in the classroom. The classroom was very well organized, clean, and fully stocked with learning materials. Ms. Dargan has a lesson plan theme that included a variety of educational stimuli focusing on the gingerbread man story, which included art, song, circle time, manipulatives, and sensory materials in different stations. The children were observed during individual, small group, and transition times.

[redacted] presented as well groomed and alert. She was observed to be completing a painting on the easel using a variety of paint colors. [redacted] recognized the evaluators upon their arrival and made eye contact and non-verbal gestures to indicate her recognition. [redacted] continued to paint and interact with other children in her classroom whom approached her for comment and sharing. She was observed receiving positive encouragement through verbal praise from her teacher. [redacted] asked her teacher for more paint of a particular color and her teacher was seen providing this material to her and another child who joined them. [redacted] looked at her teacher and stated, "look at this!" pointing to her picture; Ms. Dargan responded with praise and used a soothing and welcoming voice.

During transition time it was observed that Ms. Dargan needed to hold [redacted]'s hands to walk the hallway with another student. [redacted] was squirmy and distractible through their transition to an activity room. [redacted] was observed to break free of the teacher's grasp and become involved in exploring the hallway and playing with the other children in her class. Her teacher continued to assist the other children to transition to the room and [redacted] was one of the last students to transition.

Teacher Interview

Her teacher Ms. Dargan was interviewed regarding [redacted]. Ms. Dargan stated that [redacted] has been in her classroom since August, however her behavior has been problematic for the most recent 1 -2 months. [redacted]'s behavior in the classroom includes difficulty cleaning up, sharing, and transitioning. [redacted] also becomes aggressive to her teacher and the aide and other students; she hits, pushes, shoves, and kicks. Ms. Dargan reported that rest time is a particular difficulty; [redacted] will disturb the classroom by loudly banging on pots, yelling at the top of her lungs, and going into the dramatic play section of the classroom. Ms. Dargan stated that [redacted] is expected to rest quietly during this time and that she is not able to lay down. Ms. Dargan stated that she has tried numerous strategies including, talking to [redacted] 1 to 1, giving her special jobs, using a buddy, giving her stickers, encouraging her mother to implement discipline at home, and communicating with the parent. Ms. Dargan stated she is most concerned when [redacted]'s behavior escalates and she destroys property by throwing chairs, spitting, and tantruming. [redacted] has reportedly spit at her teacher, principle, and security guard. Ms. Dargan provided a written summary of her behaviors which corroborated her verbal report; she also added that [redacted] often presents to school "wound up" in the mornings" and "sometimes falls asleep from exhaustion {after a tantrum}."

School Counselor and School Psychologist Interview

Ms. McDaniel the school counselor and Jessica Silva the school psychologist were interviewed for this evaluation. They emphasized that [redacted]'s cognitively capable of understanding that her behavior is wrong. Ms. Silva stated that [redacted] is brought often downstairs to her or Ms. McDaniel's office in order to de-escalate and that she may find this process enjoyable. Ms. Silva also stated that [redacted] escalates in the classroom about 2-3 times per day. Ms. Silva stated that she feels [redacted]'s behavior may be related to a possible lack of discipline at home. Ms. McDaniel emphasized that [redacted]'s behavior is extreme and that she becomes a danger to others in the school environment. She has worked with [redacted] in the classroom and in her office providing "time out." Ms. McDaniel's stated she feels [redacted] is defiant and has not been exposed to discipline. She stated [redacted]'s mother has not signed consent for counseling services.

Principal Interview

Ms. Kathleen Black, School Principal was also interviewed. She reiterated the concerns her staff expressed about [redacted]'s behavior and added that she feels [redacted] may not be receiving a home environment with sufficient discipline, structure, and follow-up; "there is no connection between home and school." Ms. Black stated that [redacted] has expressed that she wants to be in her brother's classroom and that she wants to go back to her previous school. She expressed that [redacted]'s behavior in school may be related to environmental factors and that [redacted] is capable cognitively to learn educational material, "she lacks the behavioral readiness to be here." She emphasized that [redacted]'s behavior becomes a danger to other students and must be addressed due to safety concerns.

Records Review

Three Student Action reports were reviewed for this evaluation dated 12/3/09, 10/3, and 10/3. These reports documented [redacted]'s behavioral outbursts during which "she was defiant, hit, shoved, and screamed down the hallway." It was also documented that [redacted] showed physical

EARLY

TEST RESULTS

Wechsler Preschool and Primary Scale of Intelligence- Third Edition

Verbal	Scaled Score	Performance	Scaled Score
Information	6	Block Design	6
Vocabulary	8	Matrix Reasoning	8
Word Reasoning	5	Picture Concepts	8

Processing Speed	Scaled Score
Symbol Search	9
Coding	8

Verbal IQ	97 (Average)
Performance IQ	105 (Average)
Processing Speed	91 (Average)
Full IQ	114 (High Average)

On the Wechsler Preschool and Primary Scale of Intelligence- Third Edition, [redacted] obtained a Full Scale Intelligence Quotient of 114, (95% Confidence Range between 107-120). This means her overall cognitive abilities fall in the Average to High Average range or better than 82% of her same age peers. Her Verbal Intelligence Quotient is 97, (95% Confidence Range between 87-100). Her verbal abilities fall within the Average range or better than 42% of her age mates. The Performance Scale refers to Non-Verbal or Visual Intelligence. [redacted]'s Performance Intelligence Quotient is 105, (95% Confidence Range between 96-113). This Performance Score places her in the Average range for Visual Intelligence. Processing Speed refers to the quickness with which she can scan, process, and respond to information. [redacted]'s Processing Speed Intelligence Quotient is 91 (95% Confidence Range between 83-101).

Although [redacted]'s Cognitive abilities fall consistently in the Average range, she shows patterns of strengths and weaknesses with regard to the specific skills and abilities. [redacted]'s strength is her ability to process information quickly (Symbol Search = 9). She is likely motivated by working under time constraints and can make quick decisions about simple information. [redacted]'s weakness is higher order verbal reasoning (Word Reasoning = 5). She may not have developed her verbal logic skills as much as her other basic vocabulary skills. Areas in which [redacted] can improve her cognitive abilities include her ability to answer factual questions (Information= 6) and her ability to recreate visual patterns and designs using blocks (Block design= 6).

[redacted] has good skills in her ability to solve pictorial puzzles (Matrix Reasoning= 8 and Picture Concepts =8). She is likely a visual learner and can reason at a higher level with familiar contexts. She can also group and categorize. [redacted] also has a good basic Vocabulary for a child her age (Vocabulary= 8).

Behavior Assessment System for Children, 2nd Edition

The **Behavioral Assessment System for Children – Second Edition, Parent Rating Scale – Preschool (BASC-2: PRS-P)** is a questionnaire used to assess behavioral and emotional symptoms in children. Scores on the BASC-2 have an average of 50 and a standard deviation of 10, so that the majority of children will score between 40 and 60. On the Externalizing Problems, Internalizing Problems, and Behavioral Symptoms Index, scores between 60 and 70 are considered "At Risk" and above 70 is in the "Clinically Significant" range. For Adaptive Skills, higher scores are more desirable. Therefore, scores between 30 and 40 are "At-Risk" and below 30 is "Clinically Significant".'

[redacted] mother, [redacted] completed the Parent Rating Scale and the results are as follows:

	T-Score	Percentile	Extreme Caution
Externalizing Problems	88	99	Significant
Hyperactivity	92	99	Significant
Aggression	77	98	Significant
Internalizing Problems	75	98	Significant
Anxiety	66	93	At risk
Depression	78	99	Significant
Somatization	63	90	At risk
Behavioral Symptoms Index	84	99	Significant
Atypicality	90	99	Significant
Withdrawal	47	42	At risk
Attention Problems	66	93	At risk
Adaptive Skills	50	47	Average
Adaptability	34	06	Average
Social Skills	66	94	At risk
Activities of Daily Living	51	52	Average
Functional Communication	49	42	Average

On the BASC-2: PRSP [redacted] mother's ratings yielded Clinically Significant or At Risk scores in every scale and subscale except for Adaptability, Activities of Daily Living, and Functional Communication; all of which fall under the Adaptive behavior domain. It is highly possible that Ms. [redacted]s overrating (rating the symptom as occurring more often than it truly is) her daughter on this scale as indicated by an F validity Score of Extreme Caution. The F Validity index assesses the possibility that a teacher or parent rated a child in an inordinately negative fashion.

SUMMARY

[redacted] is a 4 year 7 month old female who was referred to Early S.T.A.G.E.S. for an evaluation. Information was obtained from his mother, Ages and Stages Questionnaire, behavioral observations, record review, the Wechsler Preschool and Primary Scale of Intelligence- Third Edition (WPPSI-III), and the Behavioral Assessment System for Children – Second Edition (BASC-2). Throughout the evaluation session, [redacted] was cooperative and attentive. As the evaluation proceed, [redacted] seems to be tired and disinterested in the tasks. On the WPPSI-III, [redacted] received a Full Scale score of 114, which is in the High Average range. Her Verbal score was 97 and in the Average range, and her Performance score was 105 and in the Average range of ability. On the BASC-2, her mother rated her behavior as being Clinically Significant or at Risk in most of the subscales. It's possible that Ms [redacted] overrated the responses.

These results should be interpreted in conjunction with data from related assessments regarding his educational needs and planning.

RECCOMENDATIONS:

1. Due to the level of [redacted]s cognitive abilities and her response to positive interactions during this evaluation it is recommended that [redacted] remain in a regular bilingual preschool classroom.
2. Due to the severity of [redacted]s behavior in school it is recommended that she receive a full assessment of her behavior through a functional behavior analysis (FBA) within her classroom. An FBA will determine what may be the underlying and immediate cause of her negative classroom behaviors and may help to identify positive strategies for intervention.
3. [redacted] will highly benefit from a behavior intervention plan that follows from the FBA in order to teach her behavioral skills. The use of positive classroom management strategies and interventions will be critical for [redacted] to reach her behavior potential.
4. [redacted] parent Ms. [redacted] was educated regarding [redacted] cognitive and behavioral potential and the need to provide a home environment with consistency, discipline, and routines. It was suggested that [redacted]s grandmother attend the next meeting in order to emphasize these needs at home.
5. [redacted] parent was also educated regarding visual and behavioral strategies to educate her at home. She was provided with sample positive behavior charts and bedtime schedules.

Examiner
Ana C Rivas, PsyD

Lorna L. Sanchez, Psy.D
License Psychologist, #1000560

REPORT OF NEUROPSYCHOLOGICAL EVALUATION

NAME: **JOHN SMITH**

DOB: [redacted], **1999**

DATES TESTED: **FEBRUARY 18 AND 19, 2010**

CHRONOLOGICAL AGE: **10 YEARS; 2 MONTHS**

EXAMINING CLINICIAN: **ROBERT F. CHASE, PH.D.**
National Provider Identifier (NPI) #: [redacted]

PERTINENT BACKGROUND INFORMATION AND NATURE OF PRESENTING CONCERNS

John Smith is a ten-year, two-month old right handed boy who has previously been identified as struggling with high-functioning Autism. John is currently in the fourth grade at Garrison Elementary School (a part of the D.C. Public School System), where he has an Individualized Education Plan (IEP) that provides: (1) up to 23.5 hours of supportive specialized instruction per week from the school's 'Autism Cluster Program'; (2) Adapted Physical Education instruction (1.5 hours per week); (3) Speech-Language Therapy (1 hour per week); and (4) Occupational Therapy (1.5 hours per week).

Review of previous academic records showed that John's first grade report card (corresponding to the final quarter of his first grade -- 2006-2007 -- year) rated him as functioning within the 'secure' range in mastery of his 'beginning reading' skills, including, decoding regularly spelled one- and two-syllable words represented by single letters (consonants and vowels), as well as by consonant blends; consonant digraphs, vowel digraphs, and dipthongs". He was also given a rating of 'secure' in his ability to read aloud grade-appropriate (1st grade) text fluently and accurately with comprehension"

John's Student Progress Report dated 6/18/09 and written at the end of his third grade year described:

- a 'math skills' goal that included being able to: (1) understand the concept of multiplication conceptually – as repeated/serial addition of objects in a set of equal groups; (2) select appropriate operational and relational symbols to make [a math expression or equation] true; (3) estimate and find area and perimeter of a rectangle and triangle using diagrams, models, and grids or by measuring; and (4) use and identify the commutative properties of addition and multiplication on whole numbers in computations and problem situations [with 80% accuracy]. At this time, it was stated that John displayed a general understanding of these goals (which were described as "reflecting a continuation of 3rd grade math goals and an introduction to 4th grade math goals". It was also stated that, based on his progress at this time (June of 2009), "John should have no problem mastering [this material] within a year's time."

- In the areas of 'reading', this same Student Progress Report described John as "gradually progressing his reading skills from 2nd grade to 3rd grade difficulty [with] steady progress".

While review of these academic records suggest that John is making both adequate and steady progress in his functional academics, his parents (represented within this evaluation by his mother, Ms. Elizabeth Smith) stated her belief that this is not actually the case. More specifically, during the course of interviewing with this clinician, Ms. Smith stated her belief that John's reading, math, and writing skills are actually far weaker (and far less developed) than what is being reported in his school records and IEP. As such, Ms. Smith stated that she sees little (if any) improvement in John's reading and writing skills relative to two years ago and she perceived his math skills as deteriorating (stating that he previously had many of his basic addition and subtraction facts memorized, but that now he has to do all adding and subtracting by counting on his fingers. Ms. Smith also expressed concern that John is failing to progress in his oral language and social/pragmatic communication skills and it was her opinion that many aspects of his IEP (such as provision of sound-muffling ear phones and OT-based exercises to help provide a health 'sensory diet') are not being followed-through with in school. In the time shortly following completion of this evaluation, Ms. Smith also had to pick John up from school mid-day after receiving a call stating that he had received scratches on his face (requiring a subsequent trip to his pediatrician) after he got into a scuffle with another classmate during recess. While the facts are somewhat vague surrounding the following, Ms. Smith also expressed concern that a subsequent conversation with John at his doctor's office indicated that he was physically held/restrained too forcefully by his classroom teacher in response to his agitation at the aforementioned event.

At the request of Kathy Zeisel, Esq. (the attorney working with John and his parents on behalf of the Children's Law Center) John was seen for the current, independent neuropsychological and psychoeducational evaluation to determine whether he is actually benefiting from his IEP and whether additional changes need to be made to his academic programming.

SOURCES OF RELEVANT DATA

Relevant information was obtained from a review of pertinent medical, clinical, and academic records, as well as from interviews with John's mother (Ms. Elizabeth Smith). Ms. Smith also rated her perceptions of John a number of normed behavioral and functional rating scales, including the *Social Responsiveness Scale (SRS)* the *Behavioral Rating Inventory of Executive Functioning* (*BRIEF*), the *Behavioral Assessment Scale for Children—Second Edition* (*BASC-2*); and the *Adaptive Behavioral Assessment System*(*ABAS*). This information was supplemented by detailed observation of John's behavior throughout the evaluative process and his performance on a variety of psychological/neuropsychological tests, which included the following:

> The *Wechsler Intelligence Scale for Children--Fourth Edition (WISC-IV)* was administered as a measure of general intellectual functioning. The *Wechlser Individual Achievement Test – Third Edition* (*WIAT-III*) was administered as a measure of John's current academic ability in the areas of reading, math, writing, and oral language. The *Gray Oral Reading Test—Fourth Edition (GORT-4*) was also administered as a supplementary test of reading and reading comprehension. Additional supplementary measures administered to John included the *Comprehensive Test of Phonological Processing (CTOPP*), and the 'Listening Comprehension subtest' from the *Oral and Written Language Scales (OWLS*).
>
> During this evaluation, attempts were also made to formally assess John's verbal and visual learning/memory skills utilizing specific subtests of the *Wide Range Assessment of Memory and Learning—Second Edition (WRAML-2*) and the *Children's Memory Scale (CMS*). However, these ultimately had to be discontinued as John was unable to fully attend to or cooperate with the demands of these measures.

BEHAVIORAL OBSERVATIONS

John presented as an extremely sweet and endearing boy. Throughout the evaluative process, he displayed obvious and overt signs of his previously diagnosed Autistic Disorder, as evidenced by his inconsistent eye-contact, impaired oral language functioning, and repeated tendency to engage in non-purposeful self-stimulating behaviors (typically random hand flapping with grunt-like vocalizations). John also demonstrated evidence of 'organic'/neurological impairment common in children with Autism, including cognitive, behavioral, and verbal perseveration, as well as echolalia and palilalia. While John demonstrated fairly 'strong' language skills for a child with Autism, his ability to understand and to express was generally limited to brief statements of one to two sentences at a time. When John was requested (or tried) to speak in greater volumes (i.e., at a 'discourse' level of stringing multiple sentences together) both the volume of his voice and his oral articulation quickly deteriorated (to the point where he was basically mumbling incoherently).

Consistent with his Autistic Disorder, John had a very short span of attention and was highly distractible. Thus, while he seemed motivated, as well as very eager to please this examiner, it was extremely difficult to get him to remain 'on-task' form periods longer than 15 minutes at a time. Testing was thus conducted in short work-periods of 5 to 15 minutes with short (10-minute) breaks in-between. It was also necessary to reinforce (and at times 'bribe') John's compliance and on-task behavior with small tangible rewards which helped to "keep him going" when he verbalized a desire to stop and go home. While John's ability to work effectively was obviously hampered by his myriad linguistic, attentional, and behavioral difficulties, he was nonetheless found to be cooperative (so long as he received lots of praise, encouragement, rest-breaks, and 'prizes' for task completion. In this respect, the results obtained were deemed to be a valid estimate of John's current abilities **(at least when tested under fairly ideal circumstances -- e.g., within a quiet, distraction-free, and highly structured and supportive environment).**

SUMMARY AND ANALYSIS OF PERTINENT EVALUATIVE RESULTS

INTELLIGENCE TEST RESULTS

On the *Wechsler Intelligence Scale for Children—Fourth Edition* (*WISC-IV)*, John earned a *Verbal Comprehension Index* (VCI) score of **65** (**1**st percentile rank for age), placing him within the mildly deficient range, overall, on this composite measure of verbal-linguistic intelligence. In marked contrast, John's *Perceptual Reasoning Index (PRI)* score of **100** (**50**th percentile) placed him **squarely within the mid-average** range on measures assessing his overall capacity for nonverbal reasoning/problem-solving and perceptual organization skills. **The talent John demonstrated within the domain of visual/nonverbal reasoning and intelligence was striking (and even somewhat unexpected) given that his autistic/behavioral and associated language-based disabilities lead him to present as a child with significantly sub-normal intellectual ability. More specifically, the impressive talent John showed within the *WISC-IV PRI* domain suggest that his ability to think, reason, understand, learn, and problems-solve are likely to be far greater than anyone might have otherwise suspected – particularly if he is able to learn and work in a primarily visual/nonverbal manner**.

The above contention is at least partially supported by inspection of John's scores on the second half of the *WISC-IV*. More specifically, John had consistent trouble, and scored at the lowermost end of 'borderline deficient' range, on the *Working Memory Index* (WMI = 71; 3rd percentile), which is comprised of two verbally-based tasks requiring basic numerical skills, as well as auditory sequential memory and attentional control skills. He scored noticeably higher (although still below-average, overall) on the *WISC-IV Processing Speed Index* (*PSI* = 83; 13th percentile) assessing his ability on simple, paper-and-pencil tasks requiring visual symbol decoding, visual attentional accuracy, immediate visual memory, and rapid visually-based mental processing. It should be noted, however, that John's *Processing Speed Index* of '83' was produced by the averaging together of two fairly discrepant scores -- e.g., a borderline deficient score on a measure that placed heavy emphasis on visual-motor integration and rapid written production (*Coding* = 5th percentile) and an **average range** score on a test requiring rapid and accurate visual symbol discrimination, memory, and matching without the added motor writing requirement (*Symbol Search* = 37th percentile). **Thus, once again, John's performance on *WISC-IV* measures comprising the Working Memory Index and Processing Speed Index indicated that, while largely impaired on tasks requiring verbal/auditorally-based language and attentional processing, he tends to perform surprisingly well (and even commensurate with most non-disabled children his age) on tasks allowing him to work, think, and learn in a predominantly visual (nonverbal and motor/writing-free) fashion.**
John's *WISC-IV Full Scale IQ* (*FSIQ*) score could not be meaningfully estimated given the dramatic discrepancy between his problematic/deficient scores on the verbal/auditorally-based *Verbal Comprehension Index* and *Working Memory Index* (*VCI* = '65' and *WMI* = '71', respectively) and his perfectly average score on the visually/nonverbally-based Perceptual Reasoning Index ('100'). Indeed, the 35-point discrepancy between John's *VCI* score of '65' and his *PRI* score of '100' was both statistically significant (at the 'p<0.01' level) but also clinically significant and extremely rare – as such VCI < PRI discrepancies occur naturally within the general school-aged population only 0.8% percent of the time.

Presented below is a more detailed description of John's performance within all four domains of cognitive/intellectual functioning measured by the WISC-IV (i.e., the VCI, PRI, WMI, and PSI).

The aforementioned **Verbal Comprehension Index (VCI)** is a composite measure of John's scores on *WISC-IV* subtests assessing different aspects of verbal/linguistic intelligence. This having been said John scored at the **1**st percentile for his age on the *Vocabulary* subtest, indicating a fund of word knowledge (and/or an ability to verbally describe and demonstrate his knowledge of words and their correct meanings and usages) that was markedly deficient for a student his age. John **also** scored at the **1**st percentile (deficient range) on the *Comprehension* subtest, which is a verbally-based test of social common-sense reasoning, logic, and judgment. He scored no higher than the 9th percentile on the *Similarities* subtest, which required him to determine and verbally explain how various word pairs were ultimately alike or the same as one another. This score placed him within the borderline deficient range in his ability to perform and/or describe his attempts at verbal associative, as well as more abstract and conceptual verbal reasoning and concept formation. Although John low score on the Similarities subtest clearly reflects the severe weakness in his capacity for higher-order, conceptual or abstract type thinking, his performance on this test was further hampered by separate yet associated intellectual and information processing issues. For example, despite being required (and repeatedly cued, instructed, and reminded) to relate both words in each word pair together (to determine how they were ultimately alike or the same), there were numerous times when John's answer reflected a simple definition or association to only one of the two words provided. Thus, for example, when asked how "anger and joy" were alike, John replied "**They surprise! They are glad!"** (indicating a focus only on the final word 'joy'). Similarly, when asked, on another item, to describe how "a poet and painter" were

alike, he responded, "**Because they are to paint the walls".** In addition to possible issues with vocabulary, such responses reflected, not only problems with higher-order conceptual and 'abstract' thinking, but also with attention, direction-following, impulse-control, and the ability to mentally hold, integrate, and work with more than one idea or piece of information at once. Obviously, all of these separate yet overlapping intellectual and information-processing-based weaknesses can be expected to impair John's ability to reliably perform more difficult, complex tasks without thinking both literally and myopically and misunderstanding and/or losing sight of the overall purpose of the task or activity itself.

The previously noted **Perceptual Reasoning Index (PRI)** is a composite measure of John's scores on *WISC-IV* measures requiring visual perceptual reasoning, conceptualization, and organization, as well as an understanding of spatial relations and the ability to perform task that require some degree of visualization (i.e., creating, holding, and/or manipulating mental pictures in one's head). This having been said, John scored at a level that was **actually slightly above-average** relative to most children his age on a visually-presented test of analogic reasoning and conceptualization, sequential logic, and the ability to recognize and then utilize/generalize informational patterns (*Matrix Reasoning* = 75th percentile). John also performed quite admirably (and solidly within the mid-average range on a test that assessed his visual-constructional, spatial analytic, and his appreciation of visual-spatial part/whole relationships by requiring him to rapidly re-create increasingly complex designs out of colored parquetry blocks (*Block Design* subtest = 63rd percentile). Consistent with his previously identified weakness with higher-level conceptual and more 'abstract-type' thinking, John had noticeably greater trouble on the *Picture Concepts* subtest (16th percentile; below-average range), which presented him with two to three rows of pictures and asked to choose one picture from each row that went together to form a common concept. In many respects, the *Picture Concepts* subtest can be considered a "visual/nonverbal analogue" of the aforementioned "*Similarities*" subtest (on which John earned a reasonably comparable score = 9th percentile, which is the "next lowest score possible" relative to his '*Picture Concepts'* score at the 16th percentile). Qualitatively speaking, John demonstrated similar types of thinking, reasoning, and information-processing-based difficulties in his approach to the *Picture Concepts* subtest as he did on the aforementioned *Similarities subtest* (i.e., frequently seeming to 'lose sight' or memory of the instructions or overall point of the task, as well as having increased trouble as the test required him to simultaneously 'hold-in-mind' and 'mentally/conceptually compare, contrast, and integrate multiple pieces of information at once). John nonetheless earned a perfectly average score on a separately administered (and supplementary) task assessing his visual attention to pictorial and environmental detail, as well as his part/whole logic and remote memory for "how things in the world are supposed to be or look" (*Picture Completion subtest* = 50th percentile).

The previously described **Working Memory Index (WMI)** measured John's ability to briefly yet actively hold and manipulate auditorally presented information in "working memory" (an "attentionally based" memory store used to temporarily hold in mind the facts essential for completing a given, multi-step, task or problem). Consequently, failures of "working memory" lead individuals to "lose their train of thought" or to "forget what they were just doing, saying, or thinking about" in mid-stream. This having been said, John earned a borderline deficient score on a measure requiring strong auditory sequential memory and working memory skills to briefly hold in-mind and repeat back randomly dictated number strings in both forwards and backwards order (*Digit Span* = 5th percentile). He was attentionally and conceptually unable to follow or understand the demands of a separate 'core' *WMI* subtest asking him to mentally and sequentially rearrange a randomly dictated grouping of both letters and numbers (again, indicating significant trouble managing mental tasks requiring him to perform or 'juggle' more than one main process or idea at a time). Thus, in place of the '*Letter-Number Sequencing'* subtest, John was administered the Arithmetic subtest – which is a supplementary task that can be validly substituted in place of the former. In addition to requiring basic numerical and math-related skills (such

as counting/adding and subtracting), items from the *Arithmetic* subtest required John to perform these simple mental/computational procedures in his head (without the aide of pencil-and-paper) – thereby taxing the 'auditory working memory and attentional skills described above). John, did, indeed, have considerable trouble remembering and 'mentally holding onto' the various numbers and pieces of information presented to him within the test items and thus, while seemingly able to do the basic math (adding and subtracting) required, he frequently lost track of what he was doing – resulting in computational and procedural errors. Consequently, he also scored at the 5th percentile rank on the *Arithmetic* subtest (borderline deficient range).

As noted above, the **Processing Speed Index (PSI)** measured the general efficiency of John's mental processing on simple, clerical, paper-and-pencil tasks that placed heavy demands on visual discrimination and symbol decoding, as well as horizontal visual tracking. The *PSI* score generally provides useful information about efficiency of simple work output on tasks requiring efficient reading, proofing, and completion of simple, yet detailed printed tasks in rapid and accurate manner. This having been said, John scored within the borderline deficient range on a test assessing speed and efficiency of simple work output requiring both visual-associative learning combined with rapid written production (*Coding* subtest = 5th percentile). As noted previously, however, he scored considerably higher (and within the 'average' range for his age = 37th percentile) on the *Symbol Search* subtest requiring rapid visual symbol discrimination and matching without a significant motor-writing component.

ACADEMIC ACHIEVEMENT TEST RESULTS:

Assessment of John's current academic skills was primarily conducted with the *Wechsler Individual Achievement Test—Third Edition* (*WIAT-III*). As the *WIAT-III* has the advantage of being specifically co-normed with the *WISC-IV* intelligence test, use of the *WIAT-III* generally aides in attempts to make direct predictions of (and comparisons) between: (1) intellectual functioning (and anticipated academic ability based on a person's intelligence scores) and (2) their actual academic achievement skills. As a supplement to the WIAT-III-based assessment of John's current reading, math, writing, and oral language skills, he was also administered the *Gray-Oral Reading Test—Fourth Edition* (*GORT-4*) and the *OWLS Listening Comprehension subtest* – the results of which will be provided below.

In the area of **reading**, John scored within the markedly below-average for his age on WIAT-III-based measures assessing his "mechanical" reading skills. Specifically, he earned a standard score of '76' on the *WIAT-III Word Reading* subtest, which placed the accuracy of his individual word reading at the 5th percentile rank for his age (grade-equivalent = 2nd grade—0 months and age-equivalent 7 years: 4 months). An item-by-item error analysis of John's work this word-reading task revealed reasonably accurate performance on words assessing his ability to: (1) accurately read common prefixes or 'word beginnings' (100% accuracy on such items); (2) read words composed of a 'vowel-consonant-'e' (VCe) combination (100% accuracy); (3) accurately read words containing single short and long vowels, as well as vowel digraphs, dipthongs, R-Family blends, L-Family blends, S-Family Blends, Consonant Blends, and Silent Consonants (all 100% accuracy); and (4) Irregular vowels (89% accuracy).He nonetheless had markedly greater trouble on items requiring him to accurately read words containing: (1) Common Suffixes or 'word-endings' (75% accuracy); (2) Consonant Digraphs (63% accuracy), and (3) Silent Vowels (75% accuracy).

John earned a standard score of '82' on the *WIAT-III Pseudoword Decoding* subtest, placing his pure phonetic word decoding skills at the 12th percentile rank for his age (grade-equivalent = 1st grade--9

and age-equivalent = 7 years: 0 months). Item-by-item analysis of John's performance on this phonetic decoding task revealed continued difficulty with: (1) Common Suffixes (0% accuracy) and Consonant Digraphs (57% accuracy), as well as with (2) decoding both vowel digraphs and dipthongs (both 50% accuracy), L-Family Blends (25% accuracy), and Consonant Blends/Clusters – all of which stood in marked contrast to the 100% accuracy John showed when faced with such items on the aforementioned 'Word Reading' task). Such discrepancies between John's performance on the Word Reading and Pseudoword Decoding subtests suggest that his actual word reading might be based more on 'whole word memorization and sight recognition' rather than mastery of the underlying phonetic code which he could then generalize to all similarly structured/spelled words. This over-reliance on visual-sight-memorization of words (rather than mastery of underlying phonetic principles and rules would make sense in light of the marked discrepancy between John's deficient verbal/linguistic intelligence (*WISC-IV Verbal Comprehension Index* = 65; 1st percentile) and his average visual/nonverbal intelligence (*WISC-IV Perceptual Reasoning Index* = 100; 50th percentile).

As the following task placed emphasis not only on his markedly under-developed word reading and decoding skills, but also on his under-developed language-based processing, knowledge, and reasoning skills, John had noticeably greater difficulty on the *WIAT-III Reading Comprehension subtest*, which required him to correctly answer specific questions about brief, previously read passages (Standard Score = 62; 1st percentile rank for age; grade-equivalent = 1st grade—2 months and age-equivalent = 6 years: 4 months). Indeed, John could not begin to accurately read or comprehend written passages intended for children of his age and (fourth) grade level – such that he had to be tested utilizing reading passages intended for children between the 1st and second grade levels. Not surprisingly, review of John's responses on the portion of the *WIAT-III Reading Comprehension subtest* administered to him showed that he earned virtually all of his credit on items assessing content or factually-based material that could be found directly within the text and repeated in a more-or-less 'rote' fashion. Conversely, John failed 7 out of 8 comprehension-based items of a more 'inferential' nature (requiring higher-order verbal reasoning and language processing).

As the ***WIAT-III*** *Reading Comprehension subtest* required John to provide his own oral responses to content-based questions about the various passages he had just read, it is possible that his score on this measure was 'artificially reduced' by his obvious oral-expressive language difficulties. Consequently, John was also administered the ***Gray Oral Reading Test—Fourth Edition*** **(*GORT-4*)** as a supplementary test of functional reading ability. The *GORT-4* required John to read various short stories aloud, after which he was required to answer 5 multiple-choice questions on each story (with the questions and each of the multiple-choice response options being shown as well as read aloud to him). Given it's 'multiple-choice' response format, the GORT-4 allowed John to answer comprehension-based reading questions merely by indicating which of five choices (alphabetically labeled as: 'A', 'B', 'C', or 'D' was the correct one (and thereby bypassing the need for him to describe his answers in his own words). The time it took John to complete each of the stories produced an overall '*Reading Rate'* score which, in John's case, was at the 2nd percentile rank for his age (grade equivalent = 2nd grade—0 months and age-equivalent = 7 years: 0 months). The number of words in the passages read correctly (as opposed to incorrectly) by John produced an overall '*Reading Accuracy*' score, which in John's case was at the 1st percentile rank for his age (grade equivalent = 1st grade—second month and age-equivalent = six years: 3 months). The total number of comprehension-based questions John answered correctly yielded a general '*Reading Comprehension'* score, which in John's case was at the 2nd percentile rank for his age (age-equivalent = below the 1st grade level and age-equivalent = below the six year: 0 month level).
When combined together, John's scores on the '*Reading Rate'*, '*Reading Accuracy'*, and '*Reading Comprehension'* scores produced a total '*Oral Reading Quotient'* of '61' (which placed him well below the 1st percentile rank for his age).

Within the **mathematics domain** of the *WIAT-III*, John earned a standard score of '72' (3rd percentile rank for his age; grade-equivalent = 2nd grade—2 months and age-equivalent = 7 years: 4 months) on the '*Math Problem Solving'* subtest, which assessed such basic mathematical and quantitative reasoning/problem-solving skills as: (1) one-to-one counting; (2) counting on (or adding) or taking away (subtracting) working with values less than 10; (3) reading a basic bar graph; (4) completing simple number patterns; and (5) basic use of a calendar – i.e., identifying a specific day of the week on a pictured calendar when given the numerical date of the day in question). Items that John was **unable** to answer correctly involved curriculum usually covered by the middle to later part of the second grade year, included those requiring him to: (1) correctly read the hour and minute hands to tell the time on a clock (he read the pictured time of "8:15" as "3—8" as the minute hand was on the '3' and the hour hand was on the '8'); (2) counting and estimating the value of different coins (he neither knew nor could he determine which of the following represented the most money: "seven pennies, six nickels, or one-quarter" – responding with 'seven pennies'); (3) understand and identify the concept of 'place value' (whether he was asked to find the number in "the tens place" or in the 'hundred-thousands' place); or (4) to solve single-operation word problems (e.g., "Robert has 6 toys. Together, Robert and Max have 15 toys. How many toys does Max have?" -- in response to which, John added 6 to 15 to given an answer or '21').

John also earned a standard score of '66' (1st percentile rank for age; grade-equivalent = 1st grade—7 months and age-equivalent = 7 years: 0 months) on the *WIAT-III Numerical Operations subtest*, which assessed his basic paper-and-pencil calculation skills. While seemingly able to handle items requiring him to add two single-digit numbers, John was totally **unable** (even with considerable prompting and encouragement) to do problems requiring him to add together two double-digit or triple-digit numbers. He was also totally unable to perform items requiring even slightly higher-level math (such as basic multiplication or division – even with single-digit numbers) – appearing totally perplexed by such items.

John earned a standard score of only '59' (0.3rd percentile; grade-equivalent = 1st grade---0 months and age-equivalent = 6 years:4 months) on the paper-and-pencil-based *WIAT-III Arithmetic Fluency—Addition* subtest, which assessed the number of simple, single-digit /2-integer addition problems he could correctly answer in 60 seconds. He earned a standard score of '72' (3rd percentile rank; grade-equivalent = 1st grade—9 months and age-equivalent = 7 years: 0 months) on the *WIAT-III Math Fluency—Subtraction* subtest assessing the number of simple, single-digit/2/integer subtraction problems he could complete in 60 seconds. John was totally unable to do any of the items on the *WIAT-III Math Fluency—Multiplication* subtest, which required him to complete simple, single-digit/2-integer multiplication problems in 60 seconds – as he did not seem to know what 'multiplication' or "doing 'times' problems" was (thereby resulting in a raw score of '0' and thus a 'standard score' of '57' = 0.2nd percentile; grade-equivalent = below the 3rd grade level and age-equivalent = below the eight year: 0 month old level). These *WIAT-III* addition, subtraction, and multiplication fluency results suggest that John has a very weak and rudimentary mastery of his "basic math facts" or "addition, subtraction and multiplication tables".

On the **written expression** portion of the *WIAT-III*, administration of a paper-and-pencil word spelling task resulted in a standard score of '78' (7th percentile rank for age; grade-equivalent = 2nd grade—1 month and age-equivalent = 7 years: 4 months). Visual/qualitative inspection of John's work on this task indicated an inability to spell words greater than 4 to 5 letters (corresponding to 1 to a maximum of 2 syllables). Further, the presence of 'overly phonetic' spelling errors (such as 'muther' for 'mother' and 'nite' for 'night') reflected an immature rote over-reliance on the phonetic aspects of spelling (and associated weakness in 'visual/orthographic' memory for correctly spelled word forms. Moreover, as visual memorization of what printed words should 'look' like is partly reliant upon seeing words again

and again, John's visual/orthographic spelling issues are undoubtedly reinforced by his aforementioned reading disability. This apparent over-reliance on the phonetic (sound-based) structure of words is also likely to cause problems with spelling words with silent (unpronounced) letters (a contention which is supported by John's misspelling 'night' as 'nite' and 'known' as 'nond').

The presence of more severe spelling errors (e.g., 'subet' for 'suspect'; 'inant' for 'inactive'; and 'nond' for 'known') reflected not only the aforementioned problems with visual/orthographic word memory, but also suggested issues with phonological processing and syllabification (i.e., being aware of all of the component sounds that comprise words – each of which then needs to be represented with a distinct letter of letter-combination, in the correct sequence, to be spelled correctly). Interestingly, John's performance on a separate test of phonological processing (the '*CTOPP*') produced average/non-impaired scores on measures assessing both 'phonological awareness' and 'phonological sequencing' (i.e., John's ability to correctly discriminate, locate, manipulate, blend, and accurately perceive and repeat the component sounds in spoken words).

In theory then, John's successful (average) performance on these CTOPP-based tests of phonological processing and awareness suggested that, when asked to write such verbally-dictated words as 'suspect' and 'inactive' on the *WIAT-III Spelling subtest*, he probably heard and auditorally perceived all of the sounds/phonemes in these words correctly and in the proper order. Thus, his subsequent written spelling of these words as 'subet' and 'inant' suggested a severe breakdown (or 'disconnect') in John's ability to convert these correctly processes word sounds into their corresponding orthography (or 'visual/written letter forms). This breakdown most likely reflects several overlapping cognitive and information-processing-based impairments in John's capacity for: (1) attention and self-monitoring; (2) 'simultaneous processing' (or the ability to think about and perform more than one task or process at a time); and (3) rule-governed behavior (or consistently recalling task-based rules and making sure to follow them accordingly, rather than 'autistically' pursuing some idiosyncratic behavior). Another distinct possibility is that, when assessed or practiced in isolation, John may possess a reasonably solid understanding of the 'phonetic sound system' of words, and he may even be developing increased familiarity with the various visual letter symbols of our written language system. However, due to his extreme difficulty with 'simultaneous/higher-order processing' John may not necessarily be 'connecting' or 'integrating' his growing knowledge of both auditory sounds and the visual letter combinations we use to symbolize them on paper. A functional analogy of sorts for the above contention might be a piano student who, for the sake of simplicity, first learns to play the 'treble' part of a musical piece with his right hand and then learns to play the 'bass' portion with his left hand -- yet then cannot seem to coordinate or combine the two in order to play both parts together using both hands (or implementing both learned skill sets) simultaneously.

Given his linguistic, spelling, and graphomotoric writing based issues, John did surprisingly well on the *WIAT-III Sentence Composition subtest*, which assessed his ability to write individual sentences (Standard Score = 88; 21st percentile; mildly below-average; grade-equivalent = 4th grade—7 months and age-equivalent = 9 years: 10 months). This having been said, further breakdown and inspection of John's performance on the two separate tasks comprising this subtest provides information that seems clinically and functionally elucidating. More specifically, John did particularly well the portion of this subtest that required him to combine and partially re-word two or three simple printed sentences into one sentence that contained the same essential information (Sentence Combining: Standard Score = 114; 82nd percentile; above-average range). This having been said, some of sentences he wrote revealed the same type of grammatical deficiencies that were continually noted in his oral and language, including frequent omission of pronouns (e.g., "**Mark has a sister named Ann is six years old"** or "**Marci bought a new car and old car cost too much to repair and new car is smaller then old car**). Conversely, John had extreme trouble on a second portion of this subtest requiring him to

independently create and write sentences that correctly used a particular target word that was provided for him – e.g., "write a sentence using the word 'from'." (Sentence Building: Standard Score = 67; 1st percentile rank). John's extreme difficulty on the 'Sentence Building' portion of this task clearly reflected his impairments in both vocabulary and word usage, as well as in higher-level linguistic processing, such as rules pertaining to grammar and sentence structure). **In contrast to his extreme difficulty on this 'Sentence Building' task, John's much stronger performance on the aforementioned '*Sentence Combining'* task undoubtedly reflects the importance of (and his need for) explicitly provided structure and modeling.** Thus, when provided with two or even three written sentences on the 'Sentence Combining' task (which also provided him with the ideas, language, and even spelling that he needed to include in his responses), John was frequently able to (slightly) re-word and re-write this information in order to combine them into a single, workable statement. However, when required to **independently produce** and write a linguistically meaningful sentence of his own when provided with only a single (target) word (as he was required to do on the less inherently structured '*Sentence Building'* task) his performance deteriorated drastically.

In light of the above, it should come as no surprise that John had extreme trouble (and produced an essentially meaningless and illiterate response) on a task requiring him to write an original narrative composition (or brief paragraph or short essay) on a particular topic ("**Tell about your favorite game and describe three reasons why you like it**"). Only with continuous and considerable encouragement, redirection, and cajoling on the part of this examiner did John write the following within the test's ten-minute time period **("I like Pokil god bekous I play I sit at the couck I sit the bed."** "*I like Pocket God because I play. I sit t the couch I sit [at] the bed.").* This task was clearly too much for John as it placed considerable (and simultaneous) demands on numerous skills that are woefully deficient (i.e., narrative expressive language and grammatical skills; spelling skills, motor writing skills, working memory skills, and attentional and self-monitoring skills). Submitting John's written response to the various scoring criteria for this *Essay Composition* task ultimately yielded a total standard score of '69' (2nd percentile rank for age; grade-equivalent = less than third grade level and age-equivalent = less than eight year old level).

Assessment of John's **oral language/communication skills** on the *WIAT-III*, placed him within the borderline deficient range for his age on the *Oral Expression* subtest (Standard Score = 71; grade-equivalent = 1st grade—0 months and age-equivalent = 6 years: 1 month). More specifically, John's overall score on this ***WIAT-III Oral Expression subtest*** represented a combining-together of his performance on three separate tasks, including: (1) assessment of his single-word expressive vocabulary by requiring him to state the individual word that best described or labeled a verbally and visually-presented item, action, or term (*Expressive Vocabulary*: Standard Score = 70; 2nd percentile rank); (2) verbal fluency or 'rapid continuous word generation and retrieval) by requiring him to state as many words as possible in 2 specific categories within 2 separate minute-long trials (*Verbal Fluency*: Standard Score = 85; 16th percentile rank); and (3) his ability to provide immediate verbatim repetition of increasingly lengthy sentences that were dictated to him once -- which also taps mastery of verbal grammar and sentence structure (*Sentence Repetition*: Standard Score = 73; 4th percentile rank).

On the *WIAT-III Listening Comprehension subtest*, John earned a total standard score of '78' (7th percentile rank for age; grade-equivalent = 1st grade—6 months and age-equivalent = 6 years: 6 months). This score was ultimately derived from John's performance on a measure of: (1) receptive vocabulary – as assessed by his ability to choose one of four pictures accurately depicting the meaning of various spoken words (*Receptive Vocabulary*: Standard Score = 90; 25th percentile; low-average range for age) and (2) his ability to correctly understand, retain, and answer content-based questions about information in short stories or verbal narratives that had just been read aloud to him moments before (*Oral Discourse Comprehension*: Standard Score = 72; 3rd percentile rank; borderline deficient

range for age). Given John's obvious and severe impairments in attention/concentration, auditory working memory, and higher-level language processing skills, it is no surprise that he had far greater trouble on the '*Oral Discourse Comprehension Task'* than on the '*Expressive Vocabulary'* task (as the former is a more 'functionally realistic test of actual listening and auditory language comprehension requiring him, not only to recognize the meanings of individual words – when visually depicted for him – but to retain, integrate, and analyze larger amounts of verbal material presented in 'discourse' form (which is how people actually speak). As the '*Oral Discourse Comprehension'* half of the *WIAT-III* '*Listening Comprehension subtest* required John to demonstrate his understanding of language he just heard by providing his own oral responses, there is a chance that his score on this 'listening comprehension' task was 'artificially lowered by problems with 'oral vocabulary and oral expression'. Consequently, John was administered the supplementary '*OWLS Listening Comprehension subtest'*, which also required him to listen to and understand verbally-dictated sentences, phrases, and statements, while allowing him to provide his answers in a purely non-verbal/non-oral-expressive manner (by requiring him to select or non-verbally point to one of four pictures that provided the best visual illustration or depiction of what he had just heard). Despite this, John had extreme trouble on the OWLS Listening Comprehension subtest, earning a standard score of 29 (which was markedly below the 1st percentile rank for his age). Thus, while 'non-linguistic' factors (such as his level of attention, effort, patience, and motivation) surely played a part in his failure on the OWLS, John's overall performance on this test suggested that his low *WIAT-III Listening Comprehension* score reflected actual problems with auditory language processing and comprehension (and not merely interference by 'oral expressive language impairments').

Attention/Concentration and Mental/Attentional Control Skills

Deficiencies in John's capacity for sustained/focused concentration and mental/behavioral perseverance were so severe that it was impossible to formally assess many of these skills on actual, structured neuropsychological tests. Nonetheless, John's scores on the aforementioned *WISC-IV* '*Working Memory Index'* (Standard Score = 71; 3rd percentile rank) and behavioral observations made of him throughout the evaluation left no doubt that he struggles with severe deficiencies in mental/attentional control, concentration, patience, impulse-control, freedom-from-distractibility, and perseverance (needed for consistent and independent 'on-task behavior' and 'task completion'). Indeed, based on behavioral observations, it appeared that John's maximum span of attention (and 'on-task' ability) ranged from as little as 3 to 5 minutes and no more than 10 to 15 minutes (and this was when he was being asked to function in a relatively 'ideal' work environment that provided him with few distractions, one-on-one supervision and attention, continuous encouragement and support, and promises of small rewards and 'reinforcers' for completion of every two, short, tasks requiring no more than 10 to 15 minutes to complete, in total). Based on such observations, it is hard to imagine how John would be able to focus or work independently for even this long in a school-related classroom situation where there are many more social, environmental, visual, and auditory distractions; as well as a relative lack of constant, one-on-one attention, instruction, and supervision.

Assessment of Executive Functioning

"Executive Functioning" is an umbrella-term for a number of "higher-order", mental and behavioral control functions necessary to engage in complex, goal-directed tasks in an effective, purposeful, efficient, and organized manner. These "Executive Functions" are largely associated with the functional and developmental maturity of the brain's frontal lobes (although other cortical and sub-cortical brain regions also seem to play a part). Obviously, younger children (with less physically mature brains) are expected to have weak or undeveloped executive skills, whereas older children (and particularly pre-adolescents and teenagers) are expected to have better developed executive skills. Although technically distinct from what is considered to be "intelligence", the executive functions allow individuals to make adequate use of their innate intellectual and academic abilities. Weak or undeveloped executive functioning in even the brightest school-aged child is usually associated with marked "under-achievement" or a perceived "disconnect" between 'perceived potential' and actual level, quality, or consistency of work production.

'Executive Functioning' can be grossly summarized as involving the following inter-related skills: Planning, attending, organizing input, storing and retrieving information, modulating emotions, and sustaining effort.

The Executive Functions most typically required of students in a classroom setting include:

(1) Attending to the presentation of information and/or instructions while simultaneously ignoring or blocking-out internal and/or external distractions -- i.e., attentional control and mental discipline)

(2) Asserting impulse control – and thus refraining from acting on mental, emotional, or behavioral impulses that would be inappropriate to the task or situation at hand (also related to 'self-discipline')

(3) Flexibility and transitioning – the ability to mentally and behaviorally 'shift-gears' as required; the ability to stop what one is thinking or doing in order to move onto something else without becoming 'stuck'

(4) Assimilating (integrating) unfamiliar and newly-presented information with what is already known, as well as accommodating (altering or expanding) previously existing ways of understanding or thinking about things to accommodate newly presented information (both related to 'mental flexibility')

(5) Organizing, sequencing, and manipulating information -- to help understand, memorize, or present it in a more logical, effective, and easy-to-understand fashion

(6) Regulating appropriate levels of emotional activity -- including motivation, frustration tolerance, boredom to initiate and complete work

(7) Formulating a plan of action needed to successfully start and complete a task

(8) Implementing the above plan in a logical and step-by-step fashion

(9) Self-Monitoring -- monitoring the accuracy and effectiveness of the outcome of one's plan and its implementation (and making adjustments as required)

(10) Self-Pacing—effectively adjusting the rate or pace of work to meet demands for accuracy and/or time demands (not working too fast or too slowly)

(11) Being prepared to respond when necessary

(12) Mentally and behaviorally activating oneself (needed for 'independent work initiation')

(13) Mentally locating and reliably retrieving previously learned information related to the task at hand

(14) Accessing working memory -- needed to simultaneously think about, analyze, and keep-track of multiple things at once without becoming distractible, forgetful, overwhelmed, or confused (needed to reflect on and avoid making the same mistakes over and over, as well as 'serial-tasking' and 'multi-tasking')

It virtually goes without saying that children (such as John) struggling with significant and pervasive neurodevelopmental delays (such as 'High-Functioning Autistm') have notoriously deficient Executive functioning skills – and behavioral observations of John and his general approach to testing and work completion showed this to be absolutely true in his case. Added to my own clinical observations were descriptions of equally severe forms of pervasive Executive dysfunction provided by John's mother (Ms. Elizabeth Smith) in rating her perceptions of his everyday behavior on the *Behavioral Rating Inventory of Executive Functioning* (*BRIEF*).

In short, Ms. Smith's ratings of John on the *BRIEF* placed him within the clinically and functionally deficient range in virtually all areas assessed, including:

(1) his ability to resist impulses and to stop his behavior at the appropriate time (*Inhibit Scale*); (2) his ability to make transitions, tolerate change, problem solve flexibly, and switch or alternate his attention from one focus or topic to another as required (*Shift Scale*); (3) his ability to exert appropriate self-control over positive and/or negative emotional reactions and thus avoid having overblown emotional reactions to seemingly small events (*Emotional Control Scale*); (4) his level of mental, cognitive, and behavioral initiative – or his ability to independently generate ideas, brain-storm, come-up with solutions to problems, and begin a task or activity on his own initiative without having to be helped, guided, prompted, or activated by others (*Initiate Scale*); (5) his ability to actively hold information in-mind in order to complete a multiple-step task or to mentally work his way through a multiple-step problem, concept, idea, or solution without losing his train of thought or getting off-task (*Working Memory Scale*); (6) his ability for 'planning' -- i.e., breaking down larger tasks into smaller and more manageable parts, as well as setting goals and determining the best way to reach them in a step-wise manner – and his ability for 'organization' -- i.e., to bring or impose a sense of order to information to better appreciate main ideas or key concepts and thus understand things more fully and efficiently (*Plan/Organize Scale*); and (7) his ability to monitor the accuracy and appropriateness of both his work and his behavior -- i.e., noticing and becoming aware of social-emotional, behavioral, or work-related errors so that he can do damage control and self-correct them (*Monitor Scale*). The **only** *BRIEF* scale for which Ms. Smith rated John as functioning within average/normal ranges for a boy his age was the *Organization of Materials scale*, assessing his perceived ability to keep track of material belongings.

Assessment of John's Adaptive Behavioral; Psycho-Social and Emotional/ Behavioral Functioning:

As part of the current evaluation, John's mother (Ms. Smith) was also asked to rate her son on the ***Adaptive Behavioral Assessment System*** (***ABAS***), a normed measure designed to assess his 'functional living skills' in everyday life. Ms. Smith' ratings of John on the *ABAS* placed him uniformly within the 'severely deficient' range for a boy his age and ultimately yielded: (1) a standard score of '51' (0.1 percentile) on the '***Conceptual Index'*** (providing an overall assessment of John's expressive and receptive language and functional communication skills, as well as his basic functional academic learning skills, , and his ability for purposeful self-directed activity); (2) a standard score of '55' (0.1 percentile) on the '**Social Index'** (providing an overall assessment of his ability to follow rules of conduct and successfully interact with others without being overly naïve, gullible, or becoming easily victimized; and (3) a standard score of '58' (0.3 percentile) on the '***Practical Index'*** (assessing an overall assessment of his competence with 'activities of daily living' – whether related to domestic chores, personal hygiene and self-maintenance and self-safety, and interactions with the larger community around him). Together, these results produced a standard score of '51' (0.1st percentile; severely deficient range) on the *ABAS* '***General Adaptive Composite'***.

Ms. Smith' ratings of John on the ***Social Responsiveness Scale*** (**SRS**) were entirely consistent with what would be expected in a sweet boy struggling with high-functioning Autism. More specifically, maternal ratings of John on the *SRS* yielded severe and clinically impaired elevations on indices assessing his perceived degree of: (1) *Social Awareness*; (2) *Social Cognition*; (3) *Social Communication*; (4) *Social Motivation*; and (5) *Autistic Mannerisms*. Specific *SRS* and scale definitions can be found within the Appendix Section at the end of this report.

Finally, ratings of John provided by his mother on the ***Behavioral Assessment Scale for Children—Second Edition*** (***BASC-2***) placed him well **within the clinically elevated and impaired range** on specific scales assessing for: (1) Attentional Problems; (2) Hyperactivity; (3) Atypicality (i.e., unusual, repetitive, non-purposeful, and socially odd behaviors), (4) Functional Communication; (5) Activities of Daily Living; and (6) Social Leadership Skills – all of which was totally in-keeping with his high-functioning Autistm. Happily, however, additional ratings of John provided by Ms. Smith on the *BASC-2* placed him **well within the average and non-clinically-problematic range** on indices assessing for the presence of significant emotional, temperamental, or behavioral difficulties (i.e,. Aggression, Conduct Problems, Anxiety, Depression, Somatization, and Withdrawal) – and these ratings also seemed perfectly in-line with John's behavioral presentation during evaluative testing (during which he presented as a happy, sweet, and trusting boy who seemed to relish individual attention and wanted to do well and please others).

SUMMARY OF EVALUATIVE FINDINGS:

As noted within the 'Background Information' section of this report, John's first grade DCPS report card (corresponding to the final quarter of his first grade -- 2006-2007 -- year) rated him as functioning within the 'secure' range in mastery of his 'beginning reading' skills, including, decoding regularly spelled one- and two-syllable words represented by single letters (consonants and vowels), as well as by consonant blends; consonant digraphs, vowel digraphs, and dipthongs". He was also given a rating of 'secure' in his ability to read aloud grade-appropriate (1st grade) text fluently and accurately with comprehension".

Also noted in the Background Information section of this report was John's DCPS Student Progress Report (dated 6/18/09 and written at the end of his third grade year), which described him as reliably displaying "a general understanding of 3rd grade and beginning fourth grade math computational and problem-solving skills" – along with a prediction that he should "have no problem mastering [this material] within a year's time". this same, June, 2009 Progress Report described John as steadily "progressing his reading skills from the 2nd grade to 3rd grade difficulty [levels]."

During pre-evaluative interviewing with this clinician, John's mother (Ms. Elizabeth Smith), expressed frustration and concern that, despite school reports placing John at the 2nd to 3rd grade levels in reading, and at the 3rd to 4th grade levels in math, her own observations suggest that John's actual functional academics seem to fall far short of these levels – and that they actually seem to have regressed in some respects. **Information obtained through objective psycho-educational testing during the present neuropsychological evaluation provided compelling support for Ms. Smith' above-mentioned concerns.**

More specifically, present academic achievement testing in reading (which was conducted with John under 'ideal' testing and work conditions) placed him: (1) at the beginning second grade level in his individual word reading skills (*WIAT-III Word Reading*: Standard Score = 76; 5th percentile rank; 2nd-grade—0 months); at the late first grade level in his phonetic word decoding skills (*WIAT-III Pseudoword Decoding*: Standard Score = 82; 12th percentile; 1st grade—9 months); and (3) at the beginning first grade level in his basic reading comprehension (WIAT-III Reading Comprehension: Standard Score = 62; 1st percentile; 1st grade—2 months). Supplementary assessment of John's basic yet functional reading abilities (with the *Gray-Oral Reading Test—Fourth Edition* requiring him to accurately and fluently read brief printed passages and then answer multiple-choice questions about their content) indicated **'Reading Accuracy'** that was at the **1st grade—2 months level**, '**Reading Rate'** that was at the 2nd grade—0 month level, and '**Reading Comprehension'** that was below the **1st grade—0 month level**.

This same academic achievement testing in the area of math placed John at only the mid-first grade level in his ability for basic paper-and-pencil calculation – primarily involving addition and subtraction of one to two digit numbers (*WIAT-III Numerical Operations*: Standard Score = 66; 2nd percentile; 1st grade—7 month level). Despite receiving much verbal praise and encouragement, John showed no evidence of being able to understand (much less attempt) paper-and-pencil math items involving simple multiplication or division. John also scored the beginning to late first grade levels, only, on separate tests requiring rapid completion of simple (2-integer) addition and subtraction problems – indicating very poor mastery of his most basic math facts (*WIAT-III Addition Fluency*: Standard Score = 62; 1st percentile; 1st grade---0 month level and *WIAT-III Subtraction Fluency*: Standard Score = 74; 4th percentile; 1st grade—9 month level). Despite the previously described DSPC progress report stating that John was already well on his way to understanding the basic concepts of multiplication (as serial addition of equal number sets), John showed absolutely no evidence of any such understanding in his testing with this examiner (again, despite receiving much verbal reassurance and encouragement) and he was totally unable to do any of the items on the *WIAT-III Multiplication Fluency subtest*, requiring

him to do the simplest of 2-integer multiplication (Standard Score = 61; 0.5th percentile; below 3rd grade—0 month grade level). John also scored no higher than the beginning second grade level on a separate test assessing his basic computational reasoning and problem-solving skills – including his ability to solve simple applied math problems, read simple charts and graphs, and demonstrate a rudimentary understanding of geometric principles, such as area and perimeters (*WIAT-III Math Problem Solving*: Standard Score = 72; 3rd percentile; 2nd grade—2 month level).

In the area of writing, John's spelling skills were markedly deficient in a manner that was consistent with his word reading skills (*WIAT-III Spelling*: Standard Score = 78; 7th percentile; 2nd grade—1 month equivalent). In light of his obvious deficiencies in verbal intelligence, spelling, and expressive language functioning, John did surprisingly well on a brief writing task requiring him to condense two or three short written sentences into one, complete sentence (*WIAT-III Sentence Composition subtest: Sentence Combining*: Standard Score = 114; 82nd percentile rank for age). However, he demonstrated marked impairment on a second – and less inherently structured -- portion of this measure requiring him to create and write his own sentences around specific target words that he was given (*Sentence Composition subtest: Sentence Building*: Standard Score = 67; 1st percentile rank for age). The marked difference between John's performance on the '*Sentence Combining'* and '*Sentence Building'* subtests indicates that, while he can copy (and slightly reword) written ideas that have already been printed-out for him, he has profoundly greater difficulty on tasks requiring more functionally-based independent writing (or the ability to get his own original thoughts and ideas on paper – even at the single sentence level). This contention was strongly supported by the extreme difficulty John had on a separate task requiring basic narrative-type writing – the ability to write even a brief paragraph of his own about a particular topic (*WIAT-III Essay Composition subtest*: Standard Score = 69; 2nd percentile rank for age; below the 3rd grade—0 month level).

Finally, formal assessment of John's basic oral language/communication skills on the *WIAT-III* placed him at the beginning first grade level with respect to his basic oral expressive skills (*Oral Expression subtest*: Standard Score = 70; 2nd percentile rank for age; 1st grade—0 month level). Additional breakdown of John's *WIAT-III Oral Expression* scores placed him just mildly below-average with respect to his 'verbal fluency' (or rapid word retrieval) skills (*Oral Word Fluency*: Standard Score = 85; 16th percentile), yet within the borderline deficient range on measures of single-word expressive vocabulary (*Expressive Vocabulary*: Standard Score = 70; 2nd percentile) and the ability to repeat back previously heard sentences in a complete and accurate fashion (*Sentence Repetition*: Standard Score = 73; 3rd percentile). John also scored no higher than the mid-first grade level with respect to his basic listening comprehension skills (*Listening Comprehension subtest*: Standard Score = 75; 5th percentile rank for age; 1st grade—6 month level). Further breakdown of John's performance within the *WIAT-III Listening Comprehension subtest* placed his single-word receptive vocabulary at the low-average range (*Receptive Vocabulary*: Standard Score = 90; 25th percentile rank) while his ability to understand lengthier oral discourse (statements beyond the single word level and at the single to multiple sentence level) was markedly deficient (*Oral Discourse Comprehension*: Standard Score = 72; 3rd percentile rank for age and *OWLS Listening Comprehension subtest*: Standard Score = 29; <0.1st percentile).

Despite being cooperative and seemingly eager to please, John demonstrated severe issues with his capacity for sustained/focused attention and freedom from distractibility throughout the evaluative process. While I do not believe that his impaired performance on the above-mentioned measures of intellectual, academic, and language functioning can be solely (or even 'primarily') attributed to his attentional deficiencies, there is no doubt that his extreme difficulty to sustain focus detracted from his overall performance. John also demonstrated significant, 'organic' or 'neurologically-based' signs of Executive Dysfunction, including impulsivity, difficulties with delay of gratification, impairments in self-

directed and goal-directed behavior, and signs of cognitive, verbal, and behavioral perseveration (including echolalia and palilalia).

In what may be the most important finding of the current evaluation, John's performance on the *Wechsler Intelligence Scale for Children—Fourth Edition* (*WISC-IV)* produced a *Perceptual Reasoning Index (PRI)* score of **100** (**50**th percentile) that placed him **squarely within the mid-average** range on measures assessing his overall capacity for nonverbal reasoning/problem-solving and perceptual organization skills. The talent John demonstrated within the domain of visual/nonverbal reasoning and intelligence was striking (and even somewhat unexpected) given that his autistic/behavioral and associated language-based disabilities lead him to present as a child with significantly sub-normal intellectual ability (as reflected in his *WISC-IV Verbal Comprehension Index* of '65' (1st percentile rank; mildly deficient range). The impressive talent John showed within the *WISC-IV PRI* domain suggest that his ability to think, reason, understand, learn, and problems-solve are likely to be far greater than anyone might have otherwise suspected – particularly if he is able to learn and work in a primarily visual/nonverbal manner. Indeed, John's *WISC-IV PRI* score of '100' (50th percentile; mid-average range) suggests that it would be grossly inaccurate to diagnose him with even mild or educable mental retardation (despite his deficiencies in verbal intellectual and academic functioning, as well as maternal reports of marked deficiencies in his basic activities of daily living on the *ABAS*). While there is no doubt that John (as a result of his Autism) struggles with severe, lifelong disabilities in intellectual, communicative, social, academic, personal, and vocational functioning, his *WISC-IV PRI* score of '100' suggests that – when allowed to think, work, and function in a primarily visual/nonverbal manner, he actually possess intellectual abilities that are as strong as most individuals his age. Obviously, this significant area of cognitive/intellectual strength needs to be 'tapped' and utilized to the greatest degree possible to help John attain his highest functional levels possible – both in school and in life.

DIAGNOSTIC IMPRESSION

High-Functioning Autism -- with associated deficiencies in:

- verbal/linguistic reasoning and intelligence
- oral/linguistic communication skills (expressive and receptive)
- social/pragmatic language functioning
- functional academics (reading, writing, math)
- attention/concentration, working memory, mental control
- cognitive/behavioral/emotional impulse control
- Executive/self-regulatory and goal-driven behavior
- activities of daily living/self-help/personal-safety skills

Yet with generally average visual/nonverbal reasoning and intellectual functioning

RECOMMENDATIONS

In marked contrast to reports by John's current school that he is "making adequate academic progress" (and thus reading, writing, and doing math somewhere between the 3rd and 4th grade levels at present), the current test results clearly showed John to be functioning closer to the mid-first to second grade level in these subjects (which, according to his mother, is where he was functioning roughly two years ago). As such, the current evaluative test results strongly indicate that John is not making the kind of academic progress described by his current school and thus indicate that a different approach is both necessary and overdue.

Towards this end, it is my strong opinion that John needs to be in a self-contained school program specifically designed to meet the emotional, social, sensory, behavioral, and cognitive/academic needs of children with high-functioning autism (HFA). It is also crucial that John's school program is only for children with HFA and does not mixed him in with children diagnosed with other types of emotional or behavioral disabilities. The importance of a separate or 'self-contained' school or 'cluster program' is important for John since, due to his autism, he needs to be protected from the types of sensory and social over-stimulation (and possible social teasing and/or victimization) he might easily confront if placed in with a larger, mainstream elementary school population.

John's academic school program must, in my opinion, also include provision of a one-on-one aide who will be able to remain with him throughout the class day to repeat/reinforce directions and lessons, and, perhaps more importantly, to help keep him on-task (or get him back on task when he invariably becomes distracted or overwhelmed and thus avoidant). Given the considerable trouble this examiner had keeping John on-task for periods longer than 15 minutes at a time (despite being able to work with him in a one-on-one, supportive, distraction-free environment with lots of tangible reinforcers for him to earn), it is frankly hard to imagine how John could be expected to stay mentally and behaviorally on-task at school long enough to benefit from instruction or complete desk work without assistance and supervision by a full-time in-class aide at his side. This personal aide should also be on-hand to help supervise John during less structured periods of the school day – such as 'recess' so he/she can step in if John naively gets into trouble or altercations with classmates. Indeed, the need for such supervision during recess is supported by a recent phone call I received from Ms. Smith informing me that she had to pick-up John from school and take him to his pediatrician earlier that afternoon after a game of tag during recess got out-of-hand and resulted in another boy attacking him and leaving scratches down his face (which, in turn, left John confused and agitated for the rest of the day).

Apropos of the above, John's school program should also be equipped to respond to behavioral difficulties and dilemmas with a 'Functional Behavior Assessment' (FBA') leading to a 'Functional Intervention Plan' (FIP). The FBA, which should be based on direct observational data, should include: (1) a clear description of the problem behavior, including the pattern or sequence of behavior observed; (2) the time and place where the behavior is most likely to occur (setting and antecedents); (3) the current consequences that typically stem from the problematic behavior; (4) a hypothesis about potential 'cause-and-effect' relationship between potential antecedents, the behavior, and it's consequences. The resultant FIP should stem from the above FBA and be designed to try and minimize negative/problematic behaviors by enacting **environmental or situational changes (a.k.a., 'environmental management' techniques)** and, where possible, providing John with new coping and functional skills.

It is also important to keep in-mind that John (and most other children with autism) tend to become over-stimulated by normal environmental sights, sounds, and interpersonal contact and interactions. In

response to such over-stimulation, such children tend to become acutely anxious or even emotionally and physically agitated. Moreover, given deficiencies in 'self-regulatory' and 'self-calming' skills typically exhibited by autistic children, coupled with their resultant over-responsiveness to environmental stimulation around them (i.e., increased 'environmental dependency') most autistic children can only de-escalate and calm back down when upset if given the opportunity to move to a different quiet, calm, and non-stimulating environment. As such, it is my strong opinion that John's academic school program must have a designated' quiet-room' or 'time-out room' that is designed to be environmentally safe and relatively stimulation free. Barring this, it is crucial that his general classroom have a designated "quiet/time-out area" where he (and other students) can go when they need a break from excess stimulation. I would also recommend that, when required to do 'desk-work' in class, John should have a 'portable/un-foldable three-way screen placed on his desk to block his view of people and things around him. Such screens can usually be purchased in most academic supply stores.

In addition to providing special educational instruction in reading, math, and writing, it will be important that John's academic program be supplemented by intensive and regular **occupational therapy** for work on: (a) sensory processing and regulation; (b) fine and gross motor development; (c) creation and implementation of a 'sensory-diet' and 'sensory-motor' techniques to help minimize the frequency and intensity of inappropriate autistically-based self-stimulating behavior; (d) handwriting and other fine-motor tasks such as grooming, buttoning buttons, tying shoes, etc.); self-help skills (such as grooming, toileting, basic food preparation) and community-safety skills (such as obeying traffic signs, rules, and lights and learning basic money handling and purchasing skills).

It will also be crucial that John's in-school program include regular and intensive **speech and language therapy** (both individual and group-based) to work on: (a) speech articulation, as well as volume and rate of speech); (b) auditory/language processing, listening comprehension, and direction-following; (c) building of oral vocabulary/semantics, as well as oral grammar and organization; and (d) work on 'pragmatic' aspects of interpersonal communication – such as eye contact, interpersonal space, turn-taking, reading of facial expression, tone-of-voice, and posture or physical gestures, etc.. Although I would not want John to come to rely on the following in lieu of actual oral communication, consideration might also be given to using **augmentative communication strategies** (such as a picture-based communication book or chart that John could use to instantly communicate important needs and also to help him learn to identify and communicate various emotional/mood states in himself and even others by referring to a chart of different pictures depicting specific emotions and 'feeling states'). I would also recommend that John be provided with a pair of **special/therapeutic earphones** that will help to significantly reduce ambient noise to help him to better block-out environmental auditory distractions and focus better. Such earphones should also be available for John to use outside of school (at home and when out in the community). It will probably be important that any such earphones be amply padded so as to be physically comfortable on John's ears.

It will also be important that John's school-based program includes specific instruction in emotional and social skills, including: (a) Self-calming techniques; (b) knowing who to seek-out for help when needed, and how to do so; (c) maintaining appropriate eye contact and body space; (d) giving and receiving compliments, (e) sharing interests and other strategies for joining games and making/keeping friends; (f) correctly decoding and using facial expression and body language; (g) learning table manners; etc..

It will also be important that the above-mentioned occupational therapy, speech/language therapy, and social/emotional therapy be provided for John as part of his regular school program and the skills he works on in these therapeutic modalities be integrated into his regular classroom curriculum to aide in generalization of these skills to 'real-life' situations

(through regular communication and cooperation between his occupational and speech/language therapists and his classroom teachers).

Throughout my own testing with John, I repeatedly found that asking him start new tasks at the designated 'starting point' for his age or ability level frequently led him to become acutely agitated and resistant reaction – with John running from the work desk, grabbing his head in his hands and anxiously exclaiming that he "could not do it!" In such instances, I subsequently re-started such tests at an earlier (and easier) starting point with items that John could do easily. In all such instances, John instantly calmed down and was able to successfully work his way back up to – and then beyond the initially feared starting point to even more difficult items. I would therefore recommend that this same technique be used with John at school. That is, when in-class learning requires John to begin working on a new task he will generally need to be started off with easier items that are well within his current ability level and then gradually work his way towards harder and more challenging items pertinent to the direct lesson at hand. Having John jump right in and start with items that are new, challenging, and anxiety-provoking for him will likely overwhelm and agitate him--and thus cause him to abreact by anxiously rejecting tasks and giving up before he has really begun.

Wherever possible, **John's academic instruction should utilize 'multi-modal' strategies** (integrating auditory, visual, and tactile/hands-on components). This having been said, **the current test results strongly indicated that John reasons, thinks, understands, and problem-solves best within a visual modality (and that he struggles to a far greater degree with instructions, work, and intellectual tasks that primarily involve think, memorize, and understand in terms of words and language).** For John, "a picture literally is worth a thousand words". As such, wherever possible the primary teaching modality for John should be visual in nature (through use of visual demonstrations, pictures, movies, videos, charts, graphs, diagrams, etc.). Auditory/verbal instruction should never be used alone and should always be paired with some literal/concrete and tangible/visual materials of an associated nature. More specifically, instruction in reading comprehension should be augmented by using or creating pictures to help depict the information presented in printed word and teachers should also use 'graphic organizers' as a way of visually depicting, integrating, and organizing multiple pieces of information. Math instruction should make strong use of visuals and manipulatives (whether this includes number lines, objects that he can tangibly add or subtract from one another, cuisinnaire rods, pie charts, etc.. With regards to instruction in word reading and decoding (as well as spelling) I am highly in favor of John's being exposed to an excellent and empirically-supported literacy program called 'Phono-Graphix' (which is described beautifully in a book by Carmen and Geoffrey McGuinness entitled, '*The Reading Reflex'*. In addition to be an extremely effective method to teach reading skills (to both young children and older children with learning disabilities), the Phono-Graphix method tends to stress a visual/orthographic approach to phonics, word identification, and encoding that I think would be an excellent fit for John's visual reasoning and learning style.

Use of appropriate academic and therapeutically-based computer games and programs would, in my opinion, be particularly useful for John as they are primarily visual in nature while also including verbal/ auditory and tactile/hands-on instruction. Such academically-based computer games might also be particularly useful for John given his autism as they are repetitive, infinitely patient, and interactive (without necessarily placing the added stress of requiring him to always communicate and interact with other people). Academic and therapeutically-based computer programs that might be particularly useful for John include:

- *Earobics* (available on-line at www.earobics.com or via phone at 1-888-328-8199) which will work on Koulis' phonological language processing, attentional, sequential, and direction-following processing skills in a fun, interactive, and game-like manner.

- The Reader-Rabbit and Math-Blaster games (targeted initially at a 1st through 3rd grade level and then at 4th grade levels and up when he is ready to progress onwards.

- The company, 'Brain Train' (www.braintrain.com or via phone at 1-800-822-0538) also publishes numerous computer-based game-like programs (under their 'Captains Log' system) to improve attentional, memory, numerical, thinking-problem-solving, direction-following, and visual-motor-integration skills in children. Also helpful to John, might be Brain Train's recently published a computer-based program for reading (called 'TNT Reading'), which uses a multi-sensory and visual/game-like approach to help with mastery of: (a) upper and lower case letter recognition, matching and sequencing; (2) phonemic awareness of vowel, consonants, and sound blends, and (c) sound discrimination, beginning words sounds, medial vowel sounds, and ending word sounds.

John's in-school academic instruction should absolutely continue to focus intensively on formal instruction in word reading/decoding, reading comprehension, math calculation and problem-solving, spelling and basic written expression – as the current test results show him to be functioning at only a first to second grade level (at best) in each of these areas. At the same time, however, it will also be important that John's school instruction focus on more 'functional and life-related skills' (including how to read common signs, maps, and menus; how to handle basic monetary denominations, make basic purchases, and count change; and write short notes). In the coming years, John's school experience should also include instruction in basic functionally-based community skills and self-care and safety skills.

I also believe it will be very important for John's academic program to provide him with extended school year (ESY) services to help avoid significant regression and loss of skills during summer months when he would otherwise be out of school and without the routine, structure, and practice he requires on a consistent/constant basis.

Finally, I would strongly recommend that John be medically evaluated to determine whether he might safely benefit from a trial of medication (whether psychostimulant-based or otherwise) to help improve his attentional and self-regulatory functioning. Towards this end, John's parents might start by speaking with his pediatrician and, if ultimately in-need of a referral to another medical/pharmacological expert, I would strongly encourage them to contact: (1) Dan Shapiro, M.D. (301-881-6855), a developmental pediatrician with considerable expertise in treating children on the Autistic Spectrum) and/or (2) Nora Galil, M.D. (202-244-0473), a pediatric and adult psychiatrist who also does an excellent job with this clinical population.

If there are any questions about this evaluation or if I can be of further assistance, please feel free to contact me at (301) 770-3524.

Robert F. Chase, Ph.D.
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APPENDIX
SUMMARY OF TEST SCORES

INTELLIGENCE TEST RESULTS

WECHSLER INTELLIGENCE SCALE FOR CHILDREN—FOURTH EDITION (WISC-IV)

	Standard Score	Percentile Rank	Range Classification
Verbal Comprehension Index (VCI)	**65**	**1**	**Mildly Deficient**

Represents a weighted averaging of John's performance on WISC-IV measures assessing semantic/word knowledge; verbal associative/conceptual thinking ability; and social reasoning and judgment (e.g., *Vocabulary*, *Similarities*, and *Comprehension* subtests).

Perceptual Reasoning Index (PRI)	**100**	**50**	**Mid-Average**

Represents a weighted averaging of John's performance on WISC-IV measures assessing various types of visual-spatial reasoning and problem solving skills which are far less reliant upon the use of verbal/linguistic reasoning and expressive language skills (e.g., *Block Design*, *Picture Concepts*, and *Matrix Reasoning* subtests).

Working Memory Index (WMI)	**71**	**3**	**Borderline Deficient**

Represents a weighted averaging of John's performance on WISC-IV measures requiring strong numerical processing, auditory sequential memory, and auditory "working memory" -- or the ability to hold and manipulate previously heard information in mind long enough to carry out some mental task (e.g., *Digit Span* and *Letter-Number Sequencing* subtests).

Processing Speed Index (PSI)	**83**	**13**	**Below-Average**

Represents a weighted averaging of John's performance on WISC-IV measures requiring strong visual attention to detail, as well as rapid mental processing and efficient written work production (e.g., the *Coding* and *Symbol Search* subtests).

Full Scale IQ (FSIQ)	**N/A**	**N/A**	**N/A**

Note: The FSIQ is not considered to be a reliable or valid unitary estimate of John's 'general' or 'overall' intellectual functioning due to significant discrepancies (of far greater than 23-points or at least one-and-a-half standard deviations) between John's below-average to deficient-range scores on the WMI, PSI, and VCI and his solidly mid-average score on the PRI. As such, the FSIQ cannot validly be computed and is not being reported.

The individual *WISC-IV* subtest scores are reported below:

VCI SUBTESTS	Scaled Score	Percentile Rank	Range Classification
Similarities	**6**	**9**	**Borderline Deficient**

A measure of verbal categorical, verbal conceptual, verbal associative reasoning – requires examinees to recognize and explain how non-obviously related word pairs were alike in both simple and more abstract ways.

Vocabulary	**3**	**1**	**Deficient**

A measure of oral vocabulary requiring accurate verbal definitions of increasingly sophisticated words.

Comprehension	**3**	**1**	**Deficient**

A verbal measure of "social intelligence" assessing common-sense judgment and one's appreciation for the logic behind societal rules, expectations, and behaviors mores.

PRI SUBTESTS	Scaled Score	Percentile Rank	Range Classification
Block Design	**11**	**63**	**Mid-Average**

A test assessing "holistic" visual-spatial analysis and visual-perceptual integration, as well as visual-motor/fine-motor coordination. Also requires visual/nonverbal problem-solving and part-to-whole reasoning skills. Requires examinees to look at pictures of two-dimensional geometric designs and then rapidly reproduce them out of individual red and white colored blocks.

Picture Concepts	**7**	**16**	**Mildly Below-Average**

A visually-presented measure of associative, conceptual, and abstract thinking which places very few demands on receptive or expressive language skills. Examinees are presented with two or three rows of pictured objects and must choose one picture from each row that go together best to form a group with some common characteristic. These unifying characteristics gradually progress from simple ones to far more complex, subtle, and abstract ones.

Matrix Reasoning	**12**	**75**	**Mildly Above-Average**

A visual/nonverbal test requiring pattern analysis, as well as visual sequential logic and concept formation. Requires examinees to visually study an incomplete and progressive matrix (or series) of designs and to select the missing item from five possible response options that best "fits" or "completes" the underlying pattern.

(Picture Completion)	**(10)**	**(50)**	**(Mid-Average)**

A supplementary test that assessed John's visual attention to pictorial and environmental detail (as well as visual whole-part logic and remote visual memory) by requiring him to visually detect increasingly subtle details that were missing from pictures of everyday objects and situations.

WMI SUBTESTS	Scaled Score	Percentile Rank	Range Classification
Digit Span	**5**	**5**	**Borderline Deficient**

A test requiring strong numerical, auditory sequential memory, mental manipulation, and working memory skills in order to briefly hold randomly heard number strings in one's head and then repeat them back in both forwards and backwards order.

Arithmetic	**5**	**5**	**Borderline Deficient**

A test requiring basic mental arithmetic, as well as mental/attentional control skills in order to perform basic on two two-step applied math problems (primarily involving adding and/or subtracting) in one's head.

PSI SUBTESTS	Scaled Score	Percentile Rank	Range Classification
Coding	**5**	**5**	**Borderline Deficient**

Assesses speed and efficiency of paper-and-pencil work output on a task requiring strong visual-associative learning and rapid/continuous symbol copying (or writing).

Symbol Search	**9**	**37**	**Average**

A symbol matching task requiring strong visual discrimination, visual decoding, and visual attentional scanning skills.

ACADEMIC ACHIEVEMENT TEST RESULTS

The results from the *Wechsler Individual Achievement Test—Third Edition* (*WIAT-III)* and the *Gray-Oral Reading Test—Fourth Edition* (*GORT-4*) are presented below:

Achievement Cluster	Std. Score For Age	Percentile Rank for Age	Range Classification	Grade Equivalent
WIAT-III Basic Reading Score	**79**	**8**	**Borderline Deficient**	**--------**

A general/global measure of John's mechanical word reading and decoding abilities on the WIAT-III (comprised of a weighted averaging of his scores on the *Word Reading* and *Pseudoword Decoding* subtests, described below).

WIAT-III Word Reading	**76**	**5**	**Borderline Deficient**	**2.0**

A measure assessing the accuracy of John's reading at the individual word level – i.e., his ability to utilize both "phonetic decoding" and "sight word recognition" skills to correctly identify and sound-out individual printed words of increasing length and complexity.

WIAT-III Pseudoword Decoding	**82**	**12**	**Below-Average**	**1.9**

A measures assessing John's pure phonetic word-decoding skills by requiring him to sound-out phonetically spelled nonsense words that could not possibly be identified based on sight-recognition alone.

WIAT-III Reading Comprehension	**62**	**1**	**Mildly Deficient**	**1.2**

A non-timed measure which assessed John's critical reading comprehension skills by requiring him to correctly answer specific open-ended questions about previously read narrative passages.

Achievement Cluster	Standard Score For Age	Percentile Rank for Age	Range Classification	Grade Equivalent
Gray-Oral Reading Test—Fourth Edition (GORT-4):				
Reading Rate (*)	***4***	***2***	***Deficient***	***2.0***

A measure of John's average reading rate or speed (comprised of the general amount of time John needed to complete the various printed narrative passages throughout the test relative to most students his age).

Reading Accuracy (*)	***3***	***1***	***Deficient***	***1.2***

A measure of the accuracy of John's passage reading (comprised of the total number of words he misread throughout the test compared to most students his age)

Reading Fluency (*)	***3***	***1***	***Deficient***	***1.7***

A combined measure of John's general reading speed and accuracy throughout the *GORT-4* (i.e., his ability to read printed text both quickly and accurately relative to most students his age).

Reading Comprehension (*)	***4***	***2***	***Deficient***	***<1.0***

A measure of John's accurate comprehension of previously read passages (based on the total number of multiple-choice comprehension-based questions he answered correctly throughout the *GORT-4* relative to most students his age).

	Standard Score	Percentile Rank	Range	Grade

Achievement Cluster	Standard Score For Age	Percentile Rank for Age	Range Classification	Grade Equivalent
GORT-4 Oral Reading Quotient (ORQ)	***61 (**)***	***<1***	***Deficient***	***--------***

John's overall reading score on the *GORT-4* – based on a combined averaging of his reading speed and accuracy, as well as his overall reading comprehension.

(*) **Note**: Standard scores for the '*Reading Rate'*, '*Reading Accuracy'*; '*Reading Fluency'*; and '*Reading Comprehension'* scores are based on a Mean of '10' and a Standard Deviation of '3'

(**) **Note**: Standard Scores for the '*Oral Reading Quotient'* is based on a Mean of '100' and a Standard Deviation of '15'.

Achievement Cluster	Standard Score For Age	Percentile Rank for Age	Range Classification	Grade Equivalent
WIAT-III Total Mathematics Score	**69**	**2**	**Mildly Deficient**	**-------**

A general/global measure of John's mathematical computational and reasoning/problem-solving skills (comprised of a weighted averaging of his scores on the *WIAT-III Numerical Operations* and *Math Problem* Solving subtests (described below).

WIAT-III Numerical Operations	**66**	**1**	**Mildly Deficient**	**1.7**

A non-timed paper-and-pencil test assessing John's ability to solve increasingly difficult computational math problems.

WIAT-III Math Problem Solving	**72**	**3**	**Borderline Deficient**	**2.2**

A non-timed measure of applied mathematical reasoning and logic that required John to solve increasingly difficult word problems involving constructs such as "time", "money", distance", "measurement", "part/whole relationships", "interpretations of quantitative graphs and diagrams", and "quantitative spatial reasoning".

WIAT-III Total Math Fluency Score	**64**	**1**	**Mildly Deficient**	**------**

Represents a statistical averaging of John's scores on the WIAT-IIII *Addition*, *Subtraction*, and *Multiplication* Fluency subtests (see below) Provided an overall estimate of John's mastery of and efficiency of recall for his basic math facts and tables.

WIAT-III Math Fluency—Addition	**62**	**1**	**Mildly Deficient**	**1.0**

A timed test of paper-and-pencil calculation assessing the number of simple/2-number addition problems John can correctly solve in one-minute.

WIAT-III Math Fluency—Subtraction	**74**	**4**	**Borderline Deficient**	**1.9**

A timed test of paper-and-pencil calculation assessing the number of simple/2-number subtraction problems John can correctly solve in one-minute.

WIAT-III Math Fluency—Multiplication	**61**	**0.5**	**Mildly Deficient**	**<3.0**

A timed test of paper-and-pencil calculation assessing the number of simple/2-number multiplication problems John can correctly solve in one-minute.

	Standard Score	Percentile Rank	Range	Grade

Achievement Cluster	Standard Score For Age	Percentile Rank for Age	Range Classification	Grade Equivalent
WIAT-III Written Expression	**75**	**5**	**Borderline Deficient**	**-------**

A general/global measure of John's written expressive skills (comprised of a weighted averaging of his scores on the *WIAT-IIII Spelling*, *Sentence Composition*, and *Essay Composition* subtests (described below).

WIAT-III Spelling	**78**	**7**	**Borderline Deficient**	**2.1**

A measure that assessed John's mastery of phonetic and spelling rules by requiring him to correctly spell increasingly complicated words to dictation.

WIAT-III Sentence Composition	**88**	**21**	**Mildly Below-Avg.**	**4.7**

Assessed the quality of John's writing at the individual sentence level by assessing his performance on two separate tasks requiring him to (1) combine information from two or three different sentences into a single, complete and well-written sentence that means the same thing (*Sentence Combining*: Std Score = 114; 82nd percentile; high-average range) and (2) write individual meaningful sentences that correctly used specific words provided to him.(*Sentence Building*: Std. Score = 67; 1st percentile; mildly deficient range).

WIAT-III Essay Composition	**69**	**2**	**Mildly Deficient**	**<3.0**

Assessed the quality of John's ability to do lengthier expressive writing at the narrative/discourse level by requiring him to write a brief essay on a particular topic that was given to him within a 10-minute time limit and scored on the basis of: (1) *Grammar and Mechanics*: Std. Score = 84; 14th percentile; below-average range; <3rd grade equivalent); (2) *Theme Development and Text Organization*: Std. Score = 72; 3rd percentile; borderline deficient range; and (3) *Total Length or Word Count*: Raw Score = 16 words total; Std. Score = 76; 5th percentile; borderline deficient range).

Achievement Cluster	Standard Score For Age	Percentile Rank for Age	Range Classification	Grade Equivalent
WIAT-III Oral Language Composite	**72**	**3**	**Borderline Deficient**	**--------**

A general/global measure of John's oral expressive communication skills (comprised from a weighted averaging of his scores on the *WIAT-III Listening Comprehension* and *Oral Expression* subtests, described below).

WIAT-III Listening Comprehension	**75**	**5**	**Borderline Deficient**	**1.6**

A measure that assessed: (1) John's single word receptive vocabulary by having him point to pictures that correctly illustrated the meaning of verbally-dictated words (*Receptive Vocabulary*: Std. Score = 90; 25th percentile; low-average range) and (2) his ability to understand greater amounts of 'narrative' language by requiring him to listen to short verbally-dictated passages and then answers content-based questions about each one (*Oral Discourse Comprehension*: Std. Score = 72; 3rd percentile; Borderline Deficient range).

WIAT-III Oral Expression	**70**	**2**	**Borderline Deficient**	**1.0**

Assessed a combination of Seth's: (1) single word expressive vocabulary by requiring him to state the individual word(s) that best summarize verbally-presented descriptions of items, actions, and terms (*Expressive Vocabulary*: Std Score = 70; 2nd percentile; Borderline Deficient range); (2) verbal fluency or 'rapid continuous word generation and retrieval' by requiring him to state as many words as possible in 2 specific categories within 2 separate minute-long trials (*Oral Word Fluency*: Std. Score = 85; 16th percentile; mildly below-average range); and (3) his

ability to provide immediate verbatim repetition of increasingly lengthy sentences that were dictated to him once -- which taps mastery of verbal grammar and sentence structure (*Sentence Repetition*: Std. Score = 73; 3rd percentile; borderline deficient range).

SUPPLEMENTARY TEST RESULTS

OWLS Listening Comprehension subtest **-- Standard Score = 29** **<1st Percentile (Severely Deficient)**

A general measure of listening comprehension that required John to select one of four pictures that best illustrated the meaning of verbally dictated phrases emphasizing: (1) complex vocabulary; (2) complicated grammar and sentence structure; (3) multiple-step directions; (4) ambiguous or open-ended language; (5) the need for inferential logic; (6) temporal and spatial order; and (7) metaphorical and figurative language.

Comprehensive Test of Phonological Processing (CTOPP)

	Standard Score	Percentile	Range
Phonological Awareness Index	**85**	**16**	**Mildly Below-Average**

Composite measure assessing central auditory processing abilities related to accurately discriminating, separating-out, manipulating, and blending together component word sounds (or "phonemes") within spoken language (*Elision* = 16th percentile; below-average range and *Blending Words* = 25th percentile; low-average range).

Phonological Memory Index	**94**	**35**	**Average**

Composite measure assessing central auditory processing abilities allowing for immediate auditory sequential memory and auditory working memory for verbally-presented information in the form of: (1) random strings of numbers (*Memory for Digits* = 9th percentile; borderline deficient range) and phonemes, or repetition of foreign sounding nonsense words (*Nonword Repetition* = 75th percentile; slightly above average range)..

Rapid Naming Index	**73**	**3**	**Borderline Deficient**

Composite measure of John's scores on different tasks requiring rapid visual identification and naming of: (1) rows of randomly printed single-digit numbers (*Rapid Digit Naming* = 9th percentile; borderline deficient range) and (2) rows of randomly printed individual letters (*Rapid Letter Naming* = 5th percentile; borderline deficient range).

Behavioral Rating Inventory of Executive Functioning (B.R.I.E.F.):

Maternal ratings of John on the ***B.R.I.E.F*.** are presented below:

(1) ***Inhibit Scale*** – Assesses perceived weakness in John's ability to inhibit impulsive responses and think before acting.

- Maternal Rating: T = 51; Average range

(2) ***Shift Scale*** – Assesses perceived weakness in John's ability to make transitions, tolerate change, problem-solve flexibly, and switch or alternate his attention from one focus or topic to another.

- Maternal Rating*:* T = 47; Average range

(3) ***Emotional Control Scale*** – Assesses perceived weakness in John's ability to control and regulate his emotions and to calm himself when overly excited or upset.

- Maternal Rating: T = 46; Average range

(4) ***Initiate Scale*** – Assesses perceived weakness in John's ability to be a self-starter and initiate required tasks and activities without having to be told, reminded, or forced to do so by others.

- Maternal Rating: T = 63; Clinically At-Risk range

(5) ***Working Memory Scale*** – Assesses perceived weakness in John's ability to sustain mental effort and concentration, to hold needed information and future intention in-mind, and to remain mentally on-task without becoming forgetful in the face of distracters.

- Maternal Rating: T = 87; Moderately Impaired range

(6) ***Planning/Organization Scale*** – Assesses perceived weakness in John's ability to take a reasonably efficient, well-planned, and organized approach to long-term assignments and tasks that cannot be completed in one quick step.

- Maternal Rating: T = 75; Mildly Impaired range

(7) ***Organization of Materials Scale*** – Assesses perceived weakness in John's ability to organize and keep-track of required personal materials.

- Maternal Rating: T = 72; Mildly Impaired range

(8) ***Monitor Scale*** – Assesses perceived weakness in John's ability to monitor the accuracy and appropriateness of his own behavior and task performance – and to make adjustments as necessary.

- Maternal Rating: T = 68; Clinically At-Risk to Mildly-Impaired range

Social Responsiveness Scale (SRS: Maternal Rating of John)

SRS Scale:	**T-Score**	**Percentile Rank**	**Normative Classification**
Social Awareness scale	**81**	**>99th**	**Severely Impaired**

Assessed John's perceived ability to empathize with others and to notice or pick up on social cues (or which essentially, assessed the degree to which he seems to know and care if his behavior is socially 'off' or significantly 'out-of-step with' social expectations).

Social Cognition	**>90**	**>99th**	**Profoundly Impaired**

Assessed John's perceived level of social cognitive development – including: (1) his ability for imagination; (2) his ability to understand non-literal language and humor; (3) his ability to correctly interpret non-verbal forms of communication (i.e., other people's tone of voice, facial expressions, and body language); (4) his ability for logical social cause-and-effect reasoning, (5) his ability to perceive and understand the 'big picture' of things rather than just focusing myopically on specific details; and (6) his ability to recognize when a situation is unfair or when others are mistreating him or taking advantage of him).

Social Communication	**80**	**>99th**	**Severely Impaired**

Assessed John's perceived ability to communicate and interact with others in a confident and competent manner, including: (1)his ability to effectively communicate feelings, needs, and ideas; (2) his ability to take turns; (3) his ability to keep up his side of a conversation; (4) his ability to interact easily (as opposed to awkwardly) with others; (5) his intuitive knowledge of rules governing 'interpersonal space'; (6) his ability to establish eye contact; (7) his ability to keep a flexible and open-mind on issues; (8) his ability to successfully get along with peers; (9) his ability to respond appropriately and empathically with changes in the mood of friends or playmates; and (10) his ability to demonstrate moods and forms of nonverbal expression that are congruent with one another, as well as consistent with the external/objective situation.

Social Motivation	**87**	**>99th**	**Severely Impaired**

Assessed the extent to which John demonstrates an actual desire and/or motivation to engage in social-interpersonal interactions with others (as opposed to an apparent tendency towards social anxiety and/or a desire to remain socially isolated and on his own).

Autistic Mannerisms	**>90**	**>99th**	**Profoundly Impaired**

Assessed the degree and severity with which John displays behaviors commonly seen in children with autism (and generally not seen in non-autistic children). More specifically, behaviors assessed by the *SRS 'Autistic Mannerisms' scale* included: (1) unusual stereotypical motor behaviors -- i.e., mouthing non-edible objects, spinning around in place, repetitive rocking back-and-forth, head-banging, hand-flapping; (2) a tendency towards socially odd and/or anxious behavior – i.e., becoming highly anxious, behaviorally rigid, and/or emotionally/behaviorally agitated when stressed or placed in a social setting; and (3) demonstrating a highly restricted (and typically unusual and idiosyncratic) range of interests -- i.e., obsessively studying, writing lists about, thinking about, or talking about the same thing(s), even when those around them are not interested.

SRS Total Score	**>90**	**>99th**	**Profoundly Impaired**

Scores above a T-Score of 76 are strongly indicative of a high-functioning Autistic Disorder.

Adaptive Behavioral Assessment System (ABAS: Maternal Ratings of John):

ABAS Individual Scales:	**Scaled Score**	**Percentile Rank**	**Normative Classification**
Communication	**1**	**<1**	**Deficient**

Assesses speech language and listening skills needed for communication with other people, including vocabulary, responding to questions, conversation skills, etc..

Community Use	**1**	**<1**	**Deficient**

Assesses skills needed for functioning in the community including: community resources, shopping skills, getting around in the community, etc..

Functional Academics	**2**	**<1**	**Deficient**

Assesses presence and mastery of the most basic academic skills that form the foundation for functional reading, writing, math and other academic skills needed for daily, independent functioning.

Home Living	**5**	**5**	**Borderline**

Assesses skills needed for basic care of the home or living setting, including cleaning, straightening, property maintenance and repairs, food preparation, performing chores, etc..

Health and Safety	**7**	**16**	**Below-Average**

Assesses skills needed for the protection of health and to respond to illness and injury, including following safety rules, using medicines, showing caution, etc..

Leisure	**1**	**<1**	**Deficient**

Assesses skills needed for engaging in and planning leisure and recreational activities, including playing with others, engaging in recreation at home, following rules in games, etc..

Self-Care	**1**	**<1**	**Deficient**

Assesses skills needed for personal care, including eating, dressing, bathing, toileting, grooming, hygiene, etc..

Self-Direction	**1**	**<1**	**Deficient**

Assesses skills needed for independence, responsibility, and self-control, including starting and completing tasks, keeping a schedule, following time limits, following directions, making choices, etc..

Social	**1**	**<1**	**Deficient**

Assesses skills needed to interact socially and get along with other people, including have friends, showing and recognizing emotions, assisting others, and using manners.

ABAS Composites	**Standard Score**	**Percentile Rank**	**Normative Classification**
Conceptual	**51**	**0.1**	**Severely Deficient**

Comprised of scores from the '*Communication*', '*Functional Academics'*, and '*Self-Direction'* scales. Provides an overall assessment of John's expressive and receptive language skills, reading and writing skills, money concepts and self-direction skills.

Social	**55**	**0.1**	**Severely Deficient**

Comprised of scores from the '*Leisure'* and '*Social'* scales. Provides an overall assessment of John's interpersonal relationships, responsibility, self-esteem, gullibility and naivety, following rules and obeying laws, and avoiding victimization.

ABAS Composites	Standard Score	Percentile Rank	Normative Classification
Practical	**58**	**0.3**	**Severely Deficient**

Comprised of scores from the '*Community Use'*, '*Home Living'*, '*Health and Safety'*, and '*Self-Care'* scales. Provides an overall assessment of John's competency in instrumental activities of daily living including, house-keeping, transportation, taking medications, money management, and telephone usage, as well as occupational skills and maintenance of a safe environment.

General Adaptive Composite	**51**	**0.1**	**Severely Deficient**

Represents a weighted statistical averaging of scores from the *'Conceptual'*, '*Social'*, and '*Practical'* Composite scores. Provides a global measure of John's general adaptive behavior and abilities relative to his peer group. The '*GAC'* tends to the best overall measure of general adaptive functioning on the *ABAS*.

[redacted]

EDUCATIONAL EVALUATION

Name: [redacted]
Date of Birth: [redacted]
Age: 8 years, 11 months
Sex: Female
Date of Testing: 06/16/2009

School: Ketcham Elementary
Teacher: Mr. Kevin Wilkinson
Grade: 3.9
ID: [redacted]
Examiner: Ms. Vanessa Curry

TESTS ADMINISTERED

WJ III Tests of Achievement

These tests provide measures of [redacted]'s academic achievement. A description of each ability is provided. Her performance in each broad category is compared to grade peers using a standard score range. [redacted]'s proficiency is described categorically, ranging from limited to average; her test performance can be generalized to similar, non-test, grade-level tasks. Additional interpretation of academic task performance is provided.

ACHIEVEMENT

When compared to others in her grade, [redacted]'s academic achievement is in the average range in Math Calculation Skills (computational skills and automaticity with basic math facts) and Broad Math (mathematics reasoning and problem solving, number facility, and automaticity).

Broad Reading includes reading decoding, reading speed, and the ability to comprehend connected discourse while reading. [redacted]'s reading standard score is within the low average range (percentile rank range of 11 to 17; standard score range of 82 to 86) for her grade. Her overall reading ability is limited; reading tasks above the grade 3.0 level will be quite difficult for her.

Broad Written Language includes production of written text, including spelling ability, writing fluency, and quality of written expression. [redacted]'s written language standard score is within the low to low average range (percentile rank range of 6 to 14; standard score range of 76 to 84) for her grade. Her overall written language ability is limited; tasks measuring effective expression in written language above the grade 3.0 level will be quite difficult for her.

Written Expression measures [redacted]'s fluency of production and quality of expression in writing. [redacted]'s written expression standard score is within the very low to low range (percentile rank range of 1 to 6; standard score range of 65 to 77) for her grade. Her overall ability to express herself in writing is limited; writing fluency tasks above the grade 2.4 level will be quite difficult for her. [redacted]'s handwriting legibility is average.

Academic Processing

[redacted]'s academic skills are limited to average. Specifically, her math calculation skill is average. Her spelling is limited to average. [redacted]'s sight reading ability is limited.

The fluency with which [redacted] performs academic tasks is limited. For example, her fluency with mathematics problems is limited to average. Her fluency with reading and writing tasks is limited.

Academic Applications. [redacted]'s quantitative reasoning is limited to average. Her passage comprehension ability and writing ability are limited.

SUMMARY

When compared to others at her grade level, [redacted] overall level of achievement is low average. Her academic skills are average. Her fluency with academic tasks and her ability to apply academic skills are both within the low average range.

When compared to others at her grade level, [redacted]'s performance is average in mathematics and math calculation skills; low average in broad reading and written language; and low in written expression.

Vanessa Curry
Examiner

TABLE OF SCORES: *Woodcock-Johnson III Tests of Achievement*
Report Writer for the WJ III, Version 1.1
Norms based on grade 3.9

CLUSTER/Test	Raw	GE	Development	RPI	PR	SS(68% BAND)	AE
TOTAL ACHIEVEMENT	-	2.6	mild delayed	60/90	16	85 (84-87)	8-0
BROAD READING	-	2.6	mild delayed	39/90	14	84 (82-86)	7-11
BROAD MATH	-	3.3	age-approp	82/90	34	94 (91-97)	8-9
BROAD WRITTEN LANG	-	2.2	mild delayed	54/90	9	80 (76-84)	7-7
MATH CALC SKILLS	-	3.4	age-approp	85/90	36	95 (91-98)	8-10
WRITTEN EXPRESSION	-	1.7	mild delayed	43/90	3	71 (65-77)	5-11
ACADEMIC SKILLS	-	3.2	mild del-app	73/90	27	91 (88-93)	8-5
ACADEMIC FLUENCY	-	2.5	mild delayed	59/90	13	83 (81-85)	7-9
ACADEMIC APPS	-	2.1	mild delayed	46/90	9	80 (77-84)	7-6

Form A of the following achievement tests was administered:

Letter-Word Identification	40	2.8	mild delayed	35/90	20	87 (85-90)	8-1
Reading Fluency	24	2.6	mild delayed	44/90	22	88 (86-90)	8-0
Calculation	16	4.1	age-approp	92/90	58	103 (96-110)	9-8
Math Fluency	22	1.7	mild del-app	72/90	5	75 (72-78)	7-1
Spelling	27	3.1	mild del-app	74/90	31	93 (89-97)	8-3
Writing Fluency	8	2.5	mild delayed	61/90	17	86 (81-91)	7-9
Passage Comprehension	20	2.1	mild delayed	39/90	12	82 (79-86)	7-6
Applied Problems	29	3.1	mild del-app	74/90	34	94 (90-98)	8-8
Writing Samples	5-A	1.1	mild delayed	27/90	<0.1	45 (32-59)	6-5
Picture Vocabulary	20	2.1	mild del-app	71/90	26	90 (86-95)	7-8
Handwriting	50	3.9	-------	-	50	100 (93-107)	9-3

Descriptions of WJ III Tests Administered

Letter-Word Identification measured [redacted] ability to identify letters and words. She was not required to know the meaning of any word.

Reading Fluency measured [redacted] ability to quickly read simple sentences, decide if the statement is true, and then circle Yes or No. She was asked to complete as many items as possible within a 3-minute time limit.

Calculation measured [redacted] ability to perform mathematical computations. The items required her to perform addition, subtraction, multiplication, division, and combinations of these basic operations.

Math Fluency measured [redacted] ability to solve simple addition, subtraction, and multiplication facts quickly. She was presented with a series of simple arithmetic problems to complete in a 3-minute time limit.

Spelling measured [redacted] ability to write orally presented words correctly.

Writing Fluency measured [redacted] skill in formulating and writing simple sentences quickly. She was required to write sentences relating to a given stimulus picture that includes a set of three words. This test had a 7-minute time limit.

Passage Comprehension measured [redacted] ability to understand what is being read during the process of reading. Test items required [redacted] to read a short passage and identify a missing key word that makes sense in the context of the passage.

Applied Problems measured [redacted] ability to analyze and solve math problems. To solve the problems, she was required to listen to the problem, recognize the procedure to be followed, and then perform relatively simple calculations. Because many of the problems included extraneous information, [redacted] needed to decide not only the appropriate mathematical operations to use but also what information to include in the calculation.

Writing Samples measured [redacted] skill in writing responses to a variety of demands. She was asked to produce written sentences that were evaluated with respect to the quality of expression. [redacted] was not penalized for any errors in basic writing skills, such as spelling or punctuation.

Picture Vocabulary measured [redacted]'s oral language development and word knowledge. The task required her to identify pictured objects. This was primarily an expressive language task at the single-word level.

Handwriting is a norm-based evaluation of [redacted] handwriting.

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COMPREHENSIVE SPEECH-LANGUAGE EVALUATION

Student Name: [redacted]
Date of Birth: [redacted]
Date of Evaluation: 11/20/2014
Chronological Age: 15 years and 3 months
Evaluator: Diane Douglas, M.S., CCC-SLP

I. Reason for referral:

Ms. Kathy Zeisel, Esquire, from the Children's Law Center referred [redacted] to Conaboy & Associates, Inc. for a speech-language evaluation. This action was taken after DCPS agreed to fund an independent speech-language evaluation. The goals of the evaluation included:

- Evaluating [redacted]'s current status related to language.
- Identifying strategies and/or interventions that would improve his overall level of function in an educational setting.

II. Background information:

Methods of data collection for this assessment were gathered via reviewing educational and medical files including:

- Caregiver Speech-Language Checklist
- Individualized Education Program IEP (11/6/2014)
- IEP Meeting Agenda/Notes (11/6/2014)
- High Road Upper School of Prince George's County Special Education Report (11/6/2014)
- High Road Upper School of Prince George's County Social Work Progress Report (10/6/2014)
- High Road Upper School of Prince George's County Academic Progress Summary (10/6/2014)
- High Road Upper School of Prince George's County Annual Occupational Therapy Review (10/6/2014)
- Kuder Assessment Summary (9/23/2014)
- Instructional Planning Report (9/10/2014)
- Student Diagnostic Report: Enterprise Test (9/10/2014)
- High Road Upper School of Prince George's County Transition Summary (9/8/2014)

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- Kingsbury Center Report Card, (School Year 2013-2014)
- Amended IEP (4/28/14)
- DCPS Eligibility Determination Report (1/24/2013)
- Comprehensive Occupational Therapy Evaluation, Conaboy & Associates, Inc. (1/24/2011)
- Speech/Language Re-Evaluation Report, DCPS (5/14/2007)

[redacted] is a 15-year-old male who is enrolled in the 10th grade at High Road Upper School of Prince George's County. According to [redacted]s most recent Individualized Education Program (IEP), he qualifies for special education services with a primary disability of a student with an Emotional Disturbance. He is entitled to receive 24.5 hours of Specialized Instruction per week, 60 minutes of Behavior Support per week, 240 minutes of Speech-Language Services per month, and 120 minutes of Occupational Therapy per month. The following classroom aids are listed in [redacted]'s IEP: graphic organizer, visual trackers, speech to text software, alerting snacks, movement breaks, scaffolded notes, copies of notes, and verbal repetition checklists. As per the IEP Meeting Agenda/Notes, [redacted] should receive the following accommodations for classroom work and standardized testing: Oral responses to tests, Copy from paper/book instead of board, Write in test books, Dictate response to examiner, Calculators, Flexible scheduling, Test administered over several days, Test administered at best time of day for student, Breaks between subtests, Extended time on subtests, Breaks during a subtest, Adaptive or special furniture, Individual testing, Location with minimal distractions, Noise buffer, Preferential Seating, Small group testing, Interpretation of oral directions, Markers to maintain place, Reading of test questions (Math, Science, Composition only), Repetition of directions, Simplification of oral directions, Translation of words and phrases (Math, Science, Composition only), and Large Print. He is also eligible for ESY Services.

[redacted] attended The Kingsbury Center in NW Washington, DC for the 2013-2014 School Year as a 9th grader. He transitioned to High Roads Upper School of Prince George's County for the 2014-2015 school year. He was initially enrolled in 9th grade classes, but it was realized that he was in classes that he had previously passed at Kingsbury. He recently transitioned to 10th grade classes after his IEP team meeting on 11/6/2014. [redacted]'s mother, Ms. [redacted], accompanied him to the evaluation and reported concerns with [redacted]'s ability to use correct grammar, use age appropriate vocabulary, and follow multi-step directions. In addition, she reported that [redacted] gives up easily when he is not understood and has trouble saying what he is thinking.

Historical reports indicate that [redacted] is a product of a full-term, uncomplicated pregnancy and birth. He attended Moten Therapeutic Nursery and then Jackie Robinson Center for Excellence in Education. Developmental milestones were reportedly met without delay with the exception of language deficits. In 2003, he was diagnosed with severe articulation disorder and expressive and receptive language disorder by Christopher Ritthaler, M.S., CCC-SLP, at Children's Hearing and Speech Center. In 2007, Stephany W. Dinkins, M.S., Speech/Language Pathologist, indicated on her re-evaluation report that [redacted] presented with minor errors in articulation. Receptive language skills were below average and expressive language skills were in the low average range.

At age 3 years, 7 months (3/12/03), [redacted] was evaluated by Dr. William Lawrence at Children's National Medical Center (CNMC) Neurodevelopmental Pediatric Program and diagnosed with macrocephaly, (enlarged head), developmental speech and language disorder, developmental articulation disorder, and developmental fine motor disorder. He also demonstrated a behavioral profile with inattention, distractibility, and impulsivity. [redacted] was re-evaluated again by Dr. Lawrence one year later, and diagnosed with attention deficit hyperactivity disorder (inattentive type). Dr. Lawrence recommended continued behavioral programming at school, speech language therapy and "motor therapy" along with his special education programming.

[redacted] received a Psychological Evaluation in 2007 when he was 7 years old, by Steffie Turner, Psy.D, of the Psycho-Education Program-DCCSA at the DC Department of Mental Health. Information and impressions were listed as follows: [redacted] was on Ritalin for ADHD; very low range intellectual ability but average cognitive ability in auditory processing; mildly delayed word knowledge and comprehension; low range "thinking ability"; moderately delayed inductive logic skills; mildly delayed to age appropriate mathematics ability; and, severely delayed overall reading ability. Official diagnoses were stated as attention deficit hyperactivity disorder (combined type); mixed receptive and expressive language disorder (by history); and, familial macrocephaly.

[redacted] should be taking Intuniv for ADHD per mom, but he has run out of medication. His mother reports that they need to schedule another doctor's appointment. [redacted] is taking no other medications at this time. [redacted]'s interests include playing video games on his Xbox 360 especially the game Saints Row, drawing, and art. His favorite subject is Art, but he is not taking it this year in school. [redacted] reportedly goes to the Community Recreation Center after school to do his homework, but there are no formal tutoring services. He does not participate in any other extracurricular activities or sports. [redacted] lives with his mother, one brother who is 13 and two sisters, ages 18 and 25. He additionally received an Assistive Technology Evaluation at this office which should be reviewed in conjunction with this report.

III. Evaluation:

Clinical Observations:

The speech and language assessment was completed at the Conaboy & Associates, Inc. office in a quiet room with very few distractions. [redacted] was cooperative and polite throughout the evaluation. He demonstrated excellent visual scanning without impulsivity in his responses during receptive tasks. He demonstrated awareness to difficult content as he smiled with a wince when he did not comprehend words and verbalized, "Dang" with a big smile when he was unable to retrieve targeted vocabulary words. [redacted] did not attempt to describe unknown vocabulary if he was unable to label the words, which is consistent with his mom's reported concern of giving up easily. He did ask for repetition at times and demonstrated some mild fidgeting, which he immediately terminated when his mom told him to stop rocking. [redacted] appeared to complete the tests to the best of his abilities and all testing results are considered to be a reliable and valid representation of his abilities.

Hearing:

[redacted] does not have a history of hearing difficulties and there were no reported concerns. [redacted]'s performance indicated that his hearing was adequate to respond to the testing demands (e.g., one on one setting with limited background noise).

Voice and Fluency:

[redacted]'s voice and fluency were informally evaluated throughout the session. Both were judged to be within normal limits for age and gender.

Oral Mechanism:

An informal oral mechanism exam was conducted. [redacted] did not present with any overt oral motor deficits. The function and structure of all of his articulators including teeth, tongue, lips, hard palate and velum appeared adequate for intelligible speech.

Articulation/Phonology:

Informal observation of [redacted]'s articulation skills revealed conversational errors with specific phonemes that did not impact his overall intelligibility. His intelligibility at the conversational level was good, but at times is lessened due to decreased articulatory precision (i.e. mumbling) and low volume. [redacted] presents with mild articulation deficits.

Vocabulary:

The Peabody Picture Vocabulary Test, Fourth Edition (PPVT-4 Form A) is a norm-referenced measure of receptive vocabulary in children and adults ages 2 years 6 months to 90 years. During administration, the individual is shown four pictures on a page and asked to point to the one that best describes the stimulus word said by the examiner.

PPVT-4

Standard Score	58
Percentile Rank	0.3
Age Equivalent	7:4

Interpretation: The mean (average) for this test is 100 with a standard deviation of 15. [redacted] received a standard score of 58, which yields a percentile rank of 0.3 and is more than two and a half standard deviations below the mean. This gives him an extremely low score and reveals significant receptive vocabulary deficits with respect to his same age peers.

The Expressive Vocabulary Test- Second Edition (EVT-2- Form A) is a norm-referenced measure of expressive vocabulary and word retrieval in children and adults ages 2 years 6 months to 90 years. During administration, the individual is shown a single picture and asked a question (i.e., "What is this?" or "What is she doing?"). The individual answers using a

noun, verb, or adjective. Later test items require the examinee to provide a synonym based on a picture and a stimulus word (e.g., “Light. Tell me another name for light.”).

EVT- 2

Standard Score	70
Percentile Rank	2
Age Equivalent	7:11

Interpretation: The mean (average) for this test is 100 with a standard deviation of 15. [redacted] received a standard score of 70, which yields a percentile rank of 2 and is two standard deviations below the mean. This gives him a score in the moderately low range and reveals that [redacted] exhibits expressive vocabulary deficits with respect to his same age peers.

[redacted] exhibited a statistically significant difference between his receptive/expressive vocabulary skills at the .05 level that was seen in 25% of the standardization sample. His score difference indicates that his receptive and expressive vocabulary development is not at a commensurate level and his expressive vocabulary skills are stronger than his receptive vocabulary skills. Standardized testing in April, 2007 using different, but comparable norm-referenced tests, indicated receptive/expressive vocabulary deficits with commensurate results in higher expressive than receptive vocabulary skills. Difficulty with expressive and receptive language can significantly impact ability to access the curriculum and perform in the school environment.

Language:

The Oral and Written Language Scales - Second Edition (OWLS II) was administered to provide a comprehensive assessment of [redacted]’s language. The OWLS II is a norm-referenced measure of spoken and written language abilities in children and adolescents ages 3 years to 21 years across four scales. [redacted] participated in the Listening Comprehension, Oral Expression, Reading Comprehension, and Written Expression scales. The mean (average) for the scales is 100 with a standard deviation of 15. [redacted]’s results were as follows:

OWLS-II Subtests

Scale	Standard Score	Percentile Rank	Description
Listening Comprehension	85	16	Average
Oral Expression	63	1	Deficient
Reading Comprehension	57	0.2	Deficient
Written Expression	67	1	Deficient

Interpretation: The Listening Comprehension Scale assesses listening to and

comprehending spoken language by presenting items in a verbal and picture format requiring a pointing response with multiple choice items. [redacted]'s performance corresponds to a standard score of 85 and a percentile rank of 16. This gives him a score that is just within the average range and reveals that [redacted] exhibits a relative strength in the domain of receptive language. An item error analysis conducted to qualitatively evaluate specific areas of strength and weakness revealed:

• Lexical/Semantic: [redacted] demonstrated the weakest comprehension skill in the lexical/semantic area. He answered eight of twenty administered items correctly, comprehending adjectives, nouns, verbs, and adverbs. His errors were on items with figurative language and difficulty comprehending vocabulary using context clues. These results are commensurate with his PPVT-4 score and suggest that [redacted] has not yet reached the expected mastery level for his age in developing flexibility and maturity in his vocabulary knowledge.

• Syntactic: [redacted] exhibited inconsistency in comprehending sentence structures. He answered twelve of the twenty-five items correctly, comprehending conjunctions, and function words. He incorrectly responded to items requiring knowledge of complex sentences and inflection.

• SupraLinguistics: This is an area of comprehension strength for [redacted]. He responded correctly to 75% of the items targeting lexical ambiguity, inferences, and verbal reasoning. Although [redacted] is developing emerging comprehension for the higher order thinking skills addressed through this category of tasks, he was unable to understand tasks of greater difficulty particularly with figurative language and verbal reasoning.
[redacted]s receptive comprehension for spoken language is just within the average range for his age.

The Oral Expression Scale assesses speaking by presenting items verbally with a picture format. [redacted]'s abilities correspond to a standard score of 63 and a percentile rank of 1. This gives him a score that is two and a half standard deviations below the mean and reveals that [redacted] exhibits significant deficits with expressive language. An item error analysis conducted to qualitatively evaluate specific areas of strength and weakness revealed:

• Lexical/Semantic: [redacted] correctly answered six of the ten administered items. He used verbs, and nouns as expressive targets, but was unable to explain an idiom or produce targeted adjectives.

• Syntactic: This appears to be [redacted]'s strongest oral expression skill. He responded correctly to 92% of targeted skills including production of simple sentences. He exhibited difficulty with subordinating conjunctions.

• SupraLinguistics: Commensurate to his performance on the comprehension of supralinguistic tasks, [redacted] struggled to use inferences to explain situations and produce verbal reasoning.

• Pragmatic: [redacted] correctly responded to four of eight pragmatic tasks including appropriately comparing and contrasting nouns and sequencing a story with visual picture support.

[redacted]'s expressive language use is well below the average range for his age and can significantly impact school function and ability to communicate with adults and peers.

The Reading Comprehension Scale assesses reading and comprehending written language. [redacted]'s performance corresponds to a standard score of 57 and a percentile rank of 0.2. This gives him a deficient score with respect to his same age peers and reveals that [redacted] exhibits significant reading comprehension deficits. An item error analysis revealed:

• Lexical/Semantic: [redacted] correctly answered 2 of 9 items. He comprehended simple nouns, and visual adjective targets. He demonstrated errors understanding more advanced vocabulary, which are to be expected due to noted vocabulary weaknesses.

• Syntactic: On Syntactic items, [redacted] was able to correctly answer 8 of 10 items measuring the use of function words such as prepositions; comprehension of word order, and comprehending inflection noun-verb agreement. He exhibited difficulty comprehending a subordinating conjunction in a complex sentence.

• SupraLinguistics: [redacted] correctly answered 3 of 5 Supralinguistic items. He was successful in comprehending 3 of the 4 targeted items that required inference from world knowledge. The other item he missed measured figurative language.

• Pragmatic: [redacted] was administered one pragmatic item that required understanding of social norms, which he answered correctly.

[redacted]'s written language comprehension is well below the average range for his age and can significantly impact academic function.

The Written Expression Scale is designed to measure the following writing skills: conventions (spelling, punctuation, capitalization, formal note conventions, general conventions), lexical/semantic, syntactic (function words, inflections, general syntax, sentence structure), pragmatics, and text structure (text organization, use of detail, cohesion). During administration, a verbal stimulus is provided and the examinee responds by writing in a Response Booklet with lines and intermittent print for the student's reference. [redacted]'s skills corresponds to a standard score of 67 and a percentile rank of 1. This gives him a deficient score with respect to his same age peers and reveals that [redacted] exhibits written expression deficits. Analysis of item subcomponents shows the following:

• Conventions: [redacted] earned some spelling points because he spelled many commonly used words correctly. He also correctly copied free spelling words provided in the response booklet. [redacted] did not use capitalization or punctuation conventions. [redacted]'s accuracy for targeted conventions was 40% point scoring.

• Lexical/Semantic: [redacted] demonstrated the ability to use nouns and verbs to describe pictures and achieved 56% accuracy for targeted lexical/semantic items. He is not yet using synonyms in his writing.

• Syntactic: [redacted] earned very few points for correct use of function words and inflections. He earned points for producing one complex sentence. He struggled in particular with constrained sentence completion tasks. His overall accuracy for targeted syntactic forms was 57%.

• Pragmatic: Pragmatics is an area of difficulty for [redacted] as he achieved 33% accuracy for targeted point areas. He was unable to establish a joint referent when writing a thank you letter.

• Text Structure: [redacted]'s writing lacks organization and he is not yet able to retell events with the include details. He earned 48% point credit in this area and was noted to use transition words to provide cohesion for familiar sequences.

[redacted]' s written language production is well below the average range for his age. In addition, it should be noted that [redacted] completed items 13-26 on the Written Expression Scale, which is for ages 8-10. This item set was selected as it was most closely aligned with his ability level and due to noted difficulty with stimulus items. Also of significant note, [redacted]'s writing formulation and output is extremely slow. It took him over 9 minutes to write 58 words describing how to bathe a dog; 4 minutes to write a 27 word thank you note; and over 10 minutes to describe a 3 picture sequence to form an 81 word story.

The four scales of the OWLS II are combined to provide a comprehensive language profile. The mean (average) for the scales is 100 with a standard deviation of 15. [redacted]'s results were as follows:

OWLS-II Composites

Composite	Standard Score	Percentile Rank	Description
Oral Language	72	3	Below Average
Written Language	61	0.5	Deficient
Receptive Language	67	1	Deficient
Expressive Language	64	1	Deficient
Overall Language	63	1	Deficient

Interpretation: [redacted] obtained below average or deficient scores across all composite scales. He demonstrated a significant difference between his listening comprehension and oral expression as well as his listening comprehension and reading comprehension composites at the .05 level that was seen in just 5% of the standardization sample. He presented with a marked difference between his ability to read and comprehend and listen

and comprehend and his ability to comprehend and express himself verbally that is considered unusual. In addition, he demonstrated significant differences between his listening comprehension and written expression and written expression and reading comprehension that were seen in 20% or more of the standardization sample. This suggests that these differences may not be clinically meaningful due to their prevalence, although they may have some ramifications for intervention.

Due to his significant language deficits, is it understandable that [redacted] struggles to keep up with his class work. It also supports the idea that the deficits that he has with oral expression impacts his ability to integrate into the social scene of high school.

Standardized testing through DCPS in April 2007 with a different, but comparable norm-referenced test, indicated a core receptive/expressive language standard score of 76. [redacted] has a persistent underlying language disorder upon repeat standardized testing.

Pragmatic Language:

Pragmatic communication refers to the ability to use language and non-verbal skills for a variety of effective purposes. [redacted]'s pragmatic language skills were assessed via observation and through parental completion of the Pragmatics Profile from the CELF-4. [redacted]s mom rated his Nonverbal Communication Skills, Asking For, Giving and Responding to Information, and Rituals and Conversational Skills on a 4-point scale. [redacted] obtained a raw score total of 120, which is below the criterion score for his age of less than or equal to 142 and reveals deficits in pragmatic language with respect to his age. Concerns were reported with [redacted]'s ability to ask for clarification if a situation is unclear, as well as his ability to interpret and use nonverbal communication. In addition, concerns were reported by [redacted]'s previous school regarding his ability to respect personal space of others. [redacted]s pragmatic language is below the expectation for his age.

IV. Impressions:

[redacted] is a 15-year-old male who participated in all of the required speech and language testing. The testing revealed a significant language disorder with his overall language skills more than 2 standard deviations below the mean. Based on a norm-referenced evaluation, [redacted] presents with impairments in the areas of receptive/expressive vocabulary, oral expression, reading comprehension, and written expression. Specifically, [redacted] exhibited deficits in the areas of pragmatics, vocabulary and use of conventions in written language. In addition, patterns of difficulty were noted with understanding figurative language, formulating complex sentences, and verbal reasoning. His oral skills surpass his written skills. [redacted]'s voice, fluency, articulation, and oral mechanism were strengths as they were found to be within functional limits for his age and gender.

Noted deficits indicate that [redacted] requires the assistance of a speech language pathologist to facilitate language comprehension, language use, and receptive/expressive vocabulary skills. Within this intervention, it is also suggested observations be made on how his language limitations may negatively impact his ability to take notes in the classroom, and

comprehend and complete class work. In terms of academic learning, [redacted]'s language deficits could be seen in the following ways: difficulty understanding vocabulary, inaccurate responses to questions, incomplete note taking, errors with sentence structures, lack of details in oral and written responses, and difficulty in retaining new information. Writing is an academic challenge for [redacted] and will negatively impact all aspects of his school performance. Writing deficits will make it difficulty for him to demonstrate knowledge, complete essay questions, or even short-answer questions assigned in all content classes without modifications, specific individual instruction and assistance. He needs direct teaching of deficit areas with visual supports.

V. Recommendations:

A. General Recommendations:
1. Review the findings of this report and other recently completed evaluations with [redacted]s caregivers, educational, and legal team.
2. Consider expanding his Eligibility Classification for Special Education Services beyond Emotional Disturbance based on the severity of his academic delays and his noted engagement and effort at school and during testing.
3. Implement recommendations of Assistive Technology Evaluation due to the noted discrepancy between oral and written language and written language difficulties.
4. [redacted] would benefit from a male mentor and academic tutoring to promote positive self-esteem and support for academics as needed to reach his goals. Potential programs include the Community Club (http://www.communityclub.org/), Mentors Inc. (http://www.mentorsinc.org/) and the Boys and Girls Club of America (http://www.bgca.org).

B. Speech Language Recommendations
1. It is recommended that [redacted] continue direct speech-language services for one hour per week outside of the general education classroom.
2. In addition to his one hour of outside services, an additional one hour of speech-language services within the general education classroom is recommended to facilitate pragmatic language, generalize use of strategies, and facilitate accommodations to access the curriculum.
3. Speech and language services should focus on:
    a. Increasing pragmatic language with respect to asking for clarification, understanding and using nonverbal communication skills such as body language, facial cues, reading into social situations and responding appropriately, recognizing and identifying the use of key details to convey information during conversation and written language.
    b. Improving recall of auditory information with increasing levels of complexity to facilitate [redacted]s ability to comprehend and follow directions.
    c. Facilitating his ability to recall details and summarize the main idea.
    d. Increasing auditory memory skills by using visualization techniques, repetition and rehearsal of information to improve his ability to follow

directions and recall key details.

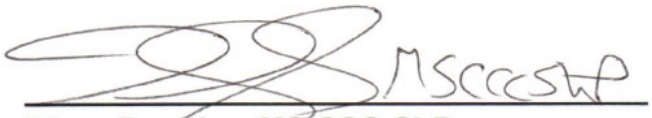
e. Improving knowledge and access to vocabulary by using context clues and exploring the relationships between words including, but not limited to prefixes, suffixes, synonyms, antonyms, and homonyms. Vocabulary maps may be beneficial to help learn new vocabulary. The map would link together detailed definitions of vocabulary words, synonyms, antonyms, and provide an example of the grammatical use of the word in a sentence. It may be helpful to link the vocabulary with pictures, videos, or real life examples to enhance his learning
f. Exploring lexical ambiguity by targeting multiple meaning words.
g. Increasing concept comprehension while reading text, including temporal concepts, categorical concepts, sequential order, and comparisons in order to make predictions, make inferences, recall details, and summarize the main idea.
h. Using graphic organizers and other visual/memory aids to help with the understanding of stories presented orally or in print to facilitate comprehension of the main idea, recalling details, making inferences, and sequencing events. Graphic organizers may help him learn how to sequence, link, and organize new information. It can also help in associating new learning with previously learned information in a manner that will allow for easier recall and retention.
i. Memory strategies (e.g., mnemonic devices) combined with consistent repetition of information would help [redacted] improve his ability to take the information in his working memory and place the knowledge in his long-term memory and then recall it efficiently
j. Increasing written language skills, including subject/verb agreement, producing grammatically correct sentences and formulating complex sentences.
k. Improving the use of conventions in written language.
l. Increasing understanding and use of adjectives, adverbs, and the relationship of word order on meaning.
m. Visualization/Verbalization (Lindamood-Bell) – this intervention technique is often used to assist with poor reading comprehension by developing visualization skills. The technique uses 12 structure cards (e.g., what, color, shape, number, where, when) to help create detailed descriptions of pictures and then written words/sentences. This therapy concept could successfully help [redacted] develop his ability to describe, recall, and sequence information both in pictures and in printed words.

C. Classroom Accommodations**:**

a. Extra response time when called upon in class
b. Use of hands on manipulatives
c. Use of visual aids such as graphic organizers, edit checklists, memory strategies, and vocabulary maps
d. Positive Behavioral Plan
e. Frequent Breaks

f. Preferential seating
g. Minimize distractions
h. Present directions in small chunks with repetition
i. Multiple examples and repeated opportunities to practice with varying stimuli
j. Have him repeat directions back or show the teacher what he should do
k. Small group instruction

It was a pleasure testing [redacted]. If there are any further questions about this report, please contact me at 202.544.2320.



Diane Douglas, MS CCC-SLP
Clinical Speech-Language Pathologist

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COMPREHENSIVE OCCUPATIONAL THERAPY EVALUATION

Name: [redacted]
Date of Birth: [redacted]
Chronological Age: 15 years, 7 months
Date of Evaluation: 03/09/2015
Therapist: Lynn M. Grasso, M.S., OTR/L
Educational Program: High Road School
Parent: Ms. [redacted]

Referral Information: [redacted] is a 15 year, 7 month old young man in 10th grade at High Road School of Southern Maryland (La Plata). This Comprehensive Occupational Therapy Evaluation was requested by his parent and attorney, Ms. Kathy Zeisel, Esquire. It was conducted to identify [redacted]s current levels of sensory, motor and visual perceptual/motor functioning and to determine his need for continued occupational therapy intervention as part of his educational programming. This office also conducted a recent comprehensive, speech-language evaluation and assistive technology evaluation for [redacted]. These reports should be reviewed together to find comprehensive background and educational history as well as to support the team in working with [redacted].

Background Information: The following historical information was reviewed for this evaluation:

- Assistive Technology Evaluation, Conaboy & Associates, 11/20/14
- Comprehensive Speech-Language Evaluation, Conaboy & Associates, 11/20/14
- Amended IEP, 4/28/14
- IEP, 11/6/14
- IEP Meeting Agenda/Notes, 11/6/14
- High Road Upper School of Prince George's County Annual Occupational Therapy Review, 10/6/14
- High Road School Transition Summary, 9/8/14
- High Road School Special Education Report. 11/6/14
- High Road School Social Work Progress Report, 10/6/14
- High Road School Academic Progress Summary, 10/6/14
- Instructional Planning Report, 9/10/14

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- Original fictional writing sample,10/1/14

[redacted]'s most recent IEP indicates that he qualifies for services with a primary disability of a student with an Emotional Disturbance. Historical information indicates that [redacted] has a diagnostic history significant for of ADHD and has reportedly been on Ritalin since approximately 7 years old. His IEP indicates that he receives 24.5 hours of Specialized Instruction per week, 60 minutes of Behavior Support per week, 120 minutes per month of Occupational Therapy, and 240 minutes per month of Speech Language Therapy. He is entitled to receive classroom aids in the form of graphic organizers, visual trackers, speech to text software, alerting snacks, movement breaks, scaffolded notes, copies of notes, and verbal repetition checklists. He also is eligible for numerous classroom accommodations for day to day classroom participation as well as for testing. Meeting notes from [redacted]'s recent IEP meeting indicate that [redacted] continues to function at the approximate 2nd grade level in most academic areas.

In 2011, [redacted] received an Occupational Therapy Evaluation at his school (Simon Elementary School) by this examiner when he was 11 years old. Findings indicated that he had deficient visual perception skills in the areas of form constancy, sequential memory, figure ground, and visual closure skills. His copying speed was at the first grade level. [redacted] was also found to have deficient oculomotor functioning and was recommended for an immediate evaluation by a Developmental Optometrist. He was found to have self-regulation and moderate sensory modulation difficulties. It was recommended that he receive 60 minutes per week of Occupational Therapy. Recommendations also included an Assistive Technology Evaluation and an immediate comprehensive visual evaluation by a Developmental Optometrist to determine if vision therapy was warranted. [redacted] has been receiving occupational therapy, but historical reports do not indicate if he had an Assistive Technology Evaluation in 2011 or if he received ever received an evaluation by a Developmental Optometrist.

Most recently, [redacted] began with a new occupational therapist at school, Ms. Christine DeCarlo, M.S., OTR/L, who recommended, on his annual review of 10/6/14, that his goals be changed from 6 goals to 3 goals and that his service hours be reduced from 240 minutes per month to 120 minutes per month. Ms. DeCarlo reported that his 2 and 3- dimensional design copying has improved, but higher level visual perception skills continues to be difficult. His legibility has reportedly improved and notes indicate that [redacted] uses adaptive paper. He continues to have difficulty with typing. His executive functioning skills have also reportedly improved, but he requires continued support. He reportedly benefits from verbal cues, demonstration, and moderate assistance for organization, sequencing, problem solving, memory, self-regulation, and self-editing his work. He has been successful with identifying sensory strategies for self-regulation, including chewing gum, movement breaks, and fidgets. His recommended new Occupational Therapy goals include:

- Increase speed, accuracy and independence with organization, planning, problem solving, sequencing, memory, self-editing written/typed work, and self-regulation.
- Improved visual perceptional motor skills in the areas of handwriting, typing his signature, copying designs, puzzles, mazes, etc.
- Achieve 15-20 words per minute with 90-100% accuracy in typing, using touch typing vs. hunt-and-peck method.

As mentioned, [redacted] received an recent Assistive Technology Evaluation (November, 2014) at Conaboy & Associates. Results revealed that [redacted] is a highly motivated young man and ready to learn and use Assistive Technology. He demonstrated the capability to use dictation (speech to text), grammar check, spell check, readability, and text to speech features in order to facilitate his comprehension and production of written language. Many recommendations were provided with regard to specific hardware and software, as well as at least 40 hours of training on his new technology to ensure successful and consistent implementation and use. It was also suggested that the team consider expanding [redacted]'s classification for his IEP beyond Emotional Disturbance, since his academic delays are so significant and he demonstrates such engagement and effort at school and during testing.

[redacted]'s recent Comprehensive Speech Language Evaluation (November, 2014) at Conaboy & Associates indicated that he does, in fact have a significant language disorder. He presented with impairments in the areas of receptive/expressive vocabulary, oral expression, reading comprehension, and written expression. In addition, he struggled with understanding figurative language, formulating complex sentences, and verbal reasoning. His oral skills surpass his written skills, and his pragmatic language were all below age expectations.

[redacted] has reportedly been receiving Transition services at school. He has an expressed interest in the areas of becoming a tattoo and piercing artist. Plans are for him to attend career fairs and explore more career opportunities and education/training options. Plans were made by his school in September, 2014 for him to shadow at VSP studios in Prince George's County. Interest inventories and self-assessments have been reportedly been completed.

[redacted]'s Behavioral Support report indicated that he has friends and has good rapport with his peers. He can discuss issues, strives to be a good student, is making academic progress, and consistently completes assignments. He does reportedly struggle to maintain his emotions, especially anger and aggression.

[redacted]'s Special Education teacher's report indicated that he becomes frustrated and easily distracted. She indicated that on the days where [redacted] "shuts down", he does not communicate or complete his assignments. [redacted] put forth his best effort for today's testing, therefore, this is though to be an accurate assessment of his abilities.

Methods of Data Collection:

- Bruininks - Oseretsky Test of Motor Proficiency—2nd Edition (BOT2)
- Beery-Buktenica Developmental Test of Visual Motor Integration—6th Edition (VMI) Visual Motor Integration and Motor Coordination subtests
- Test of Visual Perception Skills-Third Edition (TVPS)
- WOLD Sentence Copying Test
- Adolescent Role Assessment
- Dunn Adult/Adolescent Sensory Profile
- Student Symptom Checklist (Vision and Conceptual Development Center)
- Ayres Clinical Observations of Sensory Processing
- Review of Records
- Clinical Interview

Behavioral Observations: [redacted] was quiet throughout the evaluation, gradually becoming more engaged and willing to answer questions. By the time he was interviewed using the Adolescent Role Assessment, he was open and friendly and willing to talk in more detail. He completed all tasks, some of which were quite lengthy, with motivation to succeed, and never with a negative attitude or displaying low frustration tolerance. His approach to tasks was calm and focused. He did, however, begin to yawn consistently after the first 15 minutes, until he had his movement break in the larger gym area.

Student Interview: The Adolescent Role Assessment was used as a guide to interview [redacted]. [redacted] reported that his favorite ages were 14 years old when he was outside a lot, and 2-3 years old when he would play with his sister. He remembered when they played a game where she tied him to a chair and he had to try to find a way out. He remembers playing checkers and other games with his sister when he was young. He now enjoys "hanging out" at the recreation center with his friends. [redacted] reported that his mother and maternal uncle have been the primary people to teach him things like riding a bike. He has always loved art, enjoying drawing and scribbling. He reported that he "can copy anything." He enjoys going out to eat and to Six Flags with his family. His responsibilities at home include keeping his room neat, doing the dishes, and vacuuming. He said that he likes things "in order", and gets annoyed when things are not in their place.

[redacted] had a summer job with children last year at a recreation center which he did not really enjoy because it was "chaotic." This summer his ideal job would be "working in a store." Eventually he would like to become a tattoo artist. He indicated that he really wants to be working.

At school, [redacted] reported that he gets A's and B's but that he often does not come prepared. He said he is "not learning anything". He also reported that he would like to have more freedom at school because students have to be escorted wherever they go at school. He said he needs frequent movement breaks. His favorite adult at school is his social worker, because he "can tell her anything."

With regard to peers, [redacted] explained that his main interaction is at the recreation center. He admitted that some of his friends are “bad and try to influence me but I have a lot of friends.”

When asked how much time he spends on activities per day/week, he reported the following: 2-3 hours per day of television; no time on homework (“I don’t get much”); 2-3 hours per day doing nothing; 2-3 hours per day with friends at the recreation center (I have close friends that I can tell everything to”);1 hour per day on himself/looking good (“I get a lot of compliments on my outfits”); 1-2x per week reading magazines or comic books, and no time in sports, but would like to play basketball (“I like the uniforms but I don’t like sports”).

[redacted] seemed very sure that he wants to go to college. He plans to study drawing, art, and/or fashion design. When asked to think about or fantasize about his ideal future, he reported that he envisions his future with a family, a house, and with free time. He would like to see a safer world, and he “would like to have more shoes!”

[redacted] appears to be an honest boy, with typical adolescent thoughts of the present and future. He does have some conflicting ideas about school and his workload. His friends and family are very important to him and it is important for him to be able to talk openly to the few trusted people in his life.

Additional Information: During general discussion, when asked if he understands ADHD, [redacted] mentioned that his “old social worker” told him about his ADHD diagnosis. His current interpretation is “cause I’m lazy” and “in class it doesn’t really affect me.” However, he knows he gets fidgety, hyperactive, and needs movement. It will be important to continue to help [redacted] understand the implications of his diagnosis now that he is a teenager, what his medication does for him, and any side effects of his medication. He will need to understand, in the future, how it may affect his upcoming work life and recognize strategies that will be helpful.

Gross Motor Skills: [redacted] completed all gross motor activities presented to him He could hop, skip, and jump. He could catch, throw, and kick a playground ball. He jumped on a trampoline imitating different foot patterns, and could perform 20 jumping jacks. He could walk backward heel-to-toe on a floor balance beam, and could jump rope. His overall strength is good and his muscle tone is within normal limits. Gross motor skills are a relative strength.

Fine Motor Skills: [redacted]s fine motor skills (movements of small muscles) were assessed using clinical observations and fine motor subtests from the BOT2.
The BOT2 is a test that assesses the motor functioning of children from 4 to 21 years of age. The Fine Manual composite has two subtests: *fine motor precision* which consists of activities that require precise control of finger and hand movements; and *fine motor integration* which requires the examinee to reproduce drawings of various geometric shapes that range in complexity. The Manual Coordination composite also

has two subtests: *manual dexterity* which involves goal-directed activities such as reaching, grasping, and bimanual coordination of small objects within a given time; and *upper limb coordination* which consists of activities designed to measure visual tracking with coordinated arm and hand movements. [redacted]s scores are listed below:

Bruininks-Oseretsky Test of Motor Proficiency (BOT 2)

SUBTEST	SCALED SCORE Mean=15, SD=5	STANDARD SCORE	PERCENTILE RANK	AGE EQUIVALENT	DESCRIPTION
Fine Motor Precision	14			12:0-12:5	**Average**
Fine Motor Integration	19			5:0-15:5	**Average**
	Overall Fine Manual Control	52	58		**Average**
Manual Dexterity	11			10:6-10:8	**Average**
Upper Limb Coordination	7			7:9-7:11	**Below Average**
	Overall Manual Coordination	33	5		**Below Average**

Interpretation: Scores from the BOT2 indicate that [redacted]s overall Fine Manual Control is in the average range and Manual Coordination is in the below average range.

Fine motor precision included a variety of tasks such as filling in shapes, tracing through paths that change direction, folding paper, and using scissors. [redacted] used an adequate right dynamic quadrupod grasp. He maintained attention throughout each task. He could color and draw in small boundaries, and through zig zagged and curved, narrow pathways. He drew 4 straight lines to draw a line between 4 dots. He could cut and fold along guidelines, with very focused attention. He required excessive time when required to cut and made attempts to be perfect on the circular line. [redacted]s score for Fine Motor Precision was found to be in the average range.

Fine motor integration tasks involved copying a series of increasingly complex shapes with attention to details such as the basic shape, closure, edges, orientation, and size. [redacted] was able to copy all of the shapes and designs. He scored in the average range.

[redacted]*'s combined fine motor precision and fine motor integration performance provided a standard score of 52 for overall Fine Manual Control. Standard scores range from 20 to 80, and have a mean of 50 and a standard deviation of 10. His percentile of 58 indicates that he performs better than 58% of his peers in the testing sample. His scores are considered average.*

Manual dexterity tasks required [redacted] to use his pencil quickly to make several dots in circles. He also had to use a fine pincer grasp to manipulate small objects such as

pennies, pegs, beads, and cards with speed and precision. [redacted] could perform all tasks solidly, resulting in score in the average range.

The upper limb coordination subtests involved a variety of basic tracking and ball skills such as catching, throwing, and dribbling a ball. [redacted] used his right hand primarily for all tasks. He could drop and catch a ball with one and both hands. He had difficulty catching a tossed ball with one hand and throwing at a target, which caused his score to be in the below average range.

[redacted]*s combined manual dexterity and upper limb coordination performance provided a standard score of 33 for overall Manual Coordination. Standard scores range from 20 to 80, and have a mean of 50 and a standard deviation of 10. His percentile of 5 indicates that he performs better than 5% of his peers in the testing sample. His scores are considered below average.*

Progress from previous evaluation: When comparing [redacted]s scores to his prior Occupational Therapy Evaluation of 1/24/11, [redacted]s Manual Dexterity score improved from below average to average. His Upper Limb Coordination score remains in the below average range, but improved 1 point (Scaled Score).

Visual Motor Integration: Visual Motor Integration was further assessed using the Beery-Buktenica Developmental Test of Visual Motor Integration (VMI). This battery is used to help identify difficulties students who have in integrating, or coordinating, their visual perceptual (eye) and motor (finger and hand movement) abilities. The *Visual Motor Integration* overall subtest is a developmental sequence of geometric forms to be copied with paper and pencil. The *Motor Coordination* subtest requires that lines be drawn to connect dots with controlled precision within narrow pathways. It assesses the extent to which children can control finger and hand movements. The *Visual Perception* subtest was not administered, in lieu of administration of the more in-depth TVPS (below).

Developmental Test of Visual Motor Integration (VMI)

Category	VMI Overall	Motor Coordination
Standard Scores	89	94
Scaled Scores	8	9
Percentiles	23	34
Age Equivalents	11 years, 1 month	12 years, 5 months
Performance Range	Below Average	Average

Interpretation: As revealed in [redacted]'s scores here, he exhibits overall visual motor integration within the below average range. The overall piece required integration of both visual and motor information to replicate increasingly complex forms. The motor component required him to trace the stimulus forms accurately, without going outside double-lined paths. On the overall Visual Motor Integration subtest, he could copy

many of the increasingly complex shapes and designs accurately. On the more intricate designs, where he did not receive credit, he tended to attempt to copy the designs, but omitted very specific details, such as indicating overlapping areas, putting the correct number of dots in a circle, and not placing arrows exactly on the ends of 4 lines. This was likely due to a combination of his quick copying, inattention to detail, and struggles with his below average form constancy visual perception skills (see next section). [redacted] scored in the average range on the Motor Coordination subtest. Poor visual motor integration can lead to difficulty with writing, copying, note taking, organizing materials, writing homework down in an agenda, or filling in paperwork.

Progress from last evaluation: When comparing [redacted]s scores to his prior Occupational Therapy Evaluation of 1/24/11, his Visual Motor Integration percentile decreased from the 30th percentile to the 23rd percentile (from average range to below average range).

Visual Perception: Visual perception refers to the brain operations that involve interpreting and organizing the physical aspects of a stimulus, discriminating features of an object or design, recognizing figures and designs in varying representations, and analyzing forms and patterns. It is required to perceive, process, and respond to objects and influences one's ability to interpret or give meaning to what is seen. This area was further assessed using the Test of Visual Perception Skills-Third Edition (TVPS). The TVPS was administered to assess possible visual perception deficits. [redacted] was asked to look at several pictures, listen to specific directions, and choose the appropriate answer. [redacted]'s scores are listed below:

The Test of Visual Perceptual Skills – 3rd Edition

Category	Scaled Scores	Percentile Ranks	Category Description	Interpretation
Visual Discrimination	11	63	The ability to discriminate dominant features of objects (i.e. position, shape, form, color).	Average
Visual Memory	10	50	The ability to recognize one stimulus item after a brief interval.	Average
Visual Spatial Relationships	11	63	The ability to perceive position of objects in relation to self and/or other objects (i.e. reversals or rotations).	Average
Visual Form Constancy	6	9	The ability to identify a form regardless of different size, orientation, or when hidden within another form.	Below Average
Visual Sequential Memory	9	37	The ability to remember a series of forms for immediate recall and to find among competing series.	Average
Visual Figure Ground	10	50	The ability to identify an object from a complex background or surrounding objects.	Average
Visual Closure	9	37	The ability to identify a whole figure when only a part is presented.	Average
	Index Scores	**Standard**	**Percentile**	**Interpretation**

	Scores	Ranks	
Overall	90	25	Average
Basic Processes	98	45	Average
Sequencing	95	37	Average
Complex Processes	98	45	Average

Interpretation: All of [redacted]'s overall visual perception scores are in the average range. However, one of the seven subtest scores fell in the below average range (Form Constancy). He had patience on all items, and scanned options thoroughly before answering. He was noted to yawn several times on the Form Constancy and Spatial Relations items. He also made attempts to use a kinesthetic strategy to remember the items on the Sequential Memory and Visual Memory subtests, by tracing the forms on the model figure, to help his recall, when shown the items from which to choose, on the following page. This likely indicates that [redacted] may need to doodle, trace, or use other memory strategies (other than just his vision) when given memory/recall tasks or reading comprehension tasks in school.

While his overall performance was found to be within the average range, his Form Constancy skills are below average. Given his school based difficulties, this remains concerning. This can contribute to difficulties with academic skills and classroom performance in the following ways:

- difficulty recognizing a shape he/she seemingly knows well when presented in a different way to what was originally taught and learned, e.g. different material or color;
- difficulty distinguishing between similar forms e.g. circle/oval; square/rectangle;
- difficulty recognizing that a shape in a 3D form (e.g. block on a table) is still the same shape in a 2D form (e.g. square drawn on the board);
- difficulty projecting the idea of a shape onto something familiar to him/her (e.g. a door is rectangular);
- fails to recognize letters, words or numbers presented in a different writing style;
- difficulty recognizing a word if presented in higher case as opposed to lower case;
- difficulty recognizing that a math sum written vertically is the same as when written horizontally;
- difficulty referring to something in the textbook that has been written on the blackboard;
- limited sight word vocabulary;
- confused with similar looking words (e.g. clock, clear, click, cling, clown);
- difficulty recognizing words in vertical forms (e.g. crosswords);
- confuses similar letter symbols (e.g. o/a; n/m; v/w; r/n)

It is likely that if [redacted] is having any of these challenges, lack of this type of good visual perception (Form Constancy) is contributing to his continued delays in reading (continues to be reported at the 2nd grade level).

Progress from last evaluation: When comparing [redacted]s scores to his prior Occupational Therapy Evaluation of 1/24/11, [redacted] has improved from below average to average level in Visual Sequential Memory and Figure Ground, but remains in the below average range in Form Constancy.

Oculomotor Functioning: [redacted] was given an oculomotor screening. Oculomotor functioning is the ability of the eyes to move and work together to read across a page, look quickly up and down from the teacher or board, or from person to person during conversation. It involves the small muscles behind the eyes combined with visual perception. The ability to look at something or someone for a period of time ("fixed gaze") usually requires the strength of the eye muscles, but also involves general attention skills. [redacted]'s tracking, saccadic eye movements and convergence divergence were all adequate, as compared to his former evaluation that indicated deficient functioning in the first two areas. While his actual eye movement appears to have improved, other visual concerns came out on [redacted]'s responses on the Student Symptom Checklist from the Vision and Conceptual Development Center:

Symptom Checklist Responses

SYMPTOM	FREQUENT	SOMETIMES
Loses place while reading or copying		X
Substitutes words while reading or copying	X	
Rereads words or lines	X	
Uses a finger or marker to keep place while reading/writing	X	
Difficulty remembering what has been read		X
Unusual posture/head tilt when reading/writing	X	
Headaches following intense reading/computer work	X	
Eyes hurt or feel tired after completing a visual task		X
Feels unusually tired after completing a visual task		X
Feels sleepy while reading		X
Dislikes tasks requiring sustained concentration	X	
Confuses right and left directions		X
Becomes restless when working at his desk	X	
Tends to lose awareness of surroundings when concentrating	X	
Unusual eye rubbing		X

If [redacted] is, in fact, having the above reported frequent discomfort when doing lengthy reading, it is not surprising if he is not motivated to do lengthy classwork or homework in reading and math.

Handwriting: [redacted]s handwriting skills were assessed by using the WOLD Sentence Copying Test (for copying speed). The WOLD consists of a 29-word sentence of 110 letters. [redacted] was able to maintain an adequate writing posture. He copied target

sentences at the rate of 67 letters per minute, which is at approximately the 7th grade level. He copied whole words per glance and his spacing and alignment were adequate. He did omit 2 letters in one word (wrote "a" instead of "and"). Sizing and vertical alignment were good. However, functionally in the classroom, [redacted] seems to struggle to produce legible, efficient work.

A review of a work sample of [redacted]s original, fictional writing (handwritten and typed) revealed lack of spacing, mixed letter case, lack of punctuation, omission of words, and incorrect grammar. His typed copy of the same story, after teacher editing, showed significant improvement in legibility especially. Refer to [redacted]'s Assistive Technology Evaluation for more detail on how technology will help improve [redacted]'s writing fluency and written language skills.

Progress from last evaluation: When comparing [redacted]s scores to his prior Occupational Therapy Evaluation of 1/24/11, he has improved from 22 letters per minute (2nd grade level) to 67 letters per minute (7th grade level). He did not slump or put his head on the desk as he did when he completed this test at a younger age (11 years old).

Sensory Modulation and Processing: *Sensory Modulation* is a person's ability to take in environmental stimuli through the senses and adapt without under- or over-reacting, in order to function efficiently. *Sensory Processing* takes this further and refers to the brain's ability to process information to a higher level of functioning such as for overall motor coordination, crossing the midline of one's body for balance and movement, and using adequate force and excursion of joints for smooth, precise movements, and automatically sequencing steps of a task. Sensory processing was measured through administration of the Dunn Adolescent/Adult Sensory Profile, and some clinical observations of proprioception. Results from [redacted]s Sensory Profile indicated several frequent or always behaviors in each area of sensory modulation. This can be typical of children with ADHD, especially in the auditory and tactile areas and movement areas.

[redacted] was able to perform all proprioception tasks requiring his vision to be occluded. He could stand with his arms raised for 20+ seconds without moving, he could touch all fingers to his thumb in sequence, and he could perform repeated finger-nose touching accurately. [redacted] could mirror movements with accurate speed and control, and could perform repeated rhythmical forearm rotations.

On the Sensory Profile, [redacted] indicated the following "always" behaviors with regard to movement processing; avoids elevators and or escalators because he dislikes the movement; trips or bumps into things; dislikes the movement of riding in a car; chooses to engage in physical activities; is unsure of footing when walking on stairs; and becomes dizzy easily.

With regard to touch processing (tactile input), [redacted] reported the following always or frequent behaviors: dislikes having his back rubbed; likes how it feels to get his hair cut; touches others when talking; is bothered by the feeling in his mouth when he wakes up in

the morning; likes to go barefoot; is uncomfortable wearing certain fabrics; doesn't like particular food textures; doesn't seem to notice when my face or hands are dirty; gets scrapes of bruises but doesn't remember how he got them; and, avoids standing in lines or close to other people.

With regard to auditory input in the environment, [redacted] reported the following: startles easily at unexpected or loud noises; leaves the room when others are watching TV or asks to turn it down; and, doesn't notice when his name is called.

With regard to visual processing and modulation, [redacted] reported the following on the Sensory Profile: likes to go to places that have bright lights and that are colorful; likes to wear colorful clothing; is bothered by unsteady or fast moving visual images in movies or TV; chooses to shop in smaller stores because he is overwhelmed in large stores; and becomes bothered when seeing lots of movement around him. As noted above, [redacted] continues to have visual perception difficulties in one area and frequent visual discomfort with intensive or extended reading and writing.

On the Sensory Profile Activity Level section, [redacted] indicated the following: does things on the spur of the moment; finds time to get away from his busy life to spend time by himself; seems slower than others when trying to follow an activity or task; stays away from crowds; avoids situations where unexpected things might happen.

Overall, clinical observations and [redacted]s responses on the Sensory Profile, do indicate that he has moderate sensory modulation challenges that can cause distraction or discomfort, especially when a lot of people, noises, or visual stimulation are around him. This may make him appear disconnected or shut down at times and can impact his ability to access the curriculum materials or participate in the classroom. Touch and taste of specific textures may cause him to be particular about the foods he eats. Similarly, fabric texture and feel may impact the clothing he can tolerate. He likely prefers to work in quiet environments, but may at the same time need to move in order to maintain attention to his tasks. He may not hear his name called or process multiple step directions without some type of visual cueing or modified environment. He also showed during his visual perception testing that he may need touch or to use tracing or movement/drawing or some type of extra input to learn and remember things he sees.

Summary: [redacted] is 15 year, 7 month old young man in 10th grade at High Roads School in Prince George's County. He is a quiet and sweet young man who clearly knows himself and his preferences. [redacted] tolerated 2 hours of testing and completed all tasks and activities presented to him. His low arousal level clearly improves with movement and changing his work environment. [redacted] has many strengths that include his calm personality, very adequate gross and fine motor skills, good design copying skills, and with support, an ability to describe himself and his desires for his future. He has been receiving Occupational Therapy, Speech Language Therapy, Behavioral Support, Special Education Services, and Transition Services in school. He reported that he is particularly close to his Social Worker with whom he feels very comfortable talking to about all aspects of his life.

[redacted]'s records indicate that he has had a prior diagnosis of ADHD. He reported that his "old social worker" explained ADHD to him, but he does not appear to understand how it affects his functioning now. He will need support to help him understand the implications of his diagnosis on his academic, social, and future work life, and to help him develop compensatory strategies and self advocacy skills for success.

Since his last Occupational Therapy Evaluation in January, 2011, [redacted]'s scores have improved in some areas, but he continues to struggle in several areas. The Visual Perception areas of Visual Sequential Memory and Figure Ground have improved to average. His written copying speed has improved from the 1st grade level to the 7th grade level. His Visual Motor Integration score on the VMI, however, has decreased from the 30th percentile to the 23rd percentile, and his Form Constancy Visual Perception score remains below average. These weaknesses are likely continuing to impede his success with reading and writing. [redacted]'s oculomotor skills have improved significantly, but of concern are several symptoms that occur frequently with reading and writing, including headaches, reversals, and severe fatigue.

[redacted] showed that he could report on some of his own behaviors with regard to how his multi-sensory environment can frequently be uncomfortable or bothersome.
His self-report on the Dunn Sensory Profile reveals continued difficulty with modulating touch input, auditory input, and movement. These difficulties are likely continuing to impact his self-regulation in his environment. He has been working on self-regulation with is Occupational Therapist. On his previous IEP, he had 240 minutes of Occupational Therapy Services per month, and six goals. He now has 120 minutes per month of Occupational Therapy, and 3 goals. Self-regulation and helping [redacted] to understand the impact of the environment on his functioning will be an important component to continue in therapy sessions and when consulting with his teachers.

[redacted] appeared to respond best to a respectful, lighthearted demeanor from this examiner. With time and coaching, he could discuss himself and his needs at a deeper level when given concrete, clear questions. He clearly requires support and direction to help him pursue realistic and challenging opportunities in art and to find a summer job that he can be motivated by.

With continued supportive services, follow up evaluations, and continued classroom accommodations, [redacted] can be expected to maximize his academic potential in the classroom and in vocational opportunities.

Recommendations:

OCCUPATIONAL THERAPY:
[redacted]'s performance on standardized testing, his responses during his interview and on a sensory processing checklist, and clinical observations indicate that he would continue to benefit from 60 minutes per week of occupational therapy to continue to address the following: 1) visual perception deficit (with consideration of any results from comprehensive

visual testing); 2) coaching on self-regulation techniques; 3) educating [redacted] on how his sensory environment affects his behavior, performance, and relationships/interactions with others; 4) Supporting transition planning; 5) Supporting implementation of Assistive Technology Recommendations; 6) coaching on self-advocacy skills; 7) keyboarding

SCHOOL RECOMMENDATIONS:

1. Continue to provide accommodations listed on [redacted]'s IEP and all recommendations from his Assistive Technology and Speech-Language Evaluations.
2. Encourage and build in time for proofreading written work (when not using technology) for spelling, grammar, spacing and sentence structure. A proofreading checklist may be helpful. Google "proofreading checklists" to find a good, customizable option for [redacted] and his school's expectations.
3. Considering the discomfort [redacted] has with extended written assignments reading, for things that need to be copied, provide [redacted] with a near point copy or use a *Page-Up* device to hold paperwork close and vertically making it easier to copy. *Page-Ups* are cheap and available at www.amazon.com
4. Provide [redacted] with clear lines and organized frameworks to place written answers on. Avoid unlined, unnumbered, unstructured papers. Consider skipping lines to promote organization, spacing, legibility, and revising.
5. Allow [redacted] to continue to chew gum during work periods. It can help keep students focused and alert, and helps most children to concentrate better on longer tasks.
6. Preferential seating at the front of the classroom will be important for [redacted]'s attention.
7. Do not touch [redacted] unexpectedly, especially with light touch. Approach him when he can see you and use a deep touch approach such as hand pressure on his shoulders.
8. Allow [redacted] to try out the use of noise cancelling headphones when he needs to concentrate, especially when the environment is noisy.
9. This examiner is in agreement that [redacted]'s classification of Emotional Disturbance be reconsidered, considering his severe language and academic deficits, and his ADHD diagnosis.
10. [redacted]s teacher and therapist should consider using some of the Form Constancy activities listed at the end of this report when he has free time or as part of his homework, warm up, or therapy time.
11. Eye exercises prior to reading could be helpful. [redacted] should visually track his thumb across his midline in horizontal/vertical movement patterns, an infinity symbol, and a circle (both clockwise/counter clockwise) several times. When noted to rub his eyes, allow him to rest his eyes (cup hands over closed eyes and breathe deeply). This should be in consultation with the Occupational Therapist.
12. [redacted] should have continuing support and education about ADHD from his social work, behavioral support staff, and occupational therapist, including building compensatory strategies, access to helpful resources for teenagers, and understanding how a multi-sensory environment with tactile, auditory, and visual

stimulation/overstimulation could affect him more than others.

13. [redacted] would benefit from a male mentor and academic tutoring to promote positive self-esteem and support for academics as needed to reach his goals. Potential programs include the Community Club (http://www.communityclub.org/), Mentors Inc. (http://www.mentorsinc.org/) and the Boys and Girls Club of America (http://www.bgca.org).
14. Intentional keyboarding training and practice to assist [redacted] with learning to type efficiently and ultimately impact writing, revising, editing, and written language skills. One good option is the Mavis Beacon Teaches Typing Program available at www.broderbund.com or local software stores.

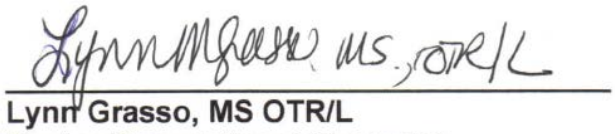
HOME RECOMMENDATIONS:

1. [redacted] should be enrolled in an art class or camp to capitalize on his interest in this area, and his desire to have a future career in art.
2. Encourage [redacted] to get as much movement or physical activity as possible, especially giving him movement breaks during homework time.
3. If time allows before or after homework or other during other free time, consider some of the Form Constancy activities at the end of this report.
4. Help [redacted] to prepare himself the night before for school by retrieving and organizing his homework, supplies, and other things he needs to bring to school. Help him to maintain a checklist for his assignments

FOLLOW UP:

1. If it did not occur since [redacted]'s last Occupational Therapy Evaluation in 2011, this examiner continues to recommend an immediate and comprehensive evaluation by a Developmental Optometrist, due to [redacted]'s discomfort during reading and writing as indicated on the Student Symptom Checklist. He may require vision therapy to improve this discomfort and possibly to work with the occupational therapist on his visual perception. Vision therapy has been found to improve academics for people of all ages, including adults. Developmental Optometrists are trained in understanding how eye and vision development influence, and are influenced by, overall physical development. They also prescribe glasses if necessary. A referral list of local evaluators is attached to this report.
2. A comprehensive Vocational Evaluation should be considered next year since [redacted] has begun Transition Services. The deficits found during this evaluation and his recent Speech Language and Assistive Technology Evaluations indicate that a more intensive approach to determining specific, realistic work options based on her challenges and strengths is necessary.

It has been a pleasure working with [redacted]. If I can be of further assistance, please do not hesitate to contact me on our direct line at Conaboy & Associates, Inc. at 202.544.2320.



Lynn Grasso, MS OTR/L
Senior Occupational Therapist
Sensory Integration Certificate #1589

Area of Difficulty	Remediation Activities
Visual Form Constancy: • Difficulty recognizing a shape he/she seemingly knows well when presented in a different way to what was originally taught and learnt e.g. different material or color • Difficulty distinguishing between similar forms e.g. circle/oval; square/rectangle • Difficulty recognizing that a shape in a 3D form e.g. block on a table is still the same shape in a 2D form e.g. square drawn on the board • Difficulty projecting the idea of a shape onto something familiar to him/her e.g. a door is rectangular • Fails to recognize letters, words or numbers presented in a different writing style • Difficulty recognizing a word if presented in higher case as opposed to lower case • Difficulty recognizing that a math sum written vertically is the same as when written horizontally • Difficulty referring to something in the textbook that has been written on the blackboard • Limited sight word vocabulary • Confused with similar looking words e.g. clock, clear, click, cling, clown • Difficulty recognizing words in vertical forms e.g. crosswords • Confuses similar letter symbols e.g. o/a; n/m; v/w; r/n	• Cut out various sizes and colors of shapes. Hold up one and have the child point to the ones that are the same • Have the child locate a variety of geometrical shapes in a room (clock is a circle) • Practice sorting, naming, and classifying various shapes and objects • Moving into and out of named shapes drawn on the ground with sidewalk chalk • Recognizing, matching, naming various shapes, objects with the vision occluded • Identifying shapes, letters, or pictures, drawn on the back with a finger • Recognizing shapes and forms in pictures (magazines, books) • Filling in or coloring shapes/forms • Copying shapes or forms using pegboard, parquetry, or block designs. • Making shapes with toothpicks, straws, pipe cleaners

DEVELOPMENTAL OPTOMETRISTS

Dr. Stephen Feinberg
Pennsylvania and Eye Streets, NW
Washington, DC
202-887-0327
sfeinberg@verizon.net

Dr. Jeffrey Kraskin
4600 Massachusetts Ave NW
Washington, DC 20016
(202) 363-4450

Dr. Mehry Green
Vision and Conceptual Development Center
6900 Wisconsin Ave, Suite 600
Chevy Chase, MD 20815
301-951-0320
www.vcdcwashington.com

Dr. Nancy Lewis
9215 Colesville, RD Silver Spring, MD
nblewis2@verizon.net
301-589-7472

Dr. Sanford Cohen
3933 Ferrara Dr. Silver Spring, MD 20906
301-946-2550 (Wheaton)
301-421-1144 (Burtonsville)

Dr. Kotlicky
Visual Learning Centers of America, Inc.
Examination and Treatment Center
8827 Columbia 100 Parkway
Signature Centre, Suite 3
Columbia, MD 21045
(410) 730-5808
www.vlca.com

conaboy & associates inc.

resources for children and families

ASSISTIVE TECHNOLOGY EVALUATION

Name: [redacted]
Date of Birth: [redacted]
Chronological Age: 15 years, 3 months, 11 days
Date of Evaluation: 11/20/2014
Evaluators: Diane Douglas, MS, CCC-SLP
Emily Roberts, PT, DPT, ATP

I. Reason for Referral:

[redacted] was referred to Conaboy & Associates for an Assistive Technology (AT) Evaluation. This referral was approved by the District of Columbia Public Schools (DCPS) at the request for an independent AT evaluation made on behalf of [redacted] by Ms. Kathy Zeisel, Esquire. The present evaluation was conducted at the Conaboy & Associates Office. Ms [redacted], [redacted]s mother, accompanied him to the evaluation. [redacted] also received a Speech-Language Evaluation at this office which should be reviewed in conjunction with this report.

The goals of the evaluation included:

A. Evaluating [redacted] current status related to Assistive Technology.
B. Identifying strategies and/or equipment that would improve his overall level of function in his current academic setting.
C. Identifying the need for AT to improve or enhance his ability to communicate and/or access the academic curriculum.

II. Methods of Data Collection:

A. Interview and consultation with [redacted] and his mother, Ms. [redacted]
B. Review of educational and medical records including:
   - Speech/Language Re-Evaluation Report, DCPS (5/14/2007)
   - Comprehensive Occupational Therapy Evaluation, Conaboy & Associates, Inc. (1/24/2011)
   - DCPS Eligibility Determination Report (1/24/2013)
   - DCPS Individualized Education Program IEP (4/28/2014)
   - Report Card from The Kingsbury Center (6/19/2014)

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- Report Card from The Kingsbury Center (7/2/2014)
- Consent for Initial Evaluation/Reevaluation for Speech Language Pathology and FBA Evaluations (7/8/2014)
- High Road Upper School of Prince George's County Transition Summary (9/8/2014)
- Student Diagnostic Report: Enterprise Test (9/10/2014)
- Instructional Planning Report (9/10/2014)
- Kuder Assessment Summary (9/23/2014)
- High Road Upper School of Prince George's County Social Work Progress Report (10/6/2014)
- High Road Upper School of Prince George's County Academic Progress Summary (10/6/2014)
- High Road Upper School of Prince George's County Annual Occupational Therapy Review (10/6/2014)
- High Road Upper School of Prince George's County Special Education Report (11/6/2014)
- DCPS Individualized Education Program IEP (11/6/2014)
- IEP Meeting Agenda/Notes (11/6/2014)

C. Technology device trials
D. Computer hardware trials
E. Computer software trials

III. Background Information:

[redacted] is a 15 year, 3 month old male who lives with his mother, one brother who is 13 and two sisters, ages 18 and 25. Per parental interview and report review, [redacted] was born full term without any birth complications. He has had no hospitalizations. His mother reports that [redacted] should be taking Intuniv for ADHD, but he has run out of medication. Mother reports that they need to schedule another doctor's appointment. [redacted] is taking no other medications at this time. His mother is extremely concerned with [redacted]'s current academic progress as he, "doesn't get concepts," "doesn't know how to express himself when he is wrong or has questions" and he is "way below where he should be." Per parental report, [redacted] has poor anger management, gets mad easily, and has low frustration tolerance.

[redacted] attended The Kingsbury Center in NW Washington, DC for the 2013-2014 School Year as a 9th grader. He transitioned to High Roads Upper School of Prince George's County for the 2014-2015 school year. He was initially enrolled in 9th grade classes, but it was realized that he was in classes that he had previously passed at Kingsbury. He recently transitioned to 10th grade classes after his IEP team meeting on 11/6/2014. As per his most recent IEP, [redacted] is classified as a student with Emotional Disturbance who is to receive academic supports including 24.5 hours of Specialized Instruction per week, Occupational Therapy Services 120 min per week, Speech Language Pathology 240 minutes per week, and Behavioral Support Services for 60 minutes per week. He has no dedicated aid. The following classroom

aids listed in [redacted]'s IEP include: graphic organizers, visual trackers, speech to text software, alerting snacks, movement breaks, scaffolded notes, copies of notes, and verbal repetition checklists. As per the IEP Meeting Agenda/Notes, [redacted] should receive the following accommodations for classroom work and standardized testing: Oral responses to tests, Copy from paper/book instead of board, Write in test books, Dictate response to examiner, Calculators, Flexible scheduling, Test administered over several days, Test administered at best time of day for student, Breaks between subtests, Extended time on subtests, Breaks during a subtest, Adaptive or special furniture, Individual testing, Location with minimal distractions, Noise buffer, Preferential Seating, Small group testing, Interpretation of oral directions, Markers to maintain place, Reading of test questions (Math, Science, Composition only), Repetition of directions, Simplification of oral directions, Translation of words and phrases (Math, Science, Composition only), and Large Print. He is also eligible for ESY Services.

[redacted]'s interests include playing video games on his Xbox 360 especially the game Saints Row, drawing, and art. His favorite subject is Art, but he is not taking it this year in school. [redacted]'s mother reports that he goes to the Community Recreation Center after school to do his homework, but there is no formal tutoring services. He does not participate in any other extracurricular activities or sports.

IV. Assistive Technology History:

[redacted] has had no formal Assistive Technology evaluation. He does not have a computer in his home and reportedly uses the desktop computers available to him at school. [redacted] reports using the computers at school for internet searches and very limited word processing. At home, [redacted] formerly had an RCA tablet, but it is broken and he now uses his Xbox 360 to play video games. He has a T-Mobile Prism 2 smart phone, which he uses for calling, texting, and applications like Instagram and Facebook. He does not use his calendar or calculator functions on the phone. The family reports no other technologies at home or school.

V. Behavioral Observations:

[redacted] was polite and cooperative throughout the evaluation. He was engaged in all required tasks and openly shared information about his preferences and knowledge. The results were deemed to be a valid representation of [redacted]'s true abilities.

VI. Current Status:

A. Seating and Positioning:

The evaluation was conducted in a room with minimal distractions. [redacted] was noted to be independent in ambulation and was able to sit in a standard chair without any adaptations. He is able to shift his weight in his chair. He can maintain an upright posture without assistance and showed little signs of fatigue, despite a lengthy evaluation period.

B. Visual Skills:

[redacted] does not have a history of visual deficits and his family reports no concerns. He is able to clearly see the reading materials and the computer screens without any accommodations.

C. Auditory Skills:

[redacted] does not have a history of hearing deficits. During his evaluation, he was able to engage in conversation and answer questions clearly. His hearing status was deemed adequate for testing purposes.

D. Communication Skills:

[redacted] has a long history of documented language delays. In particular, he struggles in the domains of verbal expression, vocabulary, and written language. He participated in a comprehensive speech-language evaluation at the Conaboy & Associates office on 11-20-14 and his grade equivalent for Listening Comprehension was a 5th grade, 7 month level and his Oral Expression grade level equivalent was a 3rd grade, 1 month level. His grade equivalent for Reading Comprehension was a 3rd grade, 0 month level and his Written expression grade level equivalent was a 2nd grade, 8 month level. His grade equivalent for receptive vocabulary was a 1st grade, 8 month level and his expressive vocabulary grade level equivalent was a 2nd grade, 4 month level. [redacted]'s significant language deficits have a negative impact on his ability to access the educational curriculum.

E. Handwriting Skills:

[redacted]'s handwriting skills were assessed at the sentence and paragraph level from writing prompts. [redacted] is right hand dominant and used a tripod grasp. [redacted] wrote using large size letter characters and continues to use a mix of upper and lowercase letters. His letter formation is recognizable with correct orientation and vertical alignment and appropriate spacing between words. His writing was legible to an unfamiliar reader, but his handwriting speed and use of capitalization conventions are significantly below grade level. [redacted]'s difficulty with handwriting negatively impacts his written expression abilities as well as his abilities to take notes and copy information in the classroom.

F. Academic Skills:

Information regarding [redacted]s academic skills were taken from his most recent IEP dated 11/6/2014 and academic progress reports. According to the Renaissance Stars Testing, [redacted] is functioning at a 2nd grade level in writing and a 2nd grade level in reading. According to the Renaissance Stars Testing, teacher generated assessments, and observations, [redacted] is functioning at a 3rd grade level in math. He has difficulty with multiplication without the use of a chart, order of operations, linear equations, and basic algebraic skills. [redacted]'s academics are well below grade level and his reading/writing deficits, in particular, impact his performance in all academic

areas.

G. Computer Skills and Knowledge:
[redacted] presents with good overall knowledge of basic computer usage. During the evaluation, [redacted] used a MacBook Pro, a Toshiba Satellite standard laptop, and a Lenovo Combination Laptop/Tablet. He demonstrated a good working knowledge of basic computer operations (e.g., turning the computer on and off, opening and closing programs, web browsing, etc.). [redacted] has not been exposed to many assistive technologies available on standard laptops/computers.

H. Tablet Knowledge:
[redacted]'s family formerly had a working RCA Tablet and [redacted] was able to use it with ease. During the evaluation using an iPad and Lenovo Tablet, [redacted] comprehended the concept of accessing the touch screen for application selection, and demonstrated knowledge of tapping, dragging and swiping within applications. He was observed to open and close applications independently.

I. Word Processing:
When using the Toshiba laptop computer and Lenovo Laptop/Tablet, [redacted] demonstrated the ability to open word processing programs, but had difficulty working within them. [redacted] types using a hunt and peck finger placement and keeps his eyes on the keyboard, only looking up to view what he has written after his sentence is complete. He is not yet using standard word processing tools to help with grammar/spelling/vocabulary independently.

VIII. Technology Based Intervention:

A. **Written Expression Output Methods**
[redacted]'s typing skills were assessed for 1 minute using the following techniques:

a. **Screen to Screen Word Processing:**
- www.typingtest.com on the Toshiba laptop for screen to screen word processing. He typed 14 words per minute with 6 errors.

b. **Screen to Screen Word Processing using Word Prediction:**
- *WordQ by goQ Software*: *WordQ* is a word prediction program that aids in word processing and written expression by providing a list of potential words as the user types. The list appears as the user begins to type a word and the user is able to move the cursor over each word to hear it read aloud. When the target word appears on the list, the user is able to touch the number on the keyboard

that corresponds to the number in the list, or can simply use the mouse to click on the word of her choice. The word prediction software impacts the user's overall writing fluency, spelling, ability to keep pace with peers, and written language skills. In addition to word prediction, this program also contains an option to read information on the screen aloud. For example when the user hovers over a word with the cursor, the program will read the word aloud.

[redacted] used *WordQ* on the Toshiba laptop. He typed 10 words of a 98-word paragraph with 2 errors. He required a reminder to use the word predication feature, and did not use it independently. [redacted] is unfamiliar with word prediction and would require ongoing practice and training to become an efficient user of this technology.

c. **Dictation (Speech to Text):**
   - *Dragon Dictation:* [redacted] has never used dictation to complete schoolwork. He was introduced to the concept of speech to text to promote efficiency of written expression. On the iPad, he used a touch screen to control the built in microphone and on the Lenovo, he used a headset microphone with voice activation. After verbal instructions and modeling, [redacted] picked up the idea of dictation. He dictated a story using a sequence of pictures provided by the evaluators. He demonstrated the ability to use both styles of microphones and his speech targets were dictated to text with 86% accuracy. [redacted]'s ability to produce sentences with correct spelling and speed greatly improved using speech to text technology. He required assistance with punctuation and editing after his dictation was completed. He was also exposed to the speech to text application (VoiceNote II) in which he was able to dictate sentences after demonstration, and then edit the text with assistance.

B. **Assistive Technology Software**: [redacted] was introduced to several different types of Assistive Technology Software during his evaluation:

a. **Read and Write Gold** – TextHelp Systems: *Read and Write Gold is* an assistive technology software program developed by Texthelp Systems. It has features including text to speech for e-books, websites, and documents created in word-processing programs, predictive spelling, word choice, dictionary, and a thesaurus to improve vocabulary and organization.

- [redacted] was introduced to *Read and Write* as an extension on Google Chrome. *Read and Write Gold* has text to speech software and a built in picture dictionary as well as a text dictionary. [redacted] was shown how to use these dictionaries as well as the read aloud feature. He was also shown how to use the highlighting feature to highlight ideas on a webpage and to create a word/idea list.

b. **Word Processing** – Microsoft
   - [redacted] typed a sentence and was encouraged to use the spelling, grammar, word prediction, and thesaurus features of this software. [redacted] demonstrated the ability to use these features with verbal cues, but was not yet independently using them to facilitate his written expression.

C. **Google Chrome Applications and Extensions**:

a. **Ginger:** *Ginger* is a Google Chrome extension that has features to correct grammar, spelling and punctuation as well as rephrase sentences. *Ginger* has the ability to read text to raise awareness of mistakes with suggested changes.
   - [redacted] has difficulty with correct grammar, punctuation and spelling. After modeling and verbal instructions, [redacted] typed in a sentence and is able to use the editing features of *Ginger* including the sentence rephraser to vary sentence structure.

b. **TLDR (Too Long Didn't Read):** *TLDR (Too Long Didn't Read)* is a free extension that assists the user in creating a summary of any web article without leaving the webpage. *TLDR* can create summarized versions of web articles in four different lengths: Summary, Short, Medium, or Long. It can also assist with removing extra and distracting content and present only the text.
   - [redacted] was introduced to this Google Chrome extension during his evaluation. He demonstrated the ability to highlight the information he would like summarized, and with assistance, open the extension, and to navigate between the different lengths of summaries.

c. **Readability (Read Comfortably):** *Readability* is an extension for Google Chrome which provides the user an easier way to read online. The extension can turn any web page into a comfortable reading view within the web browser by removing any extra or distracting content on the page. The reader can then save that version of the article or web page to read later.

- [redacted] was also introduced to *Readability*. After a demonstration by the clinicians and assistance, [redacted] was able to highlight the information he would like to read and then use the *Readability* extension to reduce distractions.

IX. Summary:

[redacted] exhibited excellent participation and was highly engaged throughout the assessment. [redacted] currently has minimal access to assistive technologies to facilitate his access to the curriculum, but presents with baseline knowledge to use such programs. He was introduced to several different assistive technologies through his evaluation, and he is highly motivated to learn and use the Assistive Technology. He demonstrated the capability of using dictation (speech to text), grammar check, spell check, Readability, and text to speech features to facilitate his comprehension and production of written language. The recommendations below are based on a process of feature matching equipment and technologies that could improve his overall function in the academic setting. The clinicians matched the key features of each program with [redacted]'s skill level and academic needs to access the curriculum. Please review the recommendations below for complete details.

X. Recommendations and classroom adaptations:

Based on [redacted]'s participation and engagement, he demonstrates tremendous potential to improve his performance and independence in school and pre-vocational activities through the use of assistive technology.

A. **General Recommendations**:

1. Review of this report in conjunction with other recent testing by his educational and legal team.
2. Recommend continued specialized instruction, occupational therapy, speech language pathology, and behavioral support services and accommodations as outlined in his IEP.
3. The team should consider expanding his Eligibility Classification for Special Education Services beyond Emotional Disturbance based on the severity of his academic delays and his noted engagement and effort at school and during testing.
4. The team should consider increasing Assistive Technology Supports and formally incorporate Assistive Technologies into his IEP goals.
5. [redacted] would benefit from a male mentor and academic tutoring to promote positive self-esteem and support for academics as needed to reach his goals. Potential programs include the Community Club (http://www.communityclub.org/), Mentors Inc. (http://www.mentorsinc.org/) and the Boys and Girls Club of America (http://www.bgca.org).

B. **Technology Recommendations**

1. [redacted] should have access to his own laptop computer with personalized accessibility configuration in order to complete writing and reading assignments across all subjects.
2. This laptop should provide [redacted] access to Google Chrome, which has many downloadable assistive technology applications.
3. [redacted] needs a microphone for speech to text capabilities and headphones for text to speech output. A sample headset for dictation and auditory playback is: http://shop.nuance.com/store/nuanceus/en_US/DisplayProductDetailsPage/ThemeID.20545600/productID.231618400
4. [redacted] would benefit from a minimum of 40 hours of individual Assistive Technology Training to demonstrate and orient him with the AT software and other Google Chrome Applications and Extensions to successfully integrate into his IEP goals. Good options include:

    a. Regular, ongoing, formal word processing training to facilitate his awareness of built-in accessibility settings. When using MAC or Windows computers, there are a number of easily changed disability/accessibility settings that are built into the computer and would be easy to access to support [redacted] and assist him in promoting comprehension and support learning. These are functions that, in most cases, are already built into computers, smartphones, and tablets. They can include support for text-to-speech, dictionaries, word completion, change in font sizes and contrast, summarizing paragraphs, simplifying folders and navigation, magnification, cursor contrast, screen resolution, notifications, and keyboard layouts. The team working with [redacted] should designate the computers that he will be using at home and school and set up the disability settings to maximize his access and function. Excellent summaries, options, and how-to guides are listed for both MAC and Windows platforms at:

    Windows platforms:
    http://www.microsoft.com/enable/products/windowsxp/default.aspx

    MAC platforms:
    http://www.apple.com/education/special-education/#motor-skills

    b. Access to graphic organizers such as *Inspiration* software to promote written expression organization and vocabulary development (http://www.inspiration.com/). This should be

incorporated into IEP goals.

c. Access to text to speech reader such as *Read& Write Gold* software to promote comprehension of reading through text to speech features, vocabulary development through vocabulary features, written expression through highlighting features. (http://www.texthelp.com/North-America). This should be incorporated into IEP goals.
d. Access to editing programs such as *Ginger* Software or download Ginger Chrome Extension to promote editing capabilities with text to speech features (http://www.gingersoftware.com/). This should be incorporated into IEP goals.
e. Access to speech recognition software that will provide speech to text dictation such as *Dragon Dictation* software to promote written expression skills. (http://www.nuance.com/dragon/index.htm) This should be incorporated into IEP goals.
f. Download *TLDR (Too Long Didn't Read)* Google Chrome Extension to promote comprehension and summarizing abilities. (https://chrome.google.com/webstore/detail/tldr/giepilabiomhlcmlefmbfkgeoccfhhhc?hl=en).
g. Download *Readability* Google Chrome Extension to reduce visual distractions for reading web pages. (http://help.readability.com).

5. His teachers also require consultative training on the use of these Assistive Technology Features. All teachers working with [redacted] should be well trained on implementation and usage across all contexts.
6. A tape recorder with speech to text function may assist with him comprehension and participation of class work by recording classroom lectures and dictating research notes and essay ideas. http://www.amazon.com/Philips-DVT1500-00-Microphones-Naturally/dp/B0093IZOV0/ref=sr_1_3?s=electronics&ie=UTF8&qid=1366903515&sr=1-3&keywords=digital+voice+recorder+dragon
7. Intentional keyboarding training and practice to assist [redacted] with learning to type efficiently and ultimately impact writing, revising, editing, and written language skills. One good option is the *Mavis Beacon Teaches Typing Program* available at www.broderbund.com or local software stores.
8. Virtual Manipulatives to improve math concept supports via the National Library of Virtual Manipulatives (http://nlvm.usu.edu/en/nav/vlibrary.html) – This website provides access to a web-based library of virtual manipulatives for teaching mathematical concepts
9. Encourage use of Books on tape or CD. Free rentals are available through the Library of Congress: www.loc.gov/nls/ or at your local

library. In addition, various options for purchase are available at Book Share (https://www.bookshare.org) and www.amazon.com.

10. Assist [redacted] with personal organization of schedule by teaching him how to use his phone for calendar functions and appointment reminders. It is recommended that he be taught to utilize a virtual scheduling/reminder program. This would also help him to plan for and remember tasks and check off completed homework assignments and appointments.

XI. Implementation:

Based on [redacted] performance during the assessment, he is motivated to perform academic activities with the use of technology. [redacted] is currently limited by the fact that he does not have access to a computer in his home and does not use or have consistent, routine access to the computers at school. His own personal laptop with personalized assistive technology profile as well as AT instruction is recommended to facilitate his access to curriculum content and support his academic work. It is believed that without formal instruction and repeated practice utilizing these technologies, they will go unused. [redacted] requires formal training so that the recommended technology will serve as a bridge to independent learning and functioning. [redacted] and the team working with him must receive training on all of the software and devices and learn how it applies directly to his IEP goals and academic objectives. Without training and buy in by [redacted] for use, the software and devices are useless to all parties involved. The training and implementation plan would require a minimum of 40 hours with an Assistive Technology Professional.

If there are any questions or concerns with this report, please feel free to contact our team at 202.544.2320.

Diane Douglas, MS CCC-SLP
Clinical Speech-Language Pathologist

Emily C. Roberts, PT, DPT, ATP
Physical Therapist/Assistive Technology Professional

Functional Behavior Assessment fo[redacted]

Functional Behavior Assessment

Background Information

Reason for Referral: Student has been found eligible to receive Special Education services as a student with Multiple Disabilities (ED/SLD/OHI). Interventions need to be put in place for [redacted]'s behavioral challenges.

Educational Relevant Background Information

- Lives with parents
- Currently taking medication
- Peer relationships are atypical
- Inconsistent concentration
- Disorganized
- Aggressive (verbally)
- Follows rules with cues

Additional educationally relevant background information: Student has recently been found eligible to receive Special Education Services (Eligibility Date: 8/31/2010). Student is new to MAPCS and is receptive to the supports put in place for her.

Provide relevant information about the student's home environment which may impact this FBA:
[redacted] lives with her father and step-mother and exhibits similar behaviors at home (aggression/defiance).

1. **Describe Behavior of Concern:**
   Defiance
   Moodiness
   Verbal Aggression
   Withdrawal
   Yelling
   Disorganization

2. **Location of Targeted Behavior:**
   Occurs in all settings

3. **Time of Day:**
   Continuously

4. **Describe the duration of the behavior:**
   The behavior can last up to an entire class period or until [redacted] removes herself (or is encouraged to remove herself) from the specific setting in which the behavior is occurring.

5. **Describe the frequency of behavior:**
   [redacted]'s behavior is not frequent but is of high intensity: it occurs once a week and it impacts multiple periods of that day.

II. Antecedents to the Behavior of Concern:

1. **Does the behavior allow the student to gain activities, items, personal attention, and/or sensory stimulation?**
   The behaviors allow the student to receive personal attention for teachers and counselor.

2. **Are there circumstances in which the behavior NEVER or ALWAYS occurs?**
   Behavior always occurs when she is with a group of people, never in a one-on-one setting.

[redacted]

3. **Does the behavior occur LESS or MORE often during particular activities, with certain people, or during specific times of the day?**
   Behaviors occur most when [redacted] is participating in class discussions or group activities.

4. **Does the behavior occur in response to demands, terminations of preferred activities, tone of voice, change in routine, transition or the number of people in the room?**
   Behaviors occur in response to disagreement
5. **Could the behavior be related to educational or skills deficits (academic, communications, social or sensory processing)?**
   Behavior is related to [redacted]'s inability to cope under moments of distress. [redacted] has been diagnosed with multiple disorders (Bipolar Disorder, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Mathematics Disorder).

III. Motivators for the Continuation of the Behaviors:

1. **Does the behavior allow the student to gain activities, items, personal attention and/or sensory stimulation?**
   [redacted] gains personal attention from staff members.
2. **Does the behavior allow the student to postpone, avoid, escape or delay activities, items, personal attention and/or sensory stimulation?**
   [redacted] avoids and escapes a setting where she feels inadequate, uncomfortable, or angry.

3. **The negative consequences of these behaviors are:**
   - Disruption
   - Dangerous to self
   - Impedes educational progress
   - Impacts interpersonal relationships with peers
   - Interferes with social interactions
   - Interferes with instruction

IV. Perceived Function of the Behavior of Concern:
Describe why the Team believes the student does what he/she does. What is the reason? What does the student gain? Why?

V. Summary of Assessments
Psychological/Psychoeducational Assessment (Date of Report: June 28, 2010).

Observation 1 Setting: One-on-one Session
Date: 9/20/2010 (Checking Out)
Selected Observed Behaviors:
- Came prepared
- Unfocused
- Fidgety
- Aggressive

Observation 2
Observation 2 Date: 11/08/2010 (Period A3 · AP Government)
- Came prepared
- Calm actively level
- Responded when called upon
- Invested little effort (towards the end of observation)
- Unable to sit correctly (towards the end of observation)

Additional Observation Detail

VII. Summary Statement Including Antecedents, Behavior and Function:

When [redacted] feels challenged by a peer or inadequate, [redacted] will respond by inappropriately to peer or teacher redirection (usually by yelling), which results in [redacted] removing herself from the setting to be by herself or to receive individual attention from a staff member.

VII. Educational or Skill Deficit(s) Related to the Behavior of Concern:
Student has an emotional disability, a specific learning disability (math), and Other Health Impairment (ADHD). [redacted]'s current IEP addresses and lists supports in place for [redacted] (i.e. group and individual counseling, Academic Resource class to specifically address areas of weakness, and accommodations to be provided in the classroom and during times of assessments).

IX. Other information:
Student responds positively to her support team at school (i.e. Youth Development Counselor (Mr. Phillips), Counselor, (Maya Jefferson). Student is able to "cool down" when she has had an opportunity to reflect-which usually occurs when she is alone-followed by a debriefing session with her counselor or Special Education Case Manager.

[redacted]

E|E|S End-to-End Solutions for Special Education

FUNCTIONAL BEHAVIOR ASSESSMENT (FBA)

Student Name:	
Date of Birth:	
Chronological Age:	4 years, 10 months
Education:	Pre-Kindergarten: Center City Shaw Campus PCS
Date of Observation:	October 20, 2015
Evaluator:	Ellyn Sanguedolce, Board Certified Assistant Behavior Analyst (BCaBA)
Date of Report:	October 21, 2015

Reason for Referral

was referred for a Functional Behavioral Assessment (FBA) due to general concerns regarding her maladaptive behaviors exhibited within the school environment as well as her transitions to and from school. s transition to the school environment has been difficult as evidenced by her difficulty separating from mom, continual requests to go home, and engaging in behaviors to escape the school environment. engages in non-compliance (e.g., refusal to comply with classroom routines and demands. refusal to eat lunch, etc.), spitting/vomiting on self and teacher, crying, screaming, throwing objects directed at another person, and urinating/defecating on self. These maladaptive behaviors are directly impacting 's ability to complete academic tasks, engage in age appropriate social relationships, and function independently within the general education classroom. 's maladaptive behaviors are limiting her ability to access the general education curriculum as she is removed from the classroom contingent on disruptive behavior and is therefore missing critical instructional time. Furthermore, .'s maladaptive behaviors within the classroom impact her peers. as her behaviors are disruptive and frequent. A FBA was conducted to identify:

- ***Behaviors*** to target with a behavior intervention plan (i.e.. "behaviors of concern" that interfere with 's progress in the classroom/school environment),
- ***Antecedent events*** that predict when these behaviors are likely to occur, and
- ***Consequence events*** that maintain the behaviors of concern.

By analyzing the contingencies that maintain her target behaviors, this evaluator was able to identify potential function(s) of s target behaviors. Consent for assessment was obtained on September 22, 2015.

Background

is a four year old, African American female who is in Pre-Kindergarten at Center City Shaw Campus PCS. She is a new student to Center City Shaw Campus PCS, and this has been her first school experience. s transition to the learning community has been challenging as she consistently displays behaviors that negatively impact the learning of all the other students in the class. Behaviors include continuous crying that will escalate to screaming, throwing objects, including book bins, tape dispensers, pencils, and chairs. She has also hit staff and students, refused meals by throwing on the floor, refusing to utilize the lavatory and instead urinating and defecating on her clothes and self. will refuse any attempts made by school staff to change her soiled clothing. The inclusion staff, school counselor, academic dean, and principal have all attempted to engage with the classroom routines; however, her crying and screaming have been so extreme that staff are unable to console and calm her. s only calm if she cries herself to sleep, or if she is in an administrators office awaiting her parents to be called. was administered the Ages and Stages Questionnaire and scored below expectations in the area of Communication. A Speech and Language Evaluation was completed, through Early Stages, and found that presents with moderate articulation/phonological disorder which results in reduced speech intelligibility.

's Psychological Evaluation from August 25, 2015 from Early Stages was reviewed. This evaluation notes that when assessing s overall cognitive abilities by administering an abbreviated selection of subtests to provide a General Ability Index (GAI) for to estimate a general intelligence that is less sensitive to the influence of working memory and processing speed difficulties than the Full Scale IQ. The GAI consists of subtests from the visual spatial, fluid reasoning, and verbal domains. Her overall performance on this index based on a GAI of 69 falls in the extremely low range as compared to her age. Based on this level of general ability, may have difficulty completing academic tasks and learning new information. Within the area of Verbal Comprehension, measures are provided of knowledge acquired from a child's environment, verbal concept formation, and verbal reasoning skills. Subtests including information, which involves answering questions that address a broad range of knowledge topics, as well as similarities, which involves the identification of similarities between common objects and testing. 's subtest score of 2 for Information, and 5 on Similarities are significantly below the average range. Her Verbal Comprehension Index score of 69 is also extremely low for her age. In the classroom, she may experience difficulty

understanding verbal information, thinking with words, and expressing her thoughts in words. She may also have difficulty in her acquisition, memory, and retrieval of knowledge.

In reviewing s initial Individualized Education Plan (IEP) from Center City Shaw Campus PCS, it is noted that s has a medical diagnosis of Neurofibromatosis and the team is awaiting further information from her pediatrician. 's Socialization Domain Standard Score of 66 is indicative of low performance when compared to children her same age. sometimes plays simple make believe activities with others, shares toys or possessions when asked, and plays cooperatively with more than one child for more than five minutes. She does not take turns when asked while playing games or sports, follow rules in simple games, or share toys or possessions without being asked. Within the domain of adapting and coping skills, usually changes her behavior depending on how well she knows another person. For example, at home she easily transitions between activities, says "please" when asking for something, and "thank you," when someone gives something to her, and is able to end conversations appropriately, while she is unable to engage in these behaviors within the school community.

receives Special Education services under the disability of Developmental Delay. has a full time dedicated aide, who supports and shadows throughout the school day. With the implementation of a dedicated aide, s maladaptive behaviors have significantly decreased. receives 1 hour per day of Specialized Instruction both in the general education setting and outside the general educational setting, 30 minutes per week of Speech-Language Pathology services, 30 minutes per week of Behavioral Support Services inside the general educational setting, 60 minutes per week of Occupational therapy outside the general educational setting, 30 minutes per week of Behavior Support Services outside the general educational setting, and 6 hours per school year of Occupational Consultative services. Other classroom aids and services include presenting new content material to her in multiple modalities. using relatively simple vocabulary and sentence structure, and using concise verbal directions paired with demonstrations, concrete examples, and tangible manipulatives.

Target Behavior Operational Definitions:

- ***Non-compliance:*** Refusal to complete academic tasks, intentionally not following teacher/adult directions, refusal to comply with classroom and school routines, (e.g., refusal during mealtime, refusal to use restroom, etc.) and or refusal to follow school rules. Non-compliance includes crying or screaming in response to a demand.

- ***Physical Aggression:*** Any attempt or success to throw an object directed at another person, and or attempt or success of intentionally hitting staff and peers.

The remainder of this FBA will describe the methods of assessment (section II), summarize the assessments (i.e., presents results of the records review, interviews, and systematic observations; section III), and document the potential function(s) of the behaviors of concern (section IV).

Assessment Methods Used

Data on target behaviors were collected using Antecedent Behavior Consequence data sheets. Data were also collected on on-task behaviors per minute during this evaluator's direct observation. Other data collection methods include direct behavioral observations by Board Certified Assistant Behavior Analyst, review of staff records and data, and information provided by staff and parent during interviews and through documentation. Two staff members completed the Functional Assessment Screening Tool (FAST) to assist in determining the function of Danesha's maladaptive behaviors.

a. **Records Review:**

i. Previous assessments and student data were reviewed. Student's initial Individualized Education Plan (IEP), Occupational Therapy Evaluation Report, Educational Assessment Report, Initial Speech and Language Assessment, PowerSchool Behavior Log entries, PowerSchool Attendance and Tardy Log, and IEP meeting notes were reviewed.

b. **Interviews:**

i. **Teacher/Staff Interview:** Multiple teachers, and administrators were interviewed and asked questions to (a) identify events that typically predict when behaviors of concern are most likely to occur (i.e., antecedents), (b) describe the topography (i.e., appearance and nature) of the behaviors of concern, and (c) identify the events that typically follow and may maintain the behaviors of concern. Two of 's teachers completed the FAST (Functional Analysis Screening Tool).

ii. **Parent/Guardian Interview:** Parent Interview took place on October 20, 2015 from 10-10:30AM via telephone with 's mother,

c. **Direct Observations:**

i. **Direct Observations of Student Behavior:** was observed on October 20, 2015 from 1:03PM-2:42PM in her pre-Kindergarten general education classroom. was observed during centers (engaging with playdoh in the presence of her peers), group instruction on the carpet, transitions within the classroom, transitions outside of the classroom, de-escalation from problem behaviors in cafeteria with dedicated aide, and during transition to naptime and from naptime to snack.

ii. Data were collected using ABC (Antecedent, Behavior, and Consequence data sheet) to determine common triggers and consequences that are maintaining .'s target behaviors. Data were also collected on on-task behavior per minute on October 20, 2015 (e.g., following classroom and teachers directions in the absence of crying, eyes oriented towards teacher during instruction, sitting upright and body oriented towards teacher, and engaging/participating in instruction as evidenced by answering questions when called on. and raising hand to answer group questions).

Summary of Assessment

This section of the FBA Report includes: (a) a description of the behaviors of concern and current baseline levels, (b) summary of records review, (c) summary of interviews, and (d) a narrative description based on the brief and informal observation.

Description of Target Behaviors:

i: Non-compliance	
Definition:	Refusal to complete academic tasks. intentionally not following teacher/adult directions, refusal to comply with classroom and school routines, (e.g., refusal during mealtime, refusal to use restroom, etc.) and or refusal to follow school rules. Non-compliance includes crying or screaming in response to a demand.
Baseline	Baseline levels: Non-compliance occurs daily, across all settings,

levels:	and across multiple teachers throughout the school day.
Details:	During this evaluator's direct observation, engaged in multiple instances of non-compliance, and crying behaviors. It has been reported that with the introduction of a dedicated aide in September 2015, 's rate of non-compliance has decreased, and she will follow through with demands but when she is ready, not contingent on adult directive.

*ii: **Physical Aggression***	
Definition:	Any attempt or success to throw an object directed at another person, and or attempt or success of intentionally hitting staff and peers.
Baseline levels:	Baseline levels: Physical aggressions occur daily, across all settings, and across multiple teachers throughout the school day.
Details:	During this evaluator's direct observation, did not engage in any instances of physical aggression. It has been reported that with the introduction of a dedicated aide in September 2015, 's rate of physical aggression has decreased.

a. Records Review and Interviews:

i. Summary of Records Review:

Previous assessments and student data were reviewed. Student's initial Individualized Education Plan (IEP), Occupational Therapy Evaluation Report, Educational Assessment Report, Initial Speech and Language Assessment, PowerSchool Behavior Log entries, PowerSchool Attendance and Tardy Log, and IEP meeting notes were reviewed.

PowerSchool behavior log entries were reviewed to aid in determining the function of s target behaviors. These logs were also used to determine how the consequences for her target behaviors might be inadvertently reinforcing 's target behaviors.

In scoring the two FAST Checklists' that were completed, the function of 's target behaviors are hypothesized to be maintained by Social Positive Reinforcement (access to attention and access to specific activities/items), and Social Negative Reinforcement (escape). That is, engages in maladaptive behaviors to access attention, preferred items/activities, and to escape or delay demands.

ii. **Summary of Interview with Teacher/Staff:**

On October 20, 2015, 's dedicated aide, general education teacher, and special education teacher met with evaluator to discuss common antecedents, and common consequences to 's maladaptive behaviors. 's Special Education service hours were discussed, current goals, and strategies that are being utilized to ensure success during instruction.

iii. **Summary of Interview with Parent/Guardian:**

Parent Interview took place on October 20, 2015 from 10-10:30AM via telephone with 's mother. . Ms. , reported that this is 's first school experience, other than a brief month at a daycare facility. Prior to enrolling in Center City Shaw Campus PCS. was home with her mother, and did not engage with other peers. has a total of 6 siblings, and currently resides with 3 of her siblings. Ms. reported that and her siblings do not interact often, as she does not like when they play or touch her toys. Ms. described 's behaviors within the home environment as wanting to be in control of her environment, not complying with directions, and difficulty sharing her toys with her siblings. Ms. is concerned about 's classroom size and stated it may be overwhelming for her daughter. She also stated she is concerned that her daughter enjoys playing alone and would like to see engage with her peers and learning age appropriate social skills.

b. **Direct Observations:**

i. **Direct Observations by Independent Observers:** Direct observations were conducted, by a Board Certified Assistant Behavior Analyst to investigate (a) the relative frequency of 's target behaviors (b) the antecedent events

that typically precede the behaviors of concern, and (c) the consequences that typically follow (and may maintain) the behaviors of concern.

ii. **Summary of Direct Observation:** was observed on October 20, 2015 from 1:03PM-2:42PM in her pre-Kindergarten general education classroom. was observed during centers (engaging with playdoh in the presence of her peers), group instruction on the carpet, transitions within the classroom, transitions outside of the classroom, de-escalation from problem behaviors in cafeteria with dedicated aide, and during transition to naptime and from naptime to snack.

Direct observation started with sitting at a table with her peers, engaging with playdoh, with her dedicated aide sitting approximately 2 feet away from . While sitting in proximity of her peers, did not engage or interact with her peers verbally. She would look at other children, and make eye contact, but was not observed verbalizing to her peers. She was able to answer questions asked by her dedicate aide or teacher, but not from her peers. was observed as shy, and a quiet girl.

was observed having her backpack on throughout the direct observation, which was reported to indicate she wants to go home. Throughout the observation, when was told no, or given a demand to do something, she often cried and would not comply with the demand. She also would engage in behaviors to access attention, such as placing the playdoh in her mouth while laughing.

At 1:21PM, s class transitioned to the carpet for group instruction and story time prior to naptime. 's dedicated aide was sitting behind about 2 feet away, while was sitting on the carpet. continually looked around the room at her peers, and attempted to maintain eye contact with her peers, and began to cry once she did not receive a response from her peers or dedicated aide. At 1:25PM, was given the demand to turn around, as she made eye contact with her dedicated aide. At this time, did not comply, and was then instructed to, "get up and come here." did not comply and continued to cry. After 1 minute, stood up, left the carpet, and walked to the back of the classroom to her cubby. She was asked what was wrong while she was trying to leave the

classroom. At 1:28PM, and her dedicated aide left the classroom as was crying. was provided with verbal attention, in the form of being asked, "What's wrong, why are you crying?" was unable to verbally respond. After 3 minutes passed, s aide began to discuss the events that took place within the classroom by telling she is not allowed to rip paper off the wall, and to communicate why she is upset. At 1:32PM, was able to call her mother. She calmed down, and transitioned back to class at 1:35PM for naptime.

When transitioning to snack from naptime, was able to sit with her peers and eat her snack. She did not interact verbally with her peers, and continued to watch them while eating snack. There were multiple instances of noncompliance throughout this evaluator's direct observation. Direct observation concluded at 2:42PM.

Figure 1

Date & Setting	Number of 1-minute Intervals On-Task	Total Number of 1-minute Intervals Observed	Percent of On-Task Behavior during Observation
10/20/15 ***Naptime from 1:30-2:30PM***	**18**	**42**	**43%**

Figure 1 presents the percentage of 1-minute intervals was on task during this evaluator's observation.

<u>On-Task Behavior</u> includes following classroom and teachers directions in the absence of crying, eyes oriented towards teacher during instruction, sitting upright and body oriented towards teacher, and engaging/participating in instruction as evidenced by answering questions when called on, and raising hand to answer group questions.

Function of Target Behaviors:

This section of the report defines the possible functions of 's target behavior, describes the proposed (hypothesized) functions of 's target behavior, and lists intervention strategies to address the potential function of the behavior.

Functions of behavior include:

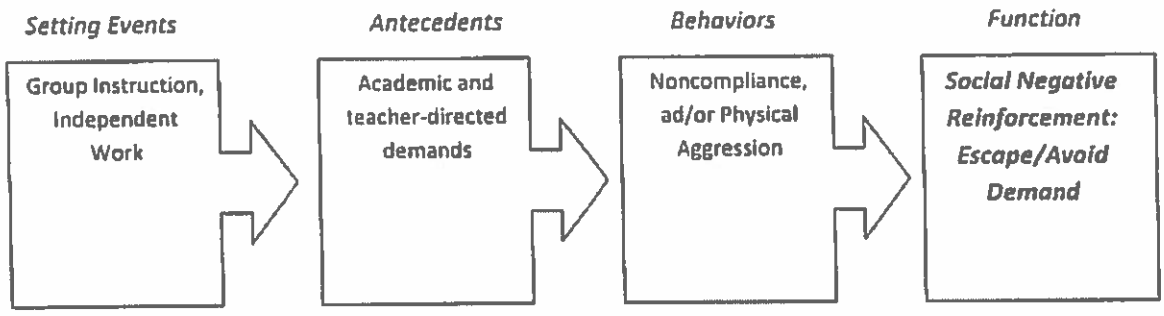
1. **Positive Reinforcement:** to ***get or obtain*** something (e.g., preferred activities, items, staff/peer attention)

2. **Negative Reinforcement:** to ***avoid or escape*** something (e.g., demands, interaction)

Hypothesized function of s target behaviors:

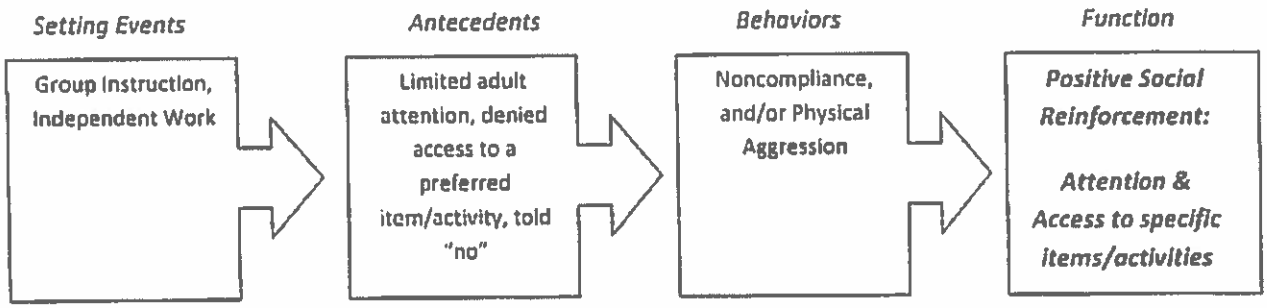
The following graphic organizers present the summary statements for 's target behavior.

Noncompliance, and Physical Aggression



That is, when encounters academic and teacher-directed demands. will engage in noncompliance. and/or eloping behaviors in order to ***escape, avoid demand, or control the conditions under which she will complete the demand.***

Noncompliance, and Physical Aggression



That is, when is denied access to a specific item or activity, will engage in noncompliance, and/or physical aggression in order to ***access attention or a preferred item/person/activity.*** ***will engage in target behaviors to access adult attention in the form of verbal praise and adult in close proximity.***

's targets behaviors are multiply maintained by both negative and positive social reinforcement. Therefore, it is imperative that the consequence strategies utilized reflect the correct function for each target behavior. For example, if is engaging in a non-compliance behavior to access attention. staff should not provide verbal reprimands or verbal attention. However, if is engaging in a behavior to escape a demand/task, staff should ensure that follows through and completes the demand while staff continues to minimize attention. Staff should not remove rom the classroom when she is engaging in a maladaptive behavior to escape a demand. Remember to treat a behavior based on the function (why the behavior occurs) or you might inadvertently reinforcing s target behaviors.

Recommendations

The following recommendations are offered for consideration by the MDT and are based on the information obtained in this evaluation. Final decisions about eligibility determination. special education services. and interventions should be made at the MDT meeting in conjunction with presented results from any other evaluations conducted. along with input from parent and other members of the MDT.

Positive Behavior Intervention Plan:

At this time, it is recommended that a Behavior Intervention Plan be implemented to address 's target problem behaviors (noncompliance, and physical aggression) due to the negative impact that these behaviors have on her educational performance and social interactions with her peers. It is highly recommended that the Positive Behavior Intervention Plan developed and strategies below be implemented in all environments. including the home environment. It would be beneficial for school personnel to maintain ongoing school/home collaboration in order for generalization of behaviors across settings.

Additionally, the continued use of a dedicated aide to implement the Positive Behavior Intervention Plan with integrity, and to train staff members on the plan is highly recommended. Once 's target behaviors begin to decrease, supports should be slowly faded to prevent prompt dependency. The goal is for to remain as independent as possible, while demonstrating a decrease in target behaviors to allow for increased educational and learning tine.

Additional recommendations include the teaching of age appropriate social skills to facilitate appropriate peer interactions and development of peer relationships.

Antecedent procedures:

- Choice making may be a very powerful intervention for This may help give her a sense of personal control within the limits defined by staff. Examples of this may include choice of writing instrument, which assignment to begin first, where to sit, whether to write the name on her paper first or last, etc.

- Choice making can also be a part of setting limits and making ıware of her role in a situation. It is also beneficial to only ask questions when you are prepared for a response of no (example: Can you do your work for me? No! Can I write this down on this paper?). If you are not comfortable with a no or negative response, do not ask it in the form of a question, but try to state it with a choice.

- Classroom accommodations which may be appropriate:

    - Provide short tasks that do not require extended attention in order to be successful.

    - Permit frequent breaks after task completion.

    - Use limited, concise language and whenever possible pair with a gestural or visual cue.

    - Make sure that directions are given one step a time.

    - Increase opportunities for movement during learning tasks.

    - Focus only on correcting ***target behaviors***. If is sitting in an incorrect posture, ignore it. View ' behavior as part of a continuum that will be shaped. ***The target behaviors are the priority; the rest will be addressed over time after the targeted behaviors have improved.***

    - Tell what she needs to do, speaking in positives. Refrain from telling her "No, stop, can't..."

    - may benefit from learning how to request a break or walk away from a stressful situation to an appropriate situation. Once is fluent in

asking for a break, it may be beneficial to given a set of number of break cards to use for short breaks throughout the day. If staff notices that eems to be agitated, they may prompt her to take a short break. should take frequent short breaks (e.g. 5 minutes) as opposed to longer extended breaks. It is essential that be brought back to the original demand after she has taken her break.

Reinforcement Strategies:

- A timer will be set for the time staff believe can successfully complete a particular activity or task (lining up, doing spelling, morning meeting) assuming he is focused and on task. This time will vary by activity and at staff's discretion. This should encourage independence of staff and responsibility for work.

- Implement a token economy to reinforce socially desirable behaviors, and task completion.

  - For tasks that can be completed in the set amount of time (e.g. 1 worksheet), set-up the task and start the timer. If completes the activity as or before the timer goes off, she will earn a token.

  - For tasks that need to be conducted for a set amount of time, start the timer when begins doing her work (e.g. reading for 10 minutes, start the timer when begins reading). Do not stop the timer. When the timer goes, will receive a token for completing that activity if she did her work for more than half that time.

  - Certain tasks (e.g. Specials) may require a short duration of work (e.g. 5-10 minutes, followed by a short break (e.g. 1 minute). The duration of work should gradually be increased (e.g. first two intervals of 5 minutes, then 3rd interval 6 minutes, 4th interval 7 minutes.

  - Additional tokens should be provided contingent on engaging in desirable behaviors. When giving her a token, describe the reason why. For example: " , I love how you raised your hand to answer the question."

  - Ensure that is motivated for the items she is able to purchase with her tokens. Conduct frequent preference assessments to prevent satiation and ensure continual motivation of student.

Consequence Procedures:

- When is exhibiting noncompliance, count up to three. When she first exhibits behavior, show her a warning card with the number "One" on it. If she continues to exhibit the behavior after one minute, show her a warning card with the number "Two". If she still continues after another minute, show her warning card with the number "Three". ***Do not argue with her at all during this time.*** When giving her the third card, physically guide to comply with whatever the demand was.

- Since the suspected function of his behavior is a combination of escape & attention, please limit your verbal response to inappropriate behavior. Deliver the correction consistently without elaborating at the time. Provide frequent attention & breaks when is exhibiting appropriate and on-task behaviors.

was a pleasure to work with. Please feel free to contact me at (202-299-6351) OR (Ellyn.Sanguedolce@gmail.com) should you have any further questions or concerns.

Ellyn Sanguedolce, BCaBA
Ellyn Sanguedolce, Board Certified Associate Behavior Analyst

FUNCTIONAL BEHAVIOR ASSESSMENT (FBA)

Name:
Date of Birth
Campus: Parklands

Grade: PreSchool-3
Dates of Evaluation: 1/31/19 - 3/15/19

Reason for Referral:

was referred for a Functional Behavior Assessment due to concern that his behaviors are impacting his learning and functioning in the classroom setting. At the time of this report, the school team expressed concerns with the following behaviors

1. Aggressive outbursts toward peers and adults
2. Destruction of classroom materials

Procedures Administered and Collateral Information:

I. Academic and behavioral record review

II. Indirect Functional Behavioral Assessment
- Functional Assessment Interview - Teacher *(Dana Boston, Ashley Gilyard, 3/15/19)*
- Functional Assessment Tool - Teacher *(Dana Boston, Ashley Gilyard, 3/15/19)*
- Social-emotional Screener - Teacher *((Dana Boston, Ashley Gilyard, 3/15/19)*
- Parent Interview (*2/20/19)*
- Social-emotional Screener - Parent (*, 2/20/19)*

III. Direct Functional Behavioral Assessment
- Direct Observations *(3/1/19 - 3/5/19)*
- Antecedent Behavior Consequence Assessment

IV. Assessment Results
- Behavioral Summary
- Hypothetical Function of Behavior
- Recommendations for Interventions

FUNCTIONAL BEHAVIORAL ASSESSMENT SUMMARY

Wher does not experience individualized attention by adults or peers, he will engage in physically/verbally disruptive and aggressive behaviors in order to gain preferred attention. When xperiences a loss of a preferred item, he may engage in physically/verbally aggressive behaviors in order to gain tangibility.

In accordance to teacher and parent interview, may engage in maladaptive behaviors as a coping response to negative emotional experiences or non-preferred attention.

Clinician: Logan Brantley, LGSW **Date:** 3/15/19

Logan Brantley, LGSW

I. Academic and Behavioral Record Review

Academic Data

According to the most recent quarter's assessments, s currently performing below grade level expectations in literacy.

The Every Child Ready Scale total score is Language and Literacy is 16 out of 35 which equals 46%. This score place him in the Much Younger age range of his peers.

is currently performing below grade level expectations in math.

The Every Child Ready Scale total score is Math 21 out of 56 which equals 38%. This score places him in the Much Younger age range of his peers.

is currently in referral for an Individualized Education Program.

Attendance data indicates that he has missed 14 days of school since the beginning of the year, 4 of which have been excused. Attendance data also indicates that has arrived 30 minutes to 60 minutes late on 16 occasions since the beginning of the school year.

Behavior Data

has experienced difficulties with aggressive outbursts towards classroom materials, peers and adults since at least September 2018.

If a student engages in an egregious behavior, such as eloping the classroom or engaging in physical aggression, a Challenging Behavior Report (CBR) is completed. nas received 25 CBR's this school year.

CBR's have been categorized as disruptive/defiant including throwing chairs, spitting, moving furniture, intentionally peeing on ground and wiping feces on wall. The majority of CBR's have been categorized as fighting/hitting/other physical aggression including hitting, scratching, biting pinching, throwing objects at, throwing peers down, throwing chairs at teachers, sometimes drawing blood. A smaller portion of CBR's have been categorized as vandalism in which pulled blinds until they broke.

as had up to 3 CBRs in one day (on 12/11/18). s consequences usually consist of S&W, Office Visit, Break out of class, Phone-call home and, at times, parent pick-up. The first recorded CBR for was on 9/13/18 and the last recorded CBR was on 3/1/19.

The Positive Behavior Rating Scale (PBRS) is an in-house teacher-rated assessment that measures ten different behavioral items on a scale of one through five. A score of three or below can indicate a concern with the child's ability to perform that specific positive behavior. On the most recent administration of the PBRS, received an overall score of 2.2. His highest scores were in the following categories: adapts well to changes in routine, provides appropriate responses when questioned and works well independently of adults (3). His lowest scores were in the following categories: provides peer encouragement (1).

PBRS	
Accepts "no" from peers or adults	2
Adjusts well to changes in routine	3
Adheres to rules as set by an authority figure	2
Interacts cooperatively with peers	2
Celebrates peer successes	2
Provides peer encouragement	1
Maintains focus in distracting environments	2
Provides appropriate response when questioned	3
Works well independently of adults	3
Celebrates own successes	2

The **Strengths and Difficulties Questionnaire (SDQ)** is a nationally-normed social-emotional assessment used to identify and track the behavioral needs of students. eacher completed the assessment on 3/11/19 and received the following scores:

Strengths and Difficulties Questionnaire		
	Teacher Report	
Category	**Score**	**Assessment** (Significant, Borderline, Average)
Overall stress	21	Very high
Emotional distress	4	High
Behavioral difficulties	8	Very high
Hyperactivity/Inattention	6	slightly raised
Difficulty getting along with peers	3	slightly raised
Kind and helpful behavior	6	Close to average
Impact of difficulties on child's life	5	Very high

Behavior Interventions

began receiving Tier 2 behavior interventions on 10/2/18 after his teacher expressed concerns.

received access to a social-decision making social skills group 10/2/18 to 12/4/2018. Due to increased aggressive behavior towards peers in group and report of teache began receiving individual counseling on 12/14/18. Tier 1 interventions have also been implemented such as a positive behavior chart. The positive behavior chart was abandoned as an intervention after increased aggressive behaviors toward another student using a positive behavior chart when did not receive stickers for some components.

Summary

s a social child who is able to think of others empathetically when calm benefits from positive one-on-one attention. maladaptive behaviors (difficulty attending whole-group, physically/verbally aggressive outbursts) disrupt access to learning, therefore negatively impacting his academics.

II. Indirect Functional Behavior Assessment

Teacher Interview

Ms. Boston and Ms. Ashley, 's teachers, were interviewed on 3/11/19. During the interview, teachers were asked about the location, frequency, duration, and potential antecedents (triggers) of maladaptive behaviors.

Teachers identified behavior of concerns as destroying classroom materials and physical aggression toward others (throwing chairs, hitting kids and adults). Teacher's identify preferred behaviors as using materials appropriately and attending carpet during instruction with hands/feet to self. Teacher's report that refuses to attend the carpet for whole group and small group lessons, instead being unsafe and running around the classroom.

Teachers have identified the times where xhibits the most maladaptive behavior (as 6 out of 1 to 6; 6 being highest) as: S3, Read aloud, Nap, Gross motor and Transitions. is reported to exhibit the least maladaptive behavior (1 out of 6) during eating times. is reported to exhibit a medium amount of maladaptive behaviors (3 or 4 out of 6) in Morning meeting, Centers, Outdoor play, Snack and Let's explore. Teachers note that has difficulty ending preferred activities and difficulty when not receiving individualized attention.

Teacher's report instructing whole group, working with peers, redirection and class activity change as antecedents to maladaptive behaviors. Teachers report that the teacher's tone of voice, access to specific people in the classroom (i.e. preferred person leaving class may cause to become upset), teacher demands and transitions from preferred activities can impact 's behavior.

Teacher's report receives seat change, loss of privilege, seat move, private redirection, public redirection, being sent out of class for a break, being sent to another class for a break, non-verbal redirection, teacher attention, being sent to the office and planned ignoring as responses to maladaptive behaviors. The teachers report that responds well to breaks outside the classroom, getting a special prize or a special helping job evidenced by decreasing maladaptive behaviors at times. In the teacher's opinion, completes negative behavior to access attention. Teacher's report that conflicts at home and missing 'dad' tend to trigger behavior at school, evidenced by talking about troubling instances when at school.

Teacher's repo s behavior as consistently throughout the day but happens most during whole group settings and occurs rarely when is receiving one-on-one attention or eating lunch.

Teacher's report tha s negative behaviors negatively impact his access to classroom learning by not attending educational moments. Teacher's report no concerns surrounding language or social/developmental delay.

During the interview, teachers completed a Motivation Assessment Scale (MAS). The highest score helps to indicate the most likely motivator or potential function of behavior.

Motivation Assessment Scale *(MAS)*	
Sensory	2 (score 3)
Tangible	1 (score 3.75)
Attention	1 (score 3.75)
Escape	3 (score 2.25)

Parent Interview

Ms. s mother, completed the Parent Interview and Strengths and Difficulties Questionnaire on 2/20/19. Ms. describes s strengths and interests as liking to fix things and is "particular about his dad".

Ms. describes 's behavior at home as "stand-offish", aggressive and defiant (angrily not listening). Ms. reports that she is concerned about s angry temper tantrums and specifically that they involve fighting with others and going "zero to one hundred". Ms. reports that these tantrums happen up to 5 times a day and have occurred since was 2 years old.

Ms. reports the following events occurred at the time o s change in behavior 's father and she have undergone changes in the household, Ms. . reports that her best friend and babysitter passed away, that was premature at birth and that he was left in a hot van at a prior daycare.

Ms reports that incentives such as rewards motivate Ms. reports that goes to sleep very late at night, sometimes not falling asleep at all. Ms. reports that no tried positive interventions have been effective at reducing behavior and that she is unaware of triggers to negative behaviors. Ms. reports that things may be taken away such as a tablet and time-out in response to negative behaviors but that these responses are not effective.

In Ms. opinion, engages in maladaptive behaviors in response to him being upset or hurting but does not know how to healthily express or manage emotions, resulting in negative behavior.

Strengths and Difficulties Questionnaire		
	Parent Report	
Category	**Score**	**Assessment** (Significant, Borderline, Average)
Overall stress	29	Very high
Emotional distress	9	Very high
Behavioral difficulties	6	Very high

Hyperactivity/Inattention	8	High
Difficulty getting along with peers	6	Very high
Kind and helpful behavior	3	Very low
Impact of difficulties on child's life	10	Very high

Summary

By report of parent and teachers exhibits maladaptive behaviors when becoming upset and when displaying hyperactive motions. By report of parent, has experienced multiple traumatic instances that may have an effect on 's attachment to others. By both teacher and parent report, 's behaviors create a high level of stress on the child and on others in the child's environment. In according to MAS and teacher interview, completes maladaptive behaviors in order to gain access to preferred individual attention and tangible items. In accordance to teacher and parent interview, may engage in behaviors as a coping response to negative emotional experiences. By report, does best with positive behavior support, food and individual attention, though these do not always prevent maladaptive behaviors. is reported as a kind and helpful child that is social among people he shares a bond with.

III. Direct Functional Behavior Assessment

Classroom Observations

Three (3) classroom observations were conducted from 3/1/19 to 3/5/19 in 3 different classroom settings.

OBSERVATION #1

3/1/19, Morning meeting into centers, 9:05 am

- According to time interval data, presented with:
  - On-task behaviors for 57% of the observation
  - Off-task (wandering around classroom) behaviors for 20% of the observation
  - Verbally distracting (calling out) behaviors for 7% of the observation
  - Physically distracting (out of seat, throwing items) behaviors for 17% of the observation.

According to observation, presented as kind, social and helpful to others. ıssisted in helping a peer when asked by teacher. greeted visitors in the classroom. presented as hyper evidenced by pretending to be "Hulk" by velling, jumping off of chair, punching the air, rolling around the carpet and jumping during whole group. ,unched air as Hulk close to observer's face and peers at times. was mostly on-task during centers and mostly off-task during whole-group meeting. was observed to initiate conflict by taking off a peer's stick so another peer could attend center with him.

OBSERVATION #2

3/5/19, Small group transition into afternoon centers, 2:55 pm

- According to time interval data, ,resented with:
  - On-task behaviors for 83% of the observation
  - Off-task (wandering around classroom) behaviors for 10% of the observation

- Verbally distracting (calling out) behaviors for 0% of the observation
- Physically distracting (out of seat, throwing items) behaviors for 7% of the observation.

* Observer notes that this was the first da was attending another classroom (PL1) as part of a positive intervention plan during observation.
According to observation, maintained positive social skills and avoided disruptive situations. used hands to direct another student to non-verbally communicate to not take a toy but was not hurtful and did not begin altercation. was observed to ignore some of peer negative behavior in the classroom and at other times laughed and looked to teachers to understand response to negative behavior in the classroom. attempted to wander after video came on to clean-up, presented with a worried expression during this time. responded to verbal and physical redirection. reported to observer without prompting that he "had a good day".

OBSERVATION #3
3/5/19, Journaling transition into whole-group, into snack, 10:33 am

- *According to time interval data, presented with:*
  - *On-task behaviors for 90% of the observation*
  - *Off-task (wandering around classroom) behaviors for 7% of the observation*
  - *Verbally distracting (calling out) behaviors for 0% of the observation*
  - *Physically distracting (out of seat, throwing items) behaviors for 3% of the observation.*

*Observer notes that this was the first day was attending another classroom (PL1) as part of a positive intervention plan during observation.
According to observation presented as timid in learning routine of new classroom and often went to adults for clarification or comfort. was observed to mostly be on-task but fidgety at times. Observer notes that teacher, Ms. Youngblood, reported threw sand during morning center and attempted to engage in play fighting with male peer. Ms. Youngblood reported th responded well to discussion utilizing empathetic reasoning and body safety. Observer notes that after the observation concluded, attempted to take paper towels out of others hands, swinging arms back and forth. Observer notes tha regulated quickly and exhibited an overall shyness in demeanor within his new environment.

Antecedent Behavior Consequence (ABC) Summary

*Writer notes that observation data may face limitations concerning accuracy due to two observations occurring in a new environmental setting.

Behavior #1: Physically distracting or playful with aggressive tones
When analyzing observation and behavioral incident data, the following **antecedents** were prominently noted when the student experienced:

- Non-verbal communication of needs with peer 11%
- Whole group 30%
- Playfulness 30%
- Lack of attention 22%

When analyzing observation and behavioral incident data, the following **consequences** were prominently noted when engaged in physically distracting or playful behaviors with aggressive tones (hands on others, punching in air, etc.):

- Verbal redirection 36%
- Peer helper job 9%
- Empathetic reasoning discussion w/ safety language 9%
- Approach adult for attention (response by student) 45%

IV. Assessment Summary

is a 4 year old male student in PreK-3 at AppleTree Parklands campus. During the 18-19 school year, has exhibited many strengths, including being able to reason empathetically with others, a general friendliness toward others when emotionally regulated and an eagerness to help. He has also presented with difficulties in emotional regulation evidenced by becoming physically/verbally aggressive towards classroom materials, peers and adults when upset or hypervigilant.

According to teacher interviews and analysis of behavioral data, the following behavioral functions are observed to be occurring: tangible and attention. attempts to gain tangibility and individualized or preferred attention by participating in maladaptive behaviors.

Summary statements

1. When does not experience individualized preferred attention by peers or adults, he will engage in physically/verbally aggressive behaviors in order to gain preferred attention.
2. When experiences a loss of a preferred item, he may engage in physically/verbally aggressive behaviors in order to gain tangibility.

V. Recommendations

Based on the findings of this Functional Behavior Assessment, the following interventions are suggested as part of an individualized Behavior Intervention Plan (BIP):

1. **should receive positive behavior recognition with rewards to preferred items or attention.**
2. **should read "Calm Body" social story in morning with teachers to encourage positive attention and body regulation.**
3. **should receive access to breaks within and outside of the classroom in an effort to prevent maladaptive behaviors.**
4. **should receive trauma-informed crisis plan equipped with socio-emotionally appropriate language.**
5. **should receive opportunities for individual attention throughout the day.**
6. **should be encouraged to talk through difficult emotions and think through healthy solutions to problems.**
7. **should receive individualized counseling by school social worker/counselor.**

Logan Brantley, LGSW
Signature

3/15/19
Date

Logan Brantley, LGSW
Social Worker/Counselor
AppleTree Early Learning PCS, Parklands Campus

Lisa Miller, Special Education Coordinator
Garrison Elementary School
1200 S St NW
Washington, DC 20009
Via Fax: 202-673-6828

RE: XXXXXX, DOB 12/18/1999

November 19, 2009

Dear Ms. Miller:

I represent XXXX, the mother of XXXX (DOB 12/18/99). This letter serves as notice that Ms. XXXX is requesting an independent Comprehensive Independent Psychological Evaluation, pursuant to DCMR §5-3027.3.

DCPS conducted a review of an Independent Psychological Assessment obtained by Ms. XXX on June 6, 2006. On February 25, 2009, DCPS conducted an educational evaluation. Ms. XX disagrees with that evaluation because it fails to include data about XXX math scores and it fails to appropriately address his overall academic functioning. DCPS has also made the decision to conduct a triennial psychological evaluation, which was due on June 6, 2009. Ms. XXX disagrees with that decision, and therefore requests an independent comprehensive psychoeducational evaluation.

I can be reached at 202-467-4900 ext. 547 or kzeisel@childrenslawcenter.org.

Sincerely,

Kathy Zeisel

CC: Christina Wells, Christina.wells@dc.gov

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS
Office of Special Education

Subject: Independent Educational Evaluation Authorizing Letter March 28, 2012

Dear Parent,

This letter authorizes you to obtain the follow independent educational evaluation(s) (IEE) at the expense of the District of Columbia for your child, [redacted]

Assessment Type	Maximum Hourly Cost:	Maximum Total Cost
Psychological Assessment (including cognitive, educational, and clinical components, as well as a social history)	$99.50	$1,293.50
Speech and Language Evaluation	$100.90	$807.20
Functional Behavioral Assessment	$120.00	$1,200.00
Occupational Therapy Evaluation	$105.57	$633.42

Student Name: [redacted]
Student State ID: [redacted]
Student Date of Birth: [redacted]

A list of evaluators who meet DCPS criteria to conduct IEEs is listed in part A of the *IEE Parent Guide* that you received accompanying this letter. You may select an evaluator who is not on this list if this provider or clinician meets DCPS standards for the assessment type authorized. These standards are available in the *IEE Parent Guide*.

You must provide a copy of this letter to the evaluator you select in order for them to receive proper payment. We recommend that you provide the evaluator with a copy of Section 2 of the *IEE Parent Guide* as well.

To ensure that the student's needs are met in a timely manner, DCPS kindly requests that the evaluations be completed within forty-five calendar days of today's date. This is simply a request in order to expedite services to your child.

Upon completion, the evaluator should fax a copy of the report to:

DCPS LEA Representative Name: Erika Johnson
DCPS LEA Representative Fax Number: 202-654-6157
DCPS LEA Representative Phone Number: 202-579-5377

The evaluator should also provide you with a copy of the report.

You do not need to pay your selected provider for the evaluation. They will bill the District of Columbia directly.

The maximum rates the District of Columbia will reimburse for the assessments authorized by this letter for your student are listed above. Reasonable and documented fees that exceed these rates may be allowed on a case by case basis at the discretion of the District of Columbia, when the evaluator you select can justify that the excess costs were essential for educationa and/or diagnostic purposes.

The independent provider you select should mail their invoice according to the directions specified in the 'For the Provider' billing and invoicing section of the *IEE Parent Guide*.

Based on the type of school your student attends, this invoice should be sent to the following agency:

DCPS OSSE X

The billing address for this agency can be found in the *IEE Parent Guide.*

The provider should mail the following items to agency location above:

- A copy of this letter
- A copy of the completed, signed evaluation report on letterhead, with the evaluator's credentials (license/certification #) list on the first page of the report
- An invoice including the student's name, DCPS ID # and date of birth

If all necessary documentation is included with the invoice, then reimbursement will be made within 30 days of receipt of the invoice. [1] If DCPS/OSSE disputes an amount claimed in an invoice, DCPS/OSSE will provide the evaluator with a written dispute notice including the reasons for the disputed amount within 20 days of receipt of the invoice.

Sincerely,

Date: 3-28-12

Authorizing DCPS Official/School Administrator Name: Erika Johnson
Authorizing DCPS Official/School Administrator Title: Compliance Case Manager

[1] Invoices are processed as if received on the 5th or 15th of the month. "Providers have the sole discretion of whether to submit any given invoice by the 5th or 15th of the month". Petties v. D.C., No. 95-148, (D.D.C. August 5, 2009. (Pettles Payment Order, Secton III.d.).

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS
Office of Teaching and Learning

SY 2018 - 2019

Parent Guide to Independent Services

Version 02

Approved By: Kerri Larkin, Deputy Chief, Specialized Instruction

Senior Deputy Chief's Signature

November 2018

Date

Independent Educational Evaluations

Introduction

Who is this guide designed to support?

- Parents, adult students and guardians of children who have been approved for a funded independent educational evaluation (IEE).
- Providers who conduct the evaluations.

What information is included in this guide?

- For the parent: Step-by-step guidelines for obtaining an IEE, which includes outlining your responsibilities, understanding the recommended evaluation(s) for your child, and selecting a provider.
- For the provider: Step-by-step guidelines for vendors, which includes requirements for all IEEs, submission procedures, and process to receive payment.

What are the steps to getting a funded independent educational evaluation?

- Receive DCPS approval for a funded IEE.
- Review the costs that are covered.
- Confirm the type of evaluation recommended for your child.
- Locate a provider convenient to you and your child; this provider does not have to be one from the list provided.
- Attend the evaluation. Give the provider the enclosed invoicing information (For the Provider and Billing Guidance for Vendors).
- Send completed IEE to appropriate DCPS point of contact. Note: a DCPS employee will periodically follow-up with parent regarding the status of the independent educational evaluation until DCPS is in receipt of the evaluation.

For the Parent

Step 1 – Receive approval for a funded independent educational evaluation

- If you are receiving this guide, you have also received an authorization letter from DCPS to obtain an independent educational evaluation (IEE) for your child at the expense of DCPS. Keep this authorization letter for your records and future reference.
- To obtain the evaluation specified in your authorization letter, complete the steps in this guide to ensure that all important evaluation submission and billing information for the provider is delivered to them and the invoice is processed by DCPS or the Office of the State Superintendent of Education (OSSE).
- If you have any questions during this process, please contact the DCPS LEA representative associated with your student (e.g. the Special Education Coordinator, Non-Public Monitoring Specialist, Compliance Case Manager, or School Support Liaison).

Step 2 – Review the costs that are covered

- A provider conducting a funded IEE will bill DCPS directly, not the parent. The provider should bill within the DCPS Maximum Evaluation Costs listed on page 22. If you choose a provider not on the IEE vendor list, please make sure the provider accepts these rates and agrees to bill DCPS directly for payment. If an extenuating circumstance prevents your chosen provider from billing DCPS directly, please contact your DCPS point of contact *before* beginning the evaluation.
- For low incidence evaluations such as Assistive Technology, Adaptive Physical Education, and Vocational assessments not addressed by the rate guidelines on page 22, payment will be made on a case-by-case basis in conjunction with DCPS, the OSSE, and the provider involved. DCPS or the OSSE will pay reasonable rates for these assessments.

Step 3 – Confirm the type of evaluation recommended for your child

Below is a table that outlines evaluations that your child may need. Please look at each evaluation recommended for your child and take note of what is involved and why it is done.

DISCIPLINE	EVALUATION	WHAT'S INVOLVED	WHY IT'S DONE
Audiology	Audiological	Interview and testing of student, including use of audiology booth and collecting information from teachers and parent or guardian.	To assess student's hearing abilities and likely impact of deficits on academic learning.
Audiology	Auditory Processing Disorder (APD)	Interview and testing of student, including use of audiology booth and collecting information from teachers and parent or guardian.	To assess the way in which the student cognitively processes the things he/she hears.
Psychology	Psychological: Adaptive Functioning Component	Interview and observations of student. Administering questionnaires from teachers and parent or guardian.	To evaluate daily living skills and level of independence in daily functioning.
Psychology	Psychological: Clinical Component	Interview and testing of student. Gathering of questionnaires from teachers and interview of parent or guardian.	To evaluate social, emotional, and behavior functioning including mood, coping skills, social interaction, and acting out behaviors, amongst other mental and behavioral health
Psychology	Psychological: Cognitive Component	Interview and testing of student. Gathering of questionnaires from teachers and interview with parent or guardian, review of work samples and education records. Tests can include visual-motor processing, cognitive processing, decision-making, planning & organization skills	To evaluate intellectual functioning and cognitive ability.
Psychology	Psychological: Educational	Interview, observation and testing of student. Gathering of questionnaires from teachers and parent or guardian, review of work samples, and education records.	To assess academic achievement, to include reading, math, and written expression abilities.

DISCIPLINE	EVALUATION	WHAT'S INVOLVED	WHY IT'S DONE
Psychology	Psychological: Comprehensive	Any combination of the following components: Clinical Cognitive Educational	To measure all areas of concern requires a comprehensive assessment of the student.
Psychology	Neurological	Medical exam	To measure neurological function, including muscle strength, autonomic nerve functioning, and primary neurological function.
Psychology	Neuropsychological	Testing of student and review of education and medical history. Gathering of feedback from teachers, parent or guardian, and medical caregivers.	To evaluate the processing of visual and auditory material. Includes evaluation of profound attention deficits, problem solving, organization, motor functioning and other areas of cognitive processing believed to result from physical deficits.
Psychology	Psychiatric	Testing of student and review of education and medical history. Gathering of feedback from teachers, parent or guardian, and medical caregivers.	To diagnose emotional, behavioral or development disorders and determine educational impact.
Social	Functional Behavioral Analysis (FBA)	In-classroom observation of student by provider and teachers. Gathering of feedback from teachers and parent or guardian.	To observe and modify the environment and structure to affect change in behavior.
Social	Social History	Interview with parent or guardian, and potentially the student, or other relevant persons in the student's life	To evaluate the current and past factors contributing to the student's ability to be successful at school
Speech & Language	Speech & Language	Testing of student, review of education and developmental history, observation and gathering feedback from teachers and parent or guardian.	To assess articulation, speech intelligibility, voice, fluency, pragmatics, vocabulary, and receptive and expressive language

DISCIPLINE	EVALUATION	WHAT'S INVOLVED	WHY IT'S DONE
Occupational Therapy	Occupational Therapy	Testing of the student, in-classroom observation, interview of teachers, caregivers, parent or guardian.	To determine skill level and what is needed to develop and sustain the independence of the student through skill acquisition as it relates to motor difficulties, and promote involvement in daily activities.
Physical Therapy	Physical Therapy	Testing of the student, in-classroom observation, gathering feedback from teachers, caregivers, parent or guardian.	To determine skill level and intervention needed to aid the student in rehabilitation for physical manifestations of child's needs.
Assistive Technology	Assistive Technology	Testing of the student, observations and gathering of student, teacher, and parent or guardian feedback.	To determine what types of technology the student may require for success at school.
APE	Adapted Physical Education	Testing of the student	To determine what type of support is required for students with special needs in physical activities.

Step 4 – Select and contact a provider

- After you review the type of evaluation recommended for your child (Step 3), you will need to select a provider and schedule an evaluation.

Key things to consider in selecting a provider:

- Capability: Is the provider able to deliver the recommended evaluation?
- Location: Is the provider located somewhere that you can easily get to?
- Availability: Is the provider able to schedule an evaluation session at a time that you can attend and will not delay the process for your child?
- Approval: Is the provider willing to accept DCPS rates for services? Please see the DCPS Maximum Evaluation Rates on page 22.

When you talk to the provider, make sure that you:

- Explain that you have an authorization from DCPS for an independent educational evaluation (IEE). Providers regularly conduct independent educational evaluations when provided with an authorization form and bill DCPS/OSSE directly.
- Confirm the specific evaluation the provider will conduct.
- Schedule a time and date for the evaluation.
- Verify where the evaluation will be conducted.

The next page lists some local providers in the Washington, DC area as a place to start your search. You may select a provider not on this list, as long as they are qualified to conduct the assessment your child will receive and accept the prescribed DCPS rates on page 22. A DCPS employee may not conduct an independent evaluation.

Independent providers conducting evaluations through an authorization letter are not considered DCPS employees. DCPS makes no guarantees or representations regarding the quality of the evaluation and assumes no liability, whether by way of contribution or otherwise, for any damages incurred by the parent or student in connection with the independent provider.

Psychology

Provider Name	Type of Assessments Conducted
Acumen Behavioral Consulting, David Cranford 1800 Town Center Dr. Ste 420, Reston, VA 20190 P: 240.303.2141 E: david@davidcranford.net	Psychological
Alina Assessment Services, Joette James 412 First St. SE, Washington, DC 20003 P: 240.424.0073 E: joettedj@aol.com	Psychological
Behavioral and Educational Solutions 8609 2nd Ave #506B, Silver Spring, MD 20910 P: 240.398.3514 E: info@besdc.com	Psychological
Blackstone, Yeannakis and Associates 6058 Old Telegraph Rd. Alexandria, VA 22310 P: 703.402.6780 E: nathanyea@aol.com	Psychological
Campbell Psychological Services 8607 2nd Ave. Silver Spring, MD 20910 P: 301.589.5533 E: kcampbell@CamPsychServ.com	Psychological
COMPASS Mental Health Consultants, LLC 11140 Rockville Pike, Ste. 400, Rockville, MD 20852 P: 240.630.4048 E: pojevwe@gmail.com	Psychological
Education Due Process Solutions 711 Bain Dr, Hyattsville, MD 20785 P: 240.294.6047 E: jessica@educationdps.com	Psychological
George Washington Meltzer Center 2125 G St NW #101K, Washington, DC, 20052 P: 202.994.9072 E: meltzercenter@gwu.edu	Psychological
Golden Assessments 1487 Chain Bridge Rd. Ste 303, McLean, VA 22101 P: 571.316.1529 E: drgolden@goldenassessments.com	Psychological
Inner City Family Services 2307 Martin Luther King Jr. Ave SE, Washington DC 20020 P: 202.525.4855 E: karena.smith@innercityfamilyservices.com	Psychological
Joy Nagorniak 3 Washington Circle, NW #406, Washington, DC 20037 P: 202.309.5830 E: inquiry@nagorniak.com	Psychological
Lifelong Wellness 8403 Colesville Rd, Suite 1100, Silver Spring, MD 20910 P: 240.863.2282 E: drsanders@lifelongwellnessdc.com	Psychological
Ling Wu 15807 Crabbs Branch Way, Ste A, Rockville, MD 20855 P: 240.285.0047 E: LingLouiWu@gmail.com	Psychological

Mid-Atlantic Children's Services 9658 Baltimore Ave #240 College Park, MD 20740 P: 240.297.9857 E: admin@mid-atlanticservices.com	Psychological
Morgan Holdings Group, LLC 4309 Travancore Ct., Randallstown, MD 21133 P: 443.413.9484	Psychological
Newlen Education Group 9404 Shield Drive, Upper Marlboro, MD 20772 P: 202.248.1397 E: services@newleneducation.com	Psychological
Quince Orchard Psychotherapy 60 Market St. Ste. 207, Gaithersburg, MD 20878 P: 240.750.6467 E: schedule@qopsych.com	Psychological
Safe Harbor Psychological Services 3331 Duke St. Alexandria, VA 22314 P: 202.596.6640 E: safeharborpsych@gmail.com	Psychological
Solutions Educational Consultants 14760 Nain St, Suite 118, Upper Marlboro, MD 20772 P: 240.274.1497 E: c2bells@verizon.net	Psychological
The Child and Family Practice 4800 Hampden Ln. Ste. 200 Bethesda, MD 20814 P: 703.647.4197 E: info@childandfamilypractice.com	Psychological
Weinfeld Education Group 865 A Cordell Ave, Ste 240, Bethesda, MD 20814 P: 301.681.6233 E: admin@weinfeldeducationgroup.com	Psychological

Speech and Language Pathology

Provider Name	Type of Assessments Conducted
Behavior and Education Solutions 8609 2nd Ave., Suite 404B, Silver Spring, MD 20910 P: 240.398.3514 E: info@besdc.com	Speech and Language
Capitol Kids Speech Therapy 201 8th St. NE, Washington, DC 20017 P: 202.544.5469	Speech and Language
Children's Speech and Language Services 6231 Leesburg Pike, Falls Church, VA 22044 P: 703.685.1070 E: info@csls.us	Speech and Language
District Speech and Language Therapy 2604 Connecticut Ave. NW, Suite 202, Washington, DC 20017 P: 202.417.6676 E: info@districtspeech.com	Speech and Language
Gallaudet University Hearing and Speech Center Sorenson Language and Communication Center 2200 800 Florida Ave. NE, Washington, DC 20002 P: 202.250.2119 E: guhsc@gallaudet.edu	Speech and Language
HSC Pediatric Center 1731 Bunker Hill Rd. NE, Washington, DC 20017 P: 202.832.4400 E: sbowles@hschealth.org	Speech and Language
Solutions Educational Consultants 14760 Nain St, Suite 118, Upper Marlboro, MD 20772 P: 240.274.1497 E: c2bells@verizon.net	Speech and Language
Something 2 Talk About 9470 Annapolis Rd., Suite 409, Lanham, MD 20706 P: 301.661.4729 E: admin@s2talkabout.net	Speech and Language
The Connections Therapy Center 9470 Annapolis Rd., Suite 416, Lanham, MD 20706 P: 301.577.4333 E: info@thectcenter.com	Speech and Language
The Reading and Language Learning Center 8229 Boone Blvd., Suite 660, Vienna, VA 22182 P: 703.821.1363 E: info@readingllcenter.com	Speech and Language
Unlimited Expressions 3414 Summit Ct. NE, Washington, DC 20018 P: 202.744.8158	Speech and Language

Physical Therapy

Provider	Type of Assessment Conducted
HSC Pediatric Center 1731 Bunker Hill Road, NE Washington, DC 20017 P: 202.832.4400 E: sbowles@hschealth.org	Physical Therapy
Sensational Kids Therapy 4400 Jenifer St NW #280 Washington, DC 20015 P: 202.244.8089 E: office@sensationalkids-therapy.com	Physical Therapy
Solutions Educational Consultants 14760 Nain St, Suite 118, Upper Marlboro, MD 20772 P: 240.274.1497 E: c2bells@verizon.net	Physical Therapy
The Connections Therapy Center 9470 Annapolis Road, Suite 416 Lanham, MD 20706 P: 301.577.4333 E: info@thectcenter.com	Physical Therapy
Unlimited Expressions 3414 Summit Ct. NE Washington, DC 20018 P: 202.744.8158	Physical Therapy
Weinfeld Education Group 104 Northwood Avenue, Silver Spring, MD 20901 P: 301.681.6233 E: admin@weinfeldeducationgroup.com	Physical Therapy

Occupational Therapy

Provider	Type of Assessment Conducted
HSC Pediatric Center 1731 Bunker Hill Rd. NE Washington, DC 20017 P: 202.832.4400 E: sbowles@hschealth.org	Occupational Therapy
Jeter Rehab Therapy 1900 L St NW #607 Washington, DC 20036 P: 202.528.7223 E: JeterRehab@aol.com	Occupational Therapy
Sensational Kids Therapy Group 4400 Jenifer Street New Suite 280 Washington, DC 20015 P: 202.244.8089 E: office@sensationalkids-therapy.com	Occupational Therapy
Something 2 Talk About 9470 Annapolis Road Suite 409 Lanham, MD 20706 P: 301.661.4769 E: admin@s2talkabout.net	Occupational Therapy
The Connections Therapy Center 9470 Annapolis RD, Suite 416 Lanham, MD 20706 P: 301.577.4333 E: info@thectcenter.com	Occupational Therapy
Weinfeld Education Group 104 Northwood Avenue, Silver Spring, MD 20901 P: 301.681.6233 E: admin@weinfeldeducationgroup.com	Occupational Therapy

Social Work

Provider	Type of Assessment Conducted
The Mecca Group, LLC 1629 K Street NW, Suite 300 Washington, DC 20006 P: 202.529.3117 E: administrator@themeccagroupllc.com	Social History Functional Behavioral Assessment (FBA)
Weinfeld Education Group 104 Northwood Avenue, Silver Spring, MD 20901 P: 301.681.6233 E: admin@weinfeldeducationgroup.com	Social History Functional Behavioral Assessment (FBA)

Assistive Technology

Provider	Type of Assessment Conducted
Columbia Lighthouse for the Blind 1825 K Street NW, Suite 1103, Washington, DC 20006 P: 202.454.6400 E: info@clb.org	Assistive Technology
HSC Pediatric Center 1731 Bunker Hill Road, NE, Washington DC 20017 P: 202.832.4400 E: sbowles@hschealth.org	Assistive Technology
Out of the Box Accessibility Solutions P: 571.439.5697	Assistive Technology
Weinfeld Education Group 104 Northwood Avenue, Silver Spring, MD 20901 P: 301.681.6233 E: admin@weinfeldeducationgroup.com	Assistive Technology

Audiology

Provider	Types of Assessment Conducted
Chattering Children 4880 MacArthur Blvd, NW Washington, DC 20007 P: 202.333.1403 E: info@chatteringchildren.org	Auditory Processing Disorder Audiology

Step 5 – Attend the evaluation

- Be sure to arrive on time for your scheduled evaluation. When you attend your scheduled evaluation, your provider will meet with you and your child, which may include testing and interviews. Many evaluations take a full day to complete and require your participation.

- At the start of your evaluation, give a copy of the "For the Provider" part of this guide to the provider. The provider **must** use this section of the guide along with the completed evaluation to ensure timely payment for services.

Step 6 – What follow-up to expect from DCPS

- The provider must send the completed evaluation report to the appropriate DCPS contact.
- Upon receipt, the DCPS local education agency (LEA) representative (e.g. the Special Education Coordinator, Non-Public Monitoring Specialist, Compliance Case Manager, or School Support Liaison) assigned to your child will contact you to schedule a review meeting.
- Please also follow up with your DCPS LEA representative to ensure that the evaluation has been completed and that a review meeting may be scheduled.
- At the review meeting, your child's DCPS LEA representative will discuss the evaluation findings with you and other DCPS and school personnel. If appropriate, an individualized education program (IEP) for your child may also be created or updated.

For the Provider

Step 1 – DCPS Requirements for Independent Educational Evaluations (IEEs)

If you are in receipt of this document, you have been asked to complete an independent educational evaluation (IEE) for a DCPS student. As you are conducting an "independent" evaluation, you are not considered an employee of DCPS. Nothing in this *Parent Guide* or in the parent's accompanying *IEE Authorization Letter* shall be deemed to constitute a partnership or joint venture between you and DCPS, or constitute either you or DCPS to be the agent of one another for any purpose. Neither you nor DCPS shall have any authority to act for or bind the other in any way, or to represent that such authority is held.

The Individuals with Disabilities Education Act (IDEA), 20 U.S.C. 1400, et seq., mandates that all states and school districts must make available a free and appropriate education to all students with disabilities between the ages of three and twenty-one. States and school districts must ensure that each student receiving special education services must have an individualized education program (IEP) that identifies the special education and related services that must be provided to meet each child's individual needs.

DCPS requires that all funded IEEs summarize in writing:

- The procedures used
- The assessment instruments used
- Results
- Diagnostic impressions
- Relevant recommendations for meeting identified needs of the student

All funded IEE reports must be completed by a professional who meets the licensure, certification, and credentialing criteria for his or her discipline in Washington, DC, or the locality of practice, or is appropriately supervised by a clinician who meets these criteria.

For providers working in Washington, DC, these criteria are listed below:

Discipline	Assessment Can Conduct	Credentials Required
Psychologist	Psychological Assessment, Functional Behavior Assessment	DC Department of Health Psychology License
Social Worker	Social History Assessment, Functional Behavior Assessment	DC Board of Social Work licensure as a social worker
Audiologist	Audiological Assessment, Auditory Processing Disorder Assessment	DC Department of Health Audiology License
Speech Language Pathologist	Speech Language Assessment, Assessment, Assistive Technology Assessment (depending on referral questions)	DC Department of Health Speech Language Pathology License
Occupational Therapist	Assessment, Assistive Technology Assessment (depending on referral questions)	DC Department of Health Occupational Therapy License
Physical Therapy	Physical Therapy Assessment, Assessment, Assistive Technology Assessment (depending on referral questions)	DC Department of Health Physical Therapy License
Board Certified Behavior Analyst	Functional Behavioral Assessment	Licensed by Behavior Analyst Certification Board (Master's degree + passing of BCBA exam)

All funded IEE reports must be provided on the vendor's or provider's letterhead to include the evaluation date, evaluator's signature, and credentials.

DCPS expects that all IEE reports will contain an educational component, including an observation of the student in his or her educational environment. All reports should be clearly written and include a robust examination of the student and review of all pertinent historical information relating to the student

Upon completion of your report, please follow the billing and payment directions provided herein in order to receive payment.

Step 2 – Billing Information and Invoicing Process

- Please work with the DCPS LEA representative of the DCPS student you have evaluated to determine whether the student attends a non-public, DCPS-LEA charter, or DCPS school.
- All invoices for DCPS students placed in non-public schools will be processed by the Office of the State Superintendent of Education (OSSE).
- All invoices for students in DCPS schools or a DCPS-LEA charter school will be processed by DCPS. Details about this distinction may be found at the OSSE website http://osse.dc.gov under the section "Special Education."
- In addition to submitting your report to the appropriate address along with the invoice, you should also provide copies of the report to the parent and appropriate DCPS staff member as described in the authorizing document.
- By submitting your invoice, you represent and acknowledge that you meet the licensure, certification, and credentialing criteria for your evaluation discipline established in Section 2, Step 1 of this document.
- If an extenuating circumstance prevents you from billing DC Government directly, you must notify the parent *before* beginning the evaluation. The parent will need to discuss this with their DCPS point of contact before proceeding.

For students attending DCPS schools and DCPS-LEA charter schools

- Each invoice packet must include the following documentation:
  - An invoice submission cover sheet (template provided)
  - An invoice for services on company letterhead that includes:
    - Student's name
    - Student's date of birth
    - Student's attending school
    - Student's DCPS ID number
    - Invoice number
  - A copy of the entire IEE authorization letter/HOD/SA
  - A copy of the evaluation report on company letterhead that includes:
    - Evaluator's signature
    - Evaluator's credentials
    - Evaluator's email address
    - Evaluation date
  - A copy of the evaluator's current license/credentials

- If you have not done business with DCPS before, you will also need to submit a completed W-9 tax form. This form only needs to be submitted with your first invoice and when there is any change to the information contained therein (ex. address, telephone number).

- Coprorations must also complete a Master Supplier form along with a W-9 form and send it to kim.bryant3@dc.gov in order to receive payment.
    - Note: The Master Supplier form must be requested via email (comped.dcps@dc.gov).
    - Please allow up to 30 days for the Office of the Chief Financial Officer to input and confirm the accuracy of newly submitted W-9 and Master Supplier forms.
- If you have any questions prior to submitting your completed invoice packet, please contact the individual who authorized the evaluation (found on the authorization letter).
- Please submit your completed invoice packet via email (dcps.invoices@dc.gov).
    - Note: Dcps.invoices@dc.gov should only be used to submit a new invoice. If you would like to submit additional information after submitting an invoice or inquire about payment status, please email comped.dcps@dc.gov.

For students attending non-public schools

- Please send a complete invoice, a copy of the authorization letter/HOD/SA and a copy of the evaluation report to the OSSE for processing. The invoice must include the student's name, date of birth, attending school, and DCPS student ID number. If you have any questions prior to submitting your completed invoice packet, please contact Yvonne Smith (yvonnes.smith@dc.gov) or at 202.741.5996.

    - Billing address for the OSSE (Postmarked invoices via U.S. Mail):
      Office of State Superintendent of Education
      Non Public Payment Program
      P.O. Box 77167
      Washington, DC 20013-8167

    - Billing address for the OSSE (Hand Deliveries/Express Mail):
      Office of State Superintendent of Education
      Non-Public Payment Program
      441 4th Street NW, Ste. 350 North
      Washington, DC 20001

DCPS Maximum Evaluation Rates

- Please see below the approved maximum hourly rates and maximum total rates DCPS will pay for any assessment. The specific rate cap for an assessment may also be stipulated on the IEE authorization letter for an assessment type not included on the below list. For assessments not on this list, DCPS or the OSSE will pay reasonable costs.
    - **Comprehensive Psychological** (cognitive, achievement, social-emotional, possible depression/anxiety, educational component): maximum total amount: $2,500.00
    - **Neuropsychological** (cognitive, achievement and comprehensive neuropsychological battery): maximum hourly rate: $124.47, maximum total amount: $2,862.81
    - **Educational**: maximum total amount: $1,000.00
    - **Occupational Therapy:** maximum hourly rate: $130.38, maximum total amount: $782.28
    - **Physical Therapy**: maximum hourly rate: $111.70, maximum total amount: $446.80
    - **Speech and Language**: maximum hourly rate: $108.33, maximum total amount: $866.64
    - **Audiological**: maximum hourly rate: $120.28, maximum total amount: $481.12
    - **Social History**: maximum hourly rate: $80.00, maximum total amount: $160.00
    - **Functional Behavioral Assessment**: maximum total amount: $1,200.00
- DCPS utilizes rates that are applicable to personnel utilized by public agencies pursuant to the District of Columbia Municipal Regulations. Reasonable and documented fees that exceed these rates may be allowed on a case by case basis at the discretion of the District of Columbia, when the evaluator you select can justify that the excess costs were essential for educational and/or diagnostic purposes. Should an evaluator believe a higher rate is required to complete the evaluation, he or she should immediately reach out to the DCPS point of contact listed on the authorization letter to provide justification.

Compensatory Education Services

Overview

Dear Parent,

Your child has been found eligible to receive independent compensatory education services. These services were awarded as a result of a compensatory education plan authorized by a DCPS official (a Compliance Case Manager, School Support Liaison or Non-Public Monitoring Specialist) or ordered by an independent hearing officer. The duration, intensity, and maximum cost of these services are detailed in the attached authorization letter. These services must be rendered outside of normal school hours (8:30am-3:30pm Monday-Friday) and provided at no cost to you.

Below, you will find a list of some local independent service providers that may be able to provide services to your child. This is not a complete list of providers in the area. You should feel free to choose any provider that you believe will best serve your child, as long as he or she is not employed by the Government of the District of Columbia, meets the licensure requirements for the awarded service, and works within the cost and other guidelines contained in the authorization letter. DCPS does not endorse any independent service provider or tutor and this guide is merely to assist you in selecting a provider. You are also able to change providers if you are not satisfied with the vendor's services. If you change providers, please update the individual who authorized the independent services (found on the authorization letter).

All independent services are to be provided outside of normal school hours of operation, and under no circumstances are any of these services permitted to be provided on school property. Independent services are not intended to replace school-based services and your student must not receive compensatory service sessions during normal school hours if absent from school.

In addition to the list of service providers, you will find the billing guidelines that must be forwarded to the selected provider before services begin. The selected provider must follow these billing guidelines and invoice DCPS directly.

If an unusual circumstance prevents your chosen provider from billing DCPS directly, please contact your DCPS point of contact *before* beginning services.

Our team is happy to assist in any way that we can and answer any questions that you may have. If you have any concerns or need any help in this process, you may contact the Resolution Team at 202.442.9252.

Regards,

DCPS Office of Teaching and Learning, Resolution Team

Compensatory Education Quick Tips for Parents

Please keep the following in mind as you arrange and receive compensatory education services for your student.

1. Maintain a copy of your authorizing document (Hearing Officer Determination, settlement agreement, or authorization letter).

2. Select a service provider. You can choose from the list in this guide or choose another provider who will best serve your student. Please keep in mind that the provider must meet the licensure or certification requirements contained in this guide.

3. Once you have selected a provider, provide your DCPS point of contact (compliance case manager, school support liaison, non-public monitoring specialist) with the name and current contact information, including email address, of the vendor you have selected.

4. Provide a copy of your authorizing document to your selected service provider.

5. Schedule and participate in service sessions.

    - Again, compensatory education services cannot be provided on school property or during school hours (8:30am-3:30pm Monday-Friday). Your student must not receive compensatory service sessions during normal school hours if absent from school.

6. Independently track how many hours your child uses. Although the service provider will bill DCPS for the hours serviced, it is strongly recommended that parents track the date and time of each hour used. To ensure your child receives all hours authorized, you may be asked to verify the dates and times submitted by the service provider.

7. At the end of each service session, you will be asked to sign a service log verifying the date and time in which services occurred. If your student is at least 16 years old at the time of service, they may sign the log .

8. You may change providers at any point. You should alert the new provider of the number of authorized hours that have already been completed and give them a copy of the authorization letter. Also let your DCPS point of contact know you have switched providers.

Provider Directory

Tutoring

Maximum Hourly Rate: $65.00

Providers

1. Advent Educational Specialists, Inc.: Ron Mills 202.787.0036
    - Hours of Operation: Sunday-Friday 8:30am-6:30pm
    - Language(s): English
    - Services can be provided at the student's home

2. Club Z Tutoring: Ron Joiner, 202.269.2718 www.clubztutoring.com
    - Hours of Operation: Monday-Friday 9:00am-5:00pm
    - Language(s): English, Spanish, French, German
    - Services can be provided at the student's home

3. C-3 Solutions: Elizabeth Smith, 443.404.5101
    - Hours of Operation: Monday-Friday 8:00am-6:00pm
    - Language(s): English
    - Services can be provided at the student's home or closest library

4. Future Leaders of America: 240.770.7153 www.leadersfirst.us
    - Hours of Operation: Based on student's availability
    - Language(s): English

5. H.E.L.P/Educational Support Services: Shawn Strader, 202.232.1137
    - Hours of Operation: Monday-Friday; after school, last client seen at 7pm
    - Language(s): Spanish, Amharic, and French

6. Pathway to Success: Terrance Jackson, 202.469.0944
    - Hours of Operation: Monday-Saturday; Flexible Hours
    - Language(s): English and Spanish
    - Services can be provided at the student's home

7. Prodigy Student Support Services, 202.510.5192
    - Hours of Operation: Monday-Saturday
    - Language(s): English

8. Project MBrace: Ms. Simpson, 202.621.3447
    - Hours of Operation: Monday-Saturday; Flexible Hours
    - Language(s): English
    - Services can be provided at the student's home

9. Ravizee Education Consulting: Charmaine Ravizee, 202.497.5003
    - Hours of Operation: Flexible Hours
    - Language(s): English

10. Educational Resources: Derek Marryshow, 301.661.2348
    - Hours of Operation: Flexible Hours
    - Language(s): English

11. Education Due Process Solutions: Jessica Williams, 240.294.6047, jessica@educationdps.com
    - Hours of Operation: Monday-Friday 8:00am-8:00pm
    - Language(s): English

12. Newlen Education: Dr. Lennon, 301.452.8760 or 202.248.1397 services@newleneducation.com
    - Hours of Operation: Monday-Friday Flexible Hours
    - Language(s): English

13. Education Solutions: Jay Michney, 703.312.5300, jmichney@verizon.net
    - Hours of Operation: Monday-Saturday Flexible Hours
    - Language(s): English

14. R&J Consulting, 202.269.2718
    - Hours of Operation: Monday-Friday
    - Language(s): English

15. Martha's Table, 202.328.6608
    - Hours of Operation: Monday-Friday
    - Language(s): English

16. Georgetown Tutoring, Lisa Kolovich, 301.919.4469, support@georgetowntutoring.com
    - Hours of Operation: Monday-Saturday
    - Language(s): English

17. Latin American Youth Center Programs (LAYC), 202.319.2225, www.layc-dc.org
    - Hours of Operation: Monday/Wednesday/Friday 8am-7pm, Tuesday/Thursday 8am-8pm
    - Language(s): English, Spanish

18. Lynn Kaplan (SPED Math Tutor, 301.300.6425, mathkaplan@gmail.com)
    - Hours of Operation: Monday-Friday Flexible Hours
    - Language(s): English

Counseling Services

Hourly Rate: Dependent on Qualifications

Providers

1. Pathways to Success: Terrance Jackson, 202.469.0944
    - Hours of Operation: Monday-Saturday Flexible Hours
    - Language(s): English, Spanish

2. Latin American Youth Center Program (LAYC), 202.319.2225, www.layc-dc.org
    - Hours of Operation: Monday/Wednesday/Friday 8am-7pm Tuesday/Thursday 8am-8pm
    - Language(s): English, Spanish

3. Affordable Behavioral Consultants, 301.386.7722, abcmaryland.com
    - Hours of Operation: Monday-Friday
    - Language(s): English

4. Inner City Family Services, 202.525.4855, www.innercityfamiliyservices.com
    - Hours of Operation: Monday-Friday
    - Language(s): English

5. Life Enhancement Services, 202.269.2401, www.lifeenhancementservices.org/dc
    - Hours of Operation: Monday-Friday
    - Language(s): English

6. George Washington University Meltzer Center, 202.944.5395
    - Hours of Operation: Monday-Friday, Flexible Hours
    - Language(s): English

7. AAC Counselling Associates, Patricia Webbink, 301.229.0044
    - Hours of Operation: Monday-Friday Flexible Hours
    - Language(s): English

Mentoring Services

Maximum Hourly Rate: $65.00

Providers

1. MEL Mentoring Program (for youth girls 8-15): Melissa Patterson-Latson, 240.504.2791
    - Hours of Operation: Flexible
    - Language(s): English

2. Life Enhancement Services, 202.269.2401, www.lifeenhancementservices.org/dc
    - Hours of Operation: Monday-Friday
    - Language(s): English

3. Affordable Behavioral Consultants, 301.386.7722
    - Hours of Operation: Monday-Friday
    - Language(s): English

4. Latin American Youth Center Program (LAYC), 202.319.2225, www.layc-dc.org
    - Hours of Operation: Monday/Wednesday/Friday 8am-7pm Tuesday/Thursday 8am-8pm
    - Language(s): English

5. Pathways to Success: Terrance Jackson, 202.469.0944
    - Hours of Operation: Monday-Saturday, Flexible Hours
    - Language(s): English and Spanish

Occupational Therapy

Occupational Therapy (OT) services may address the functional needs of a child related to the performance of self-help skills, adaptive behavior and play, and sensory, motor and postural development.

These services are designed to improve the child's functional ability to perform tasks at home, school, and community settings and may include:

- Identification, assessment and intervention;
- Adaptation of the environment;
- Selection, design and fabrication of assistive and orthotic devices to facilitate development and promote acquisition of functional skills;
- Prevention or minimization of the impact of initial or future impairment, delay in development or loss of functional ability.

To perform Occupational Therapy services, a provider must be licensed by the DC Occupational Therapy Board of Licensure.

Maximum Hourly Rate: $130.38

Providers

1. Advent Educational Specialists, Inc: Ron Mills, 202.787.0036
    - Hours of Operation: Sunday-Friday 8:30am-6:30pm
    - Language(s): English
    - Services can be provided at the student's home

2. C-3 Solutions: Charles Thomas, 443.404.5101
    - Hours of Operation: 8:00am-6:00pm
    - Language(s): English
    - Services provided at the student's home or closest library

3. Skills on the Hill: Kristen Masci, 202.544.5439
    - Hours of Operation: based on student's availability
    - Language(s): English

4. Something 2 Talk About, 301-661-4729, s2talkabout.net
    - Hours of Operation: Monday-Friday
    - Language(s): English, Spanish

5. HSC Pediatric Center, 202-832-4400, hscpediatriccenter.org
    - Hours of Operation: Monday-Friday
    - Language(s): English, Spanish

6. Jeter Rehab Therapy, 202.528.7223
    - Hours of Operation: Monday-Friday
    - Language(s): English

7. Sensational Kids Group Therapy, 202-244-8089
    - Hours of Operation: Monday-Friday
    - Language(s): English

Physical Therapy

Physical Therapy services may address the promotion of sensory-motor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status and effective environmental adaptation.

To perform Physical Therapy services, the clinician must be licensed by the DC Physical Therapy Board of Licensure.

Maximum Hourly Rate: $111.70

Providers

1. Advent Educational Specialists, Inc: Ron Mills, 202.787.0036
    - Hours of Operation: Sunday-Friday 8:30am-6:30pm
    - Language(s): English
    - Services can be provided at the student's home

2. C-3 Solutions: Charles Thomas, 443.404.5101
    - Hours of Operation: 8:00am-6:00pm
    - Language(s): English
    - Services provided at the student's home or closest library

3. Jewel Therapy: Winfield White and Diana Davenport, 301.520.9376
    - Hours of Operation: 3:30pm-5:30pm; Saturdays on request
    - Language(s): English
    - Services provided at the student's home

4. Multicultural Rehab, Inc: 301.754.2003 www.mrehab.com
    - Hours of Operation: Monday-Friday 9:00am-5:00pm
    - Language(s): English and Spanish
    - Services can be provided at the student's home

5. HSC Pediatric Center, 202.832.4400, hscpediatriccenter.org
    - Hours of Operation: Monday-Friday 9:00am-5:00pm
    - Language(s): English

Behavioral Support Services

Behavioral support service providers work with children in need of additional support in their social-emotional development. Therapists provide individual and group counseling to students and apply appropriate social skill building activities where necessary. Clinicians may also assist in identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from services.

A psychologist, social worker, or licensed counselor can provide behavioral support services. The clinician must hold a valid license from the state within which they are practicing.

Maximum Hourly Rate: $99.50

Providers

1. Advent Educational Specialists, Inc.: Ron Mills, 202.787.0036
    - Hours of Operation: Sunday-Friday 8:30am-6:30pm
    - Language(s): English
    - Services can be provided at the student's home

2. Crawford Consulting and Mental Health Services: Patrick A. Crawford, 301.341.5111, www.crawfordconsulting.org
    - Hours of Operation: Monday-Friday 9:00am-8:30pm; Saturday 9:00am-3:00pm
    - Language(s): English
    - Services provided in office (DC: Anacostia Metro; MD: Cheverly metro)

Speech Pathology Services

Speech-Language Pathologists provide therapy in the areas of articulation, fluency, receptive language, expressive language, pragmatics, and voice to assist students with accessing the general education curriculum.

Speech-Language Pathologists must hold a DC Department of Health Speech-Language Pathology license.

Maximum Hourly Rate: $108.33

Providers

1. Advent Educational Specialists, Inc.: Ron Mills, 202.787.0036
    - Hours of Operation: Sunday-Friday 8:30am-6:30pm
    - Language(s): English
    - Services can be provided at the student's home

2. C-3 Solutions: Elizabeth Smith, 443.404.5101
    - Hours of Operation: Monday-Friday 8:00am-5:30pm
    - Language(s): English
    - Services can be provided at the student's home

3. On Target Speech and Language Consulting, Bradley M. Zambanini. 888291.7840 or 202.421.6604, www.ontargetspeech.com
    - Hours of Operation: Monday-Friday 8:00am-8:00pm, by appointment
    - Language(s): English
    - Services can be provided at the student's home

4. Outreach Solutions Inc., Mr. Bell, 301.574.8027
    - Hours of Operation: Monday-Friday 8:00am-6:00pm
    - Language(s): English
    - Services can be provided at the student's home or closest library

5. Unlimited Expressions, Jennifer Brooks, 202.744.8158
    - Hours of Operation: Monday-Friday 8:00am-6:00pm
    - Language(s): English
    - Services can be provided at the student's home or closest library

6. Behavior and Education Solutions, 240.398.3514
    - Hours of Operation: Flexible
    - Language(s): English

7. Something 2 Talk About, 301.661.4729, www.s2talkabout.net
    - Hours of Operation: Monday-Friday
    - Language(s): English, Spanish

8. Pathways to Success: Terrance Jackson, 202.469.0944
    - Hours of Operation: Monday-Saturday, Flexible Hours
    - Language(s): English and Spanish

9. HSC Pediatric Center, 202.832.4400, hscpediatriccenter.org
    - Hours of Operation: Monday-Friday
    - Language(s): English

Applied Behavioral Analysis (ABA)

ABA is a research-based methodology that has proven to be effective for children with autism. It is behavioral-based and teaches children basic skills using discrete trial methods. It can be effective in decreasing behaviors for children with autism and can also be used to help children learn language. ABA is typically used for younger children with autism or for older children who are more impacted by autism. The services are usually provided in the home and there is a parent-training component that can empower parents. ABA services are typically provided by a consultant, who is usually certified in Behavior Analysis, and therapists, either college students or graduate students, who work individually with the students.

Maximum Hourly Rate: Dependent on Qualifications

Providers

1. Autism Outreach Inc.: Leslie Smith and Kelli O'Donnell, 703.789.0019
    - Hours of Operation: Monday - Friday 8:00am-7:00pm, Saturday by appointment
    - Language(s): English
    - Services can be provided at the student's home

2. The Connections Therapy Center, 301.577.4333
    - Hours of Operation: Monday-Friday 9:00am-5:00pm
    - Language(s): English

3. Early Autism Solutions, 202-321-6305.
    - Hours of Operation: Monday-Friday 9:00-5:00pm
    - Language(s): English

4. Jacob's Promise, 301-576-5487, http://jacobspromise.com/about/
    - Hours of Operation: Monday-Friday 9:00-5:00pm
    - Language(s): English

Billing Guidance for Vendors

Invoice Submission

Please send an email to comped.dcps@dc.gov before you begin working with a student and include a copy of the DCPS authorizing document that you received from the parent.

Vendors will bill DCPS directly and must submit the following information when requesting payments from the District of Columbia Public School (DCPS), Office of Teaching and Learning. Please submit one complete invoice packet per student, on single-sided, standard sized (8.5x11") paper. If an extenuating circumstance prevents you from billing DCPS directly, you must notify the parent *before* beginning services. The parent will need to discuss this with their DCPS point of contact before proceeding.

W-9 tax form

- Corporations or individuals conducting business with the Government of the District of Columbia must submit their fiscal identity with the first invoice.
    - The W-9 form must be submitted with the first invoice and when there is any change to the information contained therein (ex. address, telephone number).
        - The W-9 must contain a valid, current telephone number. If the business uses a PO Box, the vendor still needs to list a physical address on W-9 form.
    - Corporations must also complete a Master Supplier form along with a W-9 tax form and send to kim.bryant3@dc.gov in order to receive payment.
        - Note: The Master Supplier form must be requested via email (comped.dcps@dc.gov).
    - Please allow up to 30 days for the Office of the Chief Financial Officer to input and confirm the accuracy of newly submitted W-9 and Master Supplier forms.

Authorization for completion of service.

- Copy of the authorization for services.
    - This could be a settlement agreement (SA), compensatory education authorization letter, Hearing Officer Determination (HOD) or other document extended by an authorized employee of the District of Columbia Public Schools Division of Specialized Instruction.
- The authorization document must be submitted with each invoice.
    - Note: Independent services are not intended to replace school-based services. Students must not receive compensatory service sessions during normal school hours, even if absent from school.

An invoice submission cover sheet (template provided).

A detailed invoice that includes:

- Student's full name, date of birth (DOB), and DCPS ID number
    - You must not bill for more than one student on an invoice
- Invoice number and date
- The total cost and time period covered
    - Note: You must not bill for more than one month on an invoice
- The date(s) and time(s) when the service was provided
- Vendor email address

A signed service log verifying the completion of services (template provided).

- The service log must include:
    - Student's full name, date of birth (DOB), and DCPS ID number
    - Date(s), day(s), and time(s) when the service was provided
    - Signature of the parent/guardian or student, if at least 16 years old at the time of service, for each occurrence of the service.
    - First and last name of the provider(s) who provided services
    - Parent's printed name and email address
    - Vendor's printed name and email address

IMPORTANT: If services are provided during normal school hours (8:30am – 3:30pm), the following documentation is required:

- A copy of the school's calendar from the school website if services were provided on a weekday that is not a federal holiday.
- An email from the school regarding school hours if services were provided prior to 3:30pm due to the school's early dismissal schedule.

NOTE: Services provided on school property or during normal school hours on days in which a student is absent will not be approved for payment.

Credentials of the provider(s) who provided services to the student.

- Copy of the current license/certification of all providers who provided services to the student during the period covered by the invoice. See below for the licensure required for each service type.
- Credentials must be provided with each invoice.

Please submit your completed invoice packet via email (dcps.invoices@dc.gov).

Note: Dcps.invoices@dc.gov should only be used to submit a new invoice. If you would like to submit additional information after submitting an invoice or inquire about payment status, please email comped.dcps@dc.gov.

IMPORTANT: Invoices submitted more than six (6) months after the date the services were provided shall not be accepted unless specifically approved by, and at the discretion of, DCPS *Cf.* (5A DCMR 2901.9).

By submitting your payment invoice, you represent and acknowledge that you meet the above established qualifications to provide independent services in your related discipline. Moreover, you acknowledge that nothing in this Parent Guide or in the parent's accompanying Independent Services Authorization Letter shall be deemed to constitute a partnership or joint venture between you and DCPS, or constitute either you or DCPS to be agent of one another for any purpose. Neither you nor DCPS shall have any authority to act for or bind the other in any way, or to represent that such authority is held.

Provider Credential Requirements

Providers working in Washington, DC must meet the following requirements. Providers working in other jurisdictions must meet the equivalent license requirements for the area in which they practice.

Service	Credential Requirement
Tutoring	Provider resume
Counseling	DC Department of Health Professional Counseling License, or DC Department of Health Social Work License, or DC Department of Health Psychology License
Mentoring	Provider resume
Occupational Therapy	DC Department of Health Occupational Therapy License
Physical Therapy	DC Department of Health Physical Therapy License
Behavior Support Services	DC Department of Health Psychology License, or DC Department of Health Social Work License, or DC Department of Health Professional Counseling License
Speech-Language Pathology	DC Department of Health Speech-Language Pathology License
Applied Behavioral Analysis	Provider resume

Invoice Submission Cover Sheet

Division of Specialized Instruction – Special Education

Vendor Name (as shown on your income tax return):		Invoice Number:
Invoice Date:	Invoice Amount:	Period of Service:
Vendor Email Address:		Vendor Phone Number:

Check the box below to indicate the type of service covered by your invoice and ensure all required supporting documentation listed is present before submitting your invoice.

☐ **Independent Educational Evaluation**

If the following information is not included, your invoice submission is incomplete and cannot be processed:

- A copy of the evaluation report on company letterhead that includes the evaluator's signature, evaluator's credentials, evaluation date, and evaluator's email address
- A copy of the evaluator's current license/credentials
- A detailed invoice
- Authorization for completion of evaluation
- W-9 tax form (for the first invoice and when there is any change to the information contained therein (ex. address, telephone number)

☐ **Independent Services**

If the following information is not included, your invoice submission is incomplete and cannot be processed:

- A detailed invoice
- A signed service log verifying the completion of services
- Authorization for completion of service
- Credentials of the provider(s) who provided services to the student
- W-9 tax form (for the first invoice and when there is any change to the information contained therein (ex. address, telephone number)

Please reference the "Billing Guidance for Vendors" section of the Parent Guide for a detailed explanation of these invoice requirements before submitting an invoice to DCPS.INVOICES@DC.GOV.

Invoice Service Log

Student's Name:	Attending School:
Student's DOB/DCPS ID:	Type of Service:

Day of the Week	Service Date	Service Location (DC, MD, or VA)?	Time In	Time Out	Total Hours	Hourly Rate	Signature of parent/guardian (or student if at least 16 years old at time of service)

Parent's Name: _____ Email Address: _____

Vendor's Name: _____ Email Address: _____

Instructor's/Provider's Name: _____ Signature: _____

Invoice Service Log for One-to-One School Day Services

Student's Name:	Attending School:
Student's DOB/DCPS ID:	Type of Service:

Day of the Week	Service Date	Time In	Time Out	Total Hours	Hourly Rate	Signature of service provider (BCBA, Dedicated Aide, RBT, etc.)

Service Provider's Name: _____ Email Address: _____

School Official's Name: _____ Email Address: _____

School Official's Title: _____ Signature: _____

Reimbursement Guidance for Parents

Reimbursement Types and Checklists

If you were issued a settlement agreement or hearing officer determination (HOD) ordering DCPS to provide reimbursement upon receipt of satisfactory proof of payment, please reference the reimbursement types below. Each reimbursement type has a corresponding checklist (see Appendix I) that must be completed and submitted with the required documentation to your DCPS point of contact (compliance case manager, school support liaison, or non-public monitoring specialist).

Reimbursement Type	Required Reimbursement Checklist
Compensatory Education Services	Reimbursement Checklist – Compensatory Education Services
Independent Educational Evaluation (IEE)	Reimbursement Checklist - Evaluation
Other Compensatory Education Services (Outside of School Day)	Reimbursement Checklist – Other Compensatory Education Services (Outside of School Day)
Transportation (Privately Owned Vehicle)	Reimbursement Checklist – Transportation (Privately Owned Vehicle)
Transportation	Reimbursement Checklist - Transportation
Tuition	Reimbursement Checklist - Tuition

Frequently Asked Questions

1. **Why do I need to submit a W-9 form?**

   A W-9 form is required to ensure that payment is issued and tracked properly. Without a W-9 on file, payment cannot be issued.

   Please allow up to 30 days for the Office of the Chief Financial Officer to input and confirm the accuracy of newly submitted W-9 forms.

   Helpful Tip: You may submit your completed, signed W-9 form to your DCPS point of contact prior to submitting your reimbursement request to ensure that your payment is not delayed.

2. **Will my reimbursement be reported as income and/or taxed?**

   No. As a parent receiving reimbursement for services that were provided to your child, you will not receive a 1099 form. This means that your reimbursement payment will not be reported as income nor will taxes be applied.

3. **Why do I need to complete a Certification Form for Compensatory Education Services/Other Compensatory Education Services?**

   When vendors submit invoices for compensatory education services, they submit an invoice service log that demonstrates date, start time & end time, and parent signature verifying services. Since the compensatory education services hours authorized by the HOD or SA could span over a long period of time or occur during normal school hours, parents can complete the certification form for compensatory education services/other compensatory education services upon requesting reimbursement.

   - **How do I complete the "Service period" field?**

     Specify the dates in which services were provided as ordered by the HOD or SA (i.e. March 2017 – June 2017).

4. **Why do I need to submit an itemized account statement AND proof of payment (canceled check, credit card statement, or bank statement)?**

   The itemized account statement provides a detailed description regarding payments that have been made. Proof of payment demonstrates the method in which payments were made. It is imperative that sufficient proof of payment is provided so that DCPS can verify that the payments were applied to the time period that is mentioned in the HOD or SA.

   - **What is a canceled check?**

     A canceled check is a check that has been paid by the bank they are drawn on. After the money is deducted from your checking account, the bank will cancel the check so it can no longer be used.

5. **How should I list and number my supporting documentation?**

   Number your supporting documentation in the order in which it is listed on the checklist (excluding your W-9 form). There is a space at the bottom of each checklist for you to number and list your supporting documentation.

   Example: ① HOD
   ② Evaluation Report
   ③ Itemized Account Statement/Invoice
   ④ Proof of Payment

   Then, you will need to write the corresponding numbers on the actual documents.

If you have any additional questions, please contact your DCPS point of contact.

Appendix I

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS
Office of Teaching and Learning

Reimbursement Checklist – Compensatory Education Services

STUDENT INFORMATION

Name: _____ DOB: _____

State ID: _____ School: _____

PAYEE INFORMATION

☐ Submit a completed W-9 Request for Taxpayer Identification Number and Certification for payee (Go to www.irs.gov/FormW9 for instructions and the latest information).

AUTHORIZING DOCUMENT

☐ Submit at least one of the following:

- Hearing Officer Determination (HOD)
- Settlement Agreement (SA)
- District Court Order
- Reimbursement Authorization Letter

☐ List and number the type of document (number must be written on the document as well)

CERTIFICATION FORM

☐ Submit a signed "Comp Ed Services Certification Form" (must be signed by service provider and parent)

PAYMENT CONFIRMATION

☐ Submit payment confirmation from the provider (on company letterhead) to include the following:

- Student name
- Service type
- Service date(s)
- Start & end time(s)
- Hours completed
- Amount paid

PROOF OF PAYMENT

☐ Submit one of the following types of proof of payment:

- Canceled check(s) – Details: Check number and amount(s) must match the provider's payment confirmation
- Credit card statement (filtered) – Details: Payment must be issued to the provider and amount(s) must match the provider's payment confirmation
- Bank statement (filtered) – Details: Payment must be issued to the provider and amount(s) must match the provider's payment confirmation

☐ List and number each type of proof of payment below and include the details mentioned above (number must be written on the document as well). If any proof of payment amount does not match the individual charges on the itemized account statement, there must be a breakdown of the payment amount (attach additional pages as needed).

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS
Office of Teaching and Learning

Certification Form for Compensatory Education Services

STUDENT INFORMATION

Name: _____ DOB: _____

State ID: _____ School: _____

SERVICE INFORMATION

Type of service: _____

Service period: _____

Hours completed: _____

Authorized Rate: $ _____

_____ _____

Service Provider Signature Date

CERTIFICATION

I, _____ , certify that the above information is true to the best of my knowledge and belief and I understand that my reimbursement request is subject to verification by DCPS upon receipt of additional documentation as required.

CERTIFICATION SIGNATURE

_____ _____

Print Name Date

_____ _____

Signature Date

CRIMINAL PENALTIES FOR MAKING FALSE STATEMENTS

Any person convicted of making false statements shall be fined not more than $1,000 or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly to any instrumentality of the District of Columbia government, under circumstance which the statement could reasonably be expected to be relied upon as true (DC Code 22-2405).

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS
Office of Teaching and Learning

Reimbursement Checklist – Independent Educational Evaluation (IEE)

STUDENT INFORMATION

Name: _____ DOB: _____

State ID: _____ School: _____

PAYEE INFORMATION

☐ Submit a completed W-9 Request for Taxpayer Identification Number and Certification for payee (Go to www.irs.gov/FormW9 for instructions and the latest information).

AUTHORIZING DOCUMENT

☐ Submit at least one of the following:

- Hearing Officer Determination (HOD)
- Settlement Agreement (SA)
- District Court Order
- Reimbursement Authorization Letter

☐ List and number the type of document (number must be written on the document as well) _____

EVALUATION REPORT

☐ Submit a copy of the completed, signed evaluation report on company letterhead, with the evaluator's credentials (license/certification number).

ITEMIZED ACCOUNT STATEMENT/INVOICE

☐ Submit an itemized account statement/invoice from the evaluator (on company letterhead) to include the following:

- Student name
- Evaluation type
- Evaluation date
- Amount paid
- Method of payment

PROOF OF PAYMENT

☐ Submit one of the following types of proof of payment:

- Canceled check(s) – Details: Check number and amount to match the account statement
- Credit card statement (filtered) – Details: Payment must be issued to the school/provider and amount(s) must match the account statement
- Bank statement (filtered) – Details: Payment must be issued to the school/provider and amount(s) must match the account statement

☐ List and number each type of proof of payment below and include the details mentioned above (number must be written on the document as well). If any proof of payment amount does not match the individual charges on the itemized account statement, there must be a breakdown of the payment amount (attach additional pages as needed).

_____

_____

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS
Office of Teaching and Learning

Reimbursement Checklist – Other Compensatory Education Services (Outside of School Day)

STUDENT INFORMATION

Name: _____ DOB: _____

State ID: _____ School: _____

PAYEE INFORMATION

☐ Submit a completed W-9 Request for Taxpayer Identification Number and Certification for payee (Go to www.irs.gov/FormW9 for instructions and the latest information).

AUTHORIZING DOCUMENT

☐ Submit at least one of the following:

- Hearing Officer Determination (HOD)
- Settlement Agreement (SA)
- District Court Order
- Reimbursement Authorization Letter

☐ List and number the type of document (number must be written on the document as well) _____

CERTIFICATION FORM

☐ Submit a signed "Certification Form for Other Comp Ed Services" (must be signed by service provider and parent)

PAYMENT CONFIRMATION

☐ Submit payment confirmation from the provider (on company letterhead) to include the following:

- Student name
- Service type
- Service date(s)
- Start & end time(s)
- Hours completed
- Amount paid

PROOF OF PAYMENT

☐ Submit one of the following types of proof of payment:

- Canceled check(s) – Details: Check number and amount must match the account statement
- Credit card statement (filtered) – Details: Payment must be issued to the school/provider and amount(s) must match the account statement
- Bank statement (filtered) – Details: Payment must be issued to the school/provider and amount(s) must match the account statement

☐ List and number each type of proof of payment below and include the details mentioned above (number must be written on the document as well). If any proof of payment amount does not match the individual charges on the itemized account statement, there must be a breakdown of the payment amount (attach additional pages as needed).

_____

_____

_____

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS
Office of Teaching and Learning

Certification Form for Other Compensatory Education Services (Outside of School Day)

STUDENT INFORMATION

Name: _____ DOB: _____

State ID: _____ School: _____

SERVICE INFORMATION

Type of service: _____

Service period: _____

Hours completed: _____

Authorized Rate: $ _____

_____ _____

Service Provider Signature Date

CERTIFICATION

I, _____ , certify that the above information is true to the best of my knowledge and belief and I understand that my reimbursement request is subject to verification by DCPS upon receipt of additional documentation as required.

CERTIFICATION SIGNATURE

_____ _____

Print Name Date

_____ _____

Signature Date

CRIMINAL PENALTIES FOR MAKING FALSE STATEMENTS

Any person convicted of making false statements shall be fined not more than $1,000 or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly to any instrumentality of the District of Columbia government, under circumstance which the statement could reasonably be expected to be relied upon as true (DC Code 22-2405).

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS
Office of Teaching and Learning

Reimbursement Checklist - Transportation (Privately Owned Vehicle)

STUDENT INFORMATION

Name: _____ DOB: _____

State ID: _____ School: _____

PAYEE INFORMATION

☐ Submit a completed W-9 Request for Taxpayer Identification Number and Certification for payee (Go to www.irs.gov/FormW9 for instructions and the latest information).

AUTHORIZING DOCUMENT

☐ Submit at least one of the following:

- Hearing Officer Determination (HOD)
- Settlement Agreement (SA)
- District Court Order
- Reimbursement Authorization Letter

☐ List and number the type of document (number must be written on the document as well)

_____

VERIFICATION FORM

☐ Submit a signed "Parental Transportation Verification Form" for the current year, unless a previous year's IRS rate is specified on the authorizing document.

MILEAGE PRINTOUT

☐ Submit a mileage printout that shows the distance from home to school (ex. Google Maps or Map Quest).

ATTENDANCE RECORDS

☐ Submit attendance records from the school (on company letterhead).

SUPPORTING DOCUMENTATION

☐ List and number each type of supporting documentation below. The corresponding number must be written on the document as well. Attach additional pages as needed.

_____

_____

_____

_____

_____

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS
Office of Teaching and Learning

Reimbursement Checklist – Transportation

STUDENT INFORMATION

Name: _____ DOB: _____

State ID: _____ School: _____

PAYEE INFORMATION

☐ Submit a completed W-9 Request for Taxpayer Identification Number and Certification for payee (Go to www.irs.gov/FormW9 for instructions and the latest information).

AUTHORIZING DOCUMENT

☐ Submit at least one of the following:

- Hearing Officer Determination (HOD)
- Settlement Agreement (SA)
- District Court Order
- Reimbursement Authorization Letter

☐ List and number the type of document (number must be written on the document as well)

VERIFICATION FORM

☐ Submit a signed "Parental Transportation Verification Form" for the current year, unless a previous year's IRS rate is specified on the authorizing document.

PAYMENT CONFRIMATION

☐ Submit payment confirmation from the provider (on company letterhead) to include the following:

- Student name
- Transportation date(s)
- Pick-up & drop-off location(s)
- Pick-up & drop-off time(s)
- Amount paid

PROOF OF PAYMENT

☐ Submit one of the following types of proof of payment:

- Canceled check(s) – Details: Check number and amount(s) must match the provider's payment confirmation
- Credit card statement (filtered) – Details: Payment must be issued to the provider and amount(s) must match the provider's payment confirmation
- Bank statement (filtered) – Details: Payment must be issued to the provider and amount(s) must match the provider's payment confirmation

☐ List and number each type of proof of payment below and include the details mentioned above (number must be written on the document as well). If any proof of payment amount does not match the individual charges on the itemized account statement, there must be a breakdown of the payment amount (attach additional pages as needed).

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS
Office of Teaching and Learning

Reimbursement Checklist – Tuition

STUDENT INFORMATION

Name: _____ DOB: _____

State ID: _____ School: _____

PAYEE INFORMATION

☐ Submit a completed W-9 Request for Taxpayer Identification Number and Certification for payee (Go to www.irs.gov/FormW9 for instructions and the latest information).

AUTHORIZING DOCUMENT

☐ Submit at least one of the following:

- Hearing Officer Determination (HOD)
- Settlement Agreement (SA)
- District Court Order

☐ List and number the type of document (number must be written on the document as well) _____

ITEMIZED ACCOUNT STATEMENT

☐ Submit an itemized account statement from the school (on school letterhead) to include the following:

- Student name
- Parent name
- The type of individual charge and the applicable time period (ex. Tuition – January 2017)
- Confirmation of payment
- Method of payment

PROOF OF PAYMENT

☐ Submit one of the following types of proof of payment:

- Canceled check(s) – Details: Check number and amount to match the account statement
- Credit card statement (filtered) – Details: Payment must be issued to the school/provider and amount(s) must match the account statement
- Bank statement (filtered) – Details: Payment must be issued to the school/provider and amount(s) must match the account statement

☐ List and number each type of proof of payment below and include the details mentioned above (number must be written on the document as well). If any proof of payment amount does not match the individual charges on the itemized account statement, there must be a breakdown of the payment amount (attach additional pages as needed).

_____

_____

_____

_____

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS
Office of Special Education

Analysis of Existing Data

Date Sent: 02/16/2011

Student Information			
Student Name: [redacted]	**Student ID:** [redacted]	**Date of Birth:** [redacted]	**Student Grade:** 4th Grade

School Information		
School Name: Burroughs EC	**School Phone:** 576-6150	**Case Manager:** Phyllis Teel
School Address 1820 Monroe St. NE, Washington, DC 20018		

On 02/08/2011, Burroughs EC received a referral for an initial evaluation/reevaluation of your child to determine whether he/she is a child or continues to be a child with a disability. To determine next steps in the evaluation process, we have reviewed existing data provided by a group of qualified personnel including yourself and the child when appropriate. The purpose of this report is to summarize the information that we reviewed. Additionally, we have attached a Prior Written Notice (PWN) to reflect actions we propose related to your child's evaluation/reevaluation process. If you have questions or concerns regarding this report please contact Phyllis Teel.

Reason for Initiating Process: Initial

General Information Reviewed

Report Results	Additional Description
Attendance Record: Absent: 12 of 101 days enrolled Tardy: 2 of 101 days enrolled	Other information related to attendance: Student has 9 excused absences, 3 unexcused absences, and 2 lates. [redacted] is absence from school at least one day a week. Consistent absences impacts her ability to access the curriculum and to academically remain on track.
Vision Screening: Pass Date: 10/27/2010	Other information about vision: Student passed vision screening.
Hearing Screening: Pass Date: 10/01/2010	Other information about hearing: Student passed hearing screening.
Medical History:	According to parent, [redacted] has ADHD. Parent previously stated that mental illness runs in her family. [redacted] has often come to school with poor personal hygiene. She often wears a sweater or jacket which is also soiled to cover her soiled uniforms. It is the teams belief that this impacts her self-esteem and self worth.

Area-Specific Information Reviewed

Academic-Mathematics				
Type of Information Reviewed	**Type of Specific Data Used**	**Date Collected/Completed**	**Date Reviewed**	**Person Responsible**
State or Local Assessments	DC BAS	01/26/2011	02/08/2011	Phyllis Teel

Analysis of Information Revealed by State or Local Assessments: An analysis of information reveal that student initally received more academic gains percentage wise in the beginning of the school in which the first test was administered in Sep and a decline with her percentge wise academically. The test is administered quarterly and [redacted] continues to decline as her absentee rate continues to incline.

Summary Information for Academic-Mathematics

Summary of Strengths for Academic-Mathematics: Geometry is [redacted] strength.

Summary of Concerns for Academic-Mathematics: [redacted] struggles with Number Sense which involves adding, subtracting, multiplication, and division of numbers. She also struggles with Measurement which involves computing time, Area, and Perimeter.

Description of previous or current interventions attempted	Progress Monitoring Tools	Outcomes
overall classroom environment, instructional approach, ant time management	chapter test, DC BAS, homework, class work	Student is not making sufficient progress

Academic-Reading

Type of Information Reviewed	Type of Specific Data Used	Date Collected/Completed	Date Reviewed	Person Responsible
State or Local Assessments	DC BAS	01/26/2011	02/08/2011	Phyllis Teel

Analysis of Information Revealed by State or Local Assessments: An analysis of information reveals by DC BAS that student has declined in her overall Language Development, Information Text, and Literary Text. In late September 2010, [redacted] was low risk and by January her scores reflects high risk.

Summary Information for Academic-Reading

Summary of Strengths for Academic-Reading: [redacted] can oral read fluently and answer questions orally.

Summary of Concerns for Academic-Reading: [redacted] has a difficult time staying focus on one thing at a time. She also has difficulties with her reading comprehension when left alone to read. [redacted] does not complete many homework assignments.

Description of previous or current interventions attempted	Progress Monitoring Tools	Outcomes
small group instruction, peer assistance	DC CAS, Dibels, informal testing	Student continues to make minimal progress

Academic-Written Expression

Type of Information Reviewed	Type of Specific Data Used	Date Collected/Completed	Date Reviewed	Person Responsible
Student work samples	Student work sample	01/31/2011	02/08/2011	Phyllis Teel

Analysis of Information Revealed by Student work samples: An analysis of information reveals that [redacted] lacks the ability to write without errors. Her sentences often contain grammar, capitalization and punctuation errors. Also, she is unable to to identify supporting details, affixes and root words.

Summary Information for Academic-Written Expression

Summary of Strengths for Academic-Written Expression: [redacted] knows to capitalize the beginning of a sentence with a capital letter.

825 North Capitol Street, NE | Washington, DC 20002 | T 202.442.4800 | F 202.442.5517 | DCPS.dc.gov

Summary of Concerns for Academic-Written Expression: [redacted] sentences often contain grammar, capitalization and punctuation errors. Also, she is unable to to identify supporting details, affixes and root words.		
Description of previous or current interventions attempted	**Progress Monitoring Tools**	**Outcomes**
small group, peer assistance	DC CAS, Dibels, class work samples	Student makes minimum progress.

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS
Office of Special Education

Prior Written Notice-Evaluation

Date of Notice: 02/16/2011

Student Information			
Student Name: [redacted]	**Student ID:** [redacted]	**Date of Birth:** [redacted]	**Student Grade:** 4th Grade
School Information			
School Name: Burroughs EC	**School Phone:**	**Case Manager:** Phyllis Teel	**School Address:** 1820 Monroe St. NE Washington, DC,

Dear [redacted]

Under the Individuals with Disabilities Education Act (IDEA), Burroughs EC must give you a written notice (information received in writing), whenever it: (1) Proposes to begin or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child; or (2) Refuses to begin or change the identification, evaluation, or educational placement of your child or the provision of FAPE to your child.

Description of the proposed or refused action(s):
LEA proposes to conduct an initial or re-evaluation and additional assessments are needed.
The LEA proposes to conduct initial assessments for the basis of this action.

Explanation of reasons for proposal or refusal of action:
Team does NOT have enough information to make decisions about the educational needs of the student.
The team does not have sufficient information to make a decision about the educational needs of the student.

A description of each evaluation procedure, assessment, record, or report used as a basis for the proposed or refused action:
Educational, comprehensive psychological, and a social history will be used as the basis for this action.

Description of other options considered by the IEP Team, if any, and reason for rejecting them:
No additional options considered other than those described above.

Description of other factors related to the proposal or refusal:
No additional factors apply.

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

Parents of a child with a disability have additional specific rights under Part B concerning this proposal or refusal, which are outlined in the procedural safeguards notice. Please contact the person named below to receive a copy of the procedural safeguards notice, to receive assistance understanding the procedural safeguards notice, or to receive additional information about the eligibility process. The person identified below may also assist you in identifying resources to help understand Part B of IDEA or with any additional questions regarding your child's educational needs. In addition, Advocates for Justice (AJE), the District of Columbia parent resource center, may also provide valuable information. The AJE may be reached by phone at (202) 678-8060 or at www.aje-dc.org/information.html.

Signed, P. L. Teel (Signature)
Name: Phyllis Teel Title: Special Education Coordinator Contact Number: Email: phyllis.teel@dc.gov

X	Procedural safeguards enclosed with prior written notice (Required for referral and initial evaluation)

[redacted] Burroughs EC