

7. Evaluations

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DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

Consent for Initial Evaluation/Reevaluation

Student Information			
Student Name: [REDACTED]	Student ID: [REDACTED]	Date of Birth: 11/19/2001	Student Grade: 2nd Grade
Last Eligibility Meeting: 04/14/2010	IEP Begin Date: 02/17/2010	IEP End Date: 02/16/2011	
School Information			
School Name: Jackie Robinson Center	School Phone: 698-2343	Case Manager: Ben Bergfalk	
School Address 821 Howard Rd. Se. Washington, DC 20020			

Based on the information provided in the Analysis of Existing Data Report and the Prior Written Notice, Jackie Robinson Center 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 Ben Bergfalk at 698-2343.

I give my consent to have La'Vonte Miller 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. *Comprehensive Auditory Processing Evaluation + Medication Assessment*

I DO NOT give my consent to have La'Vonte Miller evaluated to determine if he/she is eligible for special education and to determine educational needs.

Signature of Parent: [REDACTED] Date: 4-14-10

- 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 Jackie Robinson Center:

I give my consent to have the education records listed above released to the IEP Team at Jackie Robinson Center. 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 Jackie Robinson Center.

Signature of Parent _____ Date _____



COMMON TYPES OF EVALUATIONS:

- 1) Psycho-educational Evaluation
- 2) Clinical Psychological Evaluation
- 3) Comprehensive Psychological Evaluation
- 4) Psychiatric Evaluation
- 5) Speech and Language Evaluation
- 6) Occupational Therapy Evaluation
- 7) Physical Therapy Evaluation
- 8) Assistive Technology Evaluation
- 9) Social Work History
- 10) Vocational Evaluation
- 11) Neurological Evaluation

DISABILITIES UNDER THE IDEA:

- 1) Specific Learning Disability
- 2) Emotional Disturbance
- 3) Mental Retardation
- 4) Speech or Language Impairment
- 5) Other Health Impairment
- 6) Autism
- 7) Deaf-Blindness
- 8) Deafness
- 9) Developmental Delay
- 10) Hearing Impairment
- 11) Multiple Disabilities
- 12) Orthopedic Impairment
- 13) Visual Impairment (Including Blindness)
- 14) Traumatic Brain Injury

DSM-IV MULTIAXIAL FORMAT:

- **Axis I:** Clinical Disorders (any mental health condition other than personality disorder or mental retardation);
- **Axis II:** Personality Disorders;
Mental Retardation
- **Axis III:** General Medical Conditions
- **Axis IV:** Psychosocial & Environmental Problems
- **Axis V:** Global Assessment of Functioning (rating scale that summarizes how well a person is functioning overall);
GAF scale of 0-100 (50 = serious symptoms)

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)

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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.

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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.

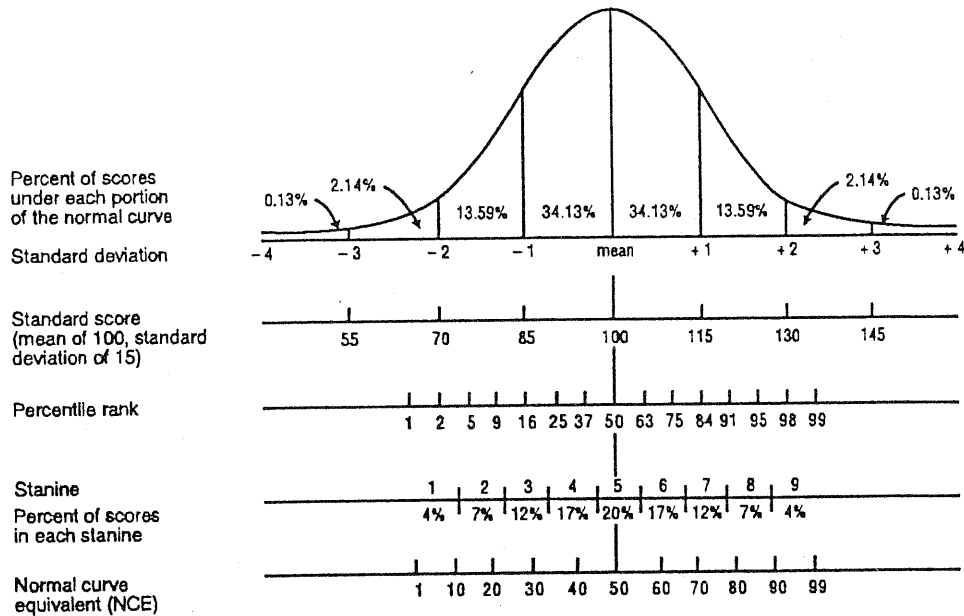
A test modification involves changing the assessment itself so that the tasks or questions presented are different from those used in the regular assessment. A Braille version of a test modifies the questions just like a translation to another language might. Helping students with word meanings, translating 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

Statistical Primer

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 score 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."

What Every Advocate Should Know about Psychological Evaluations

The Children's Law Center
Washington, DC
June 19, 2007
Natalie Rathvon, Ph.D.

RESOURCES AND REFERENCES

Print Resources

American Educational Research Association, American Psychological Association, & National Council on Measurement in Education. (1999). *Standards for educational and psychological testing*. Washington DC: American Educational Research Association.

This is the sixth version of the set of standards prepared by three sponsoring organizations for evaluating psychological and educational tests. Included are sections on test construction, evaluation, and documentation; fairness in testing; and testing applications; separate chapters on psychological and educational assessment; and a glossary of assessment terms.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders, fourth edition—Text revision* (DSM-IV-TR). Author: Washington, DC. <http://www.psychiatryonline.com/index.aspx>

Developed for use in clinical, educational, and research settings, this manual comprises a categorical classification that divides mental disorders into types based on criteria sets with defining features. Each mental disorder is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that is associated with painful symptoms or disability.

Rathvon, N. (1999). *Effective school interventions: Strategies for enhancing academic achievement and social competence*. New York: Guilford Press. <http://www.guilfordpress.com>

This handbook presents step-by-step procedures for implementing more than 70 research-based strategies targeting classroom management, academic achievement, and behavioral and social competence. Assessments include observation procedures and complete directions for curriculum-based measurement (CBM) in reading, mathematics, and written language. The strategies can be included in the recommendations sections of psychological reports to link assessment results with intervention planning.

Rathvon, N. (2004). *Early reading assessment: A practitioner's handbook*. New York: The Guilford Press. <http://www.guilfordpress.com>

This practitioner-oriented book presents an evidence-based framework for evaluating early literacy measures. Ten components that have been empirically verified as reading predictors are discussed, including the relationship of each component to reading development, component-related assessment issues, and types of measurement tasks. The framework is then applied in reviews of 42 reading and reading-related measures selected for their technical quality and usability. The book includes case

examples based on actual early primary grade examinees for every instrument to illustrate its use in a practical context.

Salvia, J. & Ysseldyke, J. E. (2004). *Assessment in special and inclusive education* (9th ed.). Boston: Houghton Mifflin.

This is the standard general text on psychological and psychoeducational assessment for school-age children. The discussion of psychometric characteristics is especially well done. It includes reviews of most of the major instruments used in evaluations of school-age children and is revised every three years.

Luckasson, R., et al. (2002). *Mental retardation: Definition, classification and systems of support* (10th ed.). Washington, DC: American Association on Mental Retardation.
<http://www.aaidd.org>

The 10th edition of a regularly published definition and classification work on mental retardation, this manual includes the new definition of mental retardation. Also presented are the five key assumptions upon which the definition of mental retardation is based and a theoretical model of five essential dimensions that explain mental retardation.

WEB SITES

Buros Institute of Mental Measurements
www.unl.edu/buros

The web site of the organization that publishes the *Mental Measurement Yearbooks* and *Tests in Print* provides information about Buros publications and links to other major assessment sites. New features permit users to access test reviews as they appear in the most current *Mental Measurements Yearbook* for \$25 per test title by fax (slightly more for surface mail) and \$15 per test title for online access.

ERIC Clearinghouse on Assessment and Evaluation
www.ericae.net

The Educational Resources Information Center (ERIC) web site, which averages 12,000 hits a day, offers a wealth of information on educational assessment, evaluation, and research methodology. It includes a Test Locator service, which lists test descriptions, test publishers, and locations of test reviews; an on-line assessment journal; an assessment library with more than 400 full-text on-line books and articles; and a pathfinder to 40 categories of assessment-related links.

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DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

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Washington, D.C. 20002-4232
202-442-4800, fax: 202-442-5518
www.k12.dc.us

Psychological Evaluation

Confidential Report

Date: 11/05/2008

Name: [REDACTED]

Date of Birth: 06-28-2000

Age: 8 years, 4 months

Date of Evaluation: 11/04/2008

Site: Wilkinson at Moten ES

Grade: 2nd

Identification #:

Parent/Guardian: [REDACTED] - Grandmother - [REDACTED]

Address:

Telephone #: 2-[REDACTED] (left message at that number) - All of the alleged contact numbers were not working.

Evaluator:

Robert W. Barnes, Ph.D., LICSW
American Board of Disability Analysts
School Psychologist

Received by: _____

Date: _____

11/10/08

Children First

- Thematic Apperception Test for Children and Adults (TAT)
- Vineland Adaptive Behavior Scale (VABS)
- Bayley Scales of Infant Development - 2nd Edition (BSID-II)
- Child Behavior Checklist (CBCL)
- Mental Status Examination (MSE)
- Comprehensive or Brief Social History
- DSM-IV Diagnostic Procedure
- Wechsler Adult Intelligence Scale-III (WAIS-III)
- Wechsler Memory Scales-Revised (WMS-R)
- Clinical ONLY
- Psychoeducational ONLY
- DDD/Child Evaluation
- Stanford-Binet Intelligence Scale 4th Edition
- Clinical Assessment of Behavior (CAB)
- Scale for Assessing Emotional Development (SAED)
- X Behavioral Rating of Executive Functioning (BRIEF) **(Not returned by the mother)**
- House-Tree-Person Drawing Test
- Achenbach Child Behavior Checklist
- Children's Depression Inventory (CDI)
- Observation (s)
- Parent/Guardian Interview
- Teacher Interview
- X Woodcock-Johnson III Test of Achievement **(Not Available)**
- Brief ADHD Checklist
- Conner's Teacher's Rating Scale (L-Revised)
- X Conner's Parent Rating Scale (L-Revised) **(Not returned by the mother)**
- X Berry VMI 5th Edition
- X Review Report Cards
- Classroom Observation
- X Reynolds Intellectual Assessment Scales (RIAS)
- Behavior Assessment System for Children II (BASC-II)
- [SRP-C, Self Report for Child Ages 8 - 11]
- Symptoms Checklist for Children
- ADHD Symptoms Checklist
- Kovac's Children's Depression Inventory (CDI)
- X Home Visit **(No Response 2 Different Times To Obtain Social Information)**

Test Results:

I. Summary of the RIAS

A. Verbal Intelligence Index	=	76
B. Non-Verbal Intelligence Index	=	85
C. Composite IQ	=	78
D. Memory	=	89

II. Summary of Scaled Scores

1. Guess What	=	7
2. Odd-Item Out	=	7
3. Verbal Reasoning	=	3
4. What's Missing	=	7
5. Verbal Memory	=	3
6. Non-Verbal Memory	=	14

These scores are considered based on a Mean of 10.

III. The Woodcock-Johnson Test of Achievement was not available at the time of this dictation. The various test tools that were sent home to the parent, basically, the BRIEF and the Conner, were not returned. Based on the paucity of information, we did not feel comfortable asking the teacher to fill out any behavioral tools without any basic knowledge that there was a behavioral problem.

IV. Results of the Berry VMI

1. Raw Score	=	17	
2. Standard Score	=	82	
3. Visual Perception	=	73	AE/ 5.6
4. Motor Coordination	=	80	AE/5.11

Test Interpretation:

On or about October 28, [REDACTED] easily separated from his teacher and classmates and was escorted to the test site by this psychologist. [REDACTED] seemed somewhat detached and disinterested but he did not rebel. We asked him to guide us back to the principal's office because we were lost. [REDACTED] brightened up a bit having been given a task. We played like our brief case was a bit too heavy and asked him if he could help us carry it - which he did. [REDACTED] was basically reasonably well-kept - except he appeared to need a hair cut - in this psychologist's opinion. Once we arrived at the test site, this psychologist used some cold cream and asked [REDACTED] if he wanted some. We gave him a couple of drops of cold cream which we hoped would clear away the 'ash'. [REDACTED] appeared to be in the habit of receiving bribes for doing good work. He asked what we were prepared to give him and I suggested that upon completion of everything, we would either give him a dollar or a cookie. It is this psychologist's belief that [REDACTED] did well and worked up to his best abilities on this date of instant testing.

[REDACTED] achieved a Verbal Intelligence IQ of 76 which falls in the borderline range of intellectual functioning 7 points from the retardation level and 4 points away from the low-average category. 76 corresponds to a percentile rank of 5. He achieved a Non-Verbal IQ of 85 which falls at the 16th percentile in the low-average range of intellectual functioning which extends from 80 - 89. These two scores combine to yield a Composite IQ of 78 which expresses borderline intellectual functioning close to the low-average range, **again**, which starts at 80 and extends to 89. The Composite IQ is 2 points deficient from being low-average. [REDACTED] achieved a Memory Score of 89 which is 1 point from the average domain which starts at 90 and goes up to 110. These scores would tend to suggest that Working Memory is [REDACTED]'s best cognitive ability at this time. His poorest is Verbal Language and these scores do not appear to reflect a high level of psychopathology because none of them exceed the 15 point standard deviation allowed by Cecil R. Reynolds, Ph.D. and author of this test.

The Verbal Intelligence Index of 76 corresponds to a scaled score of 7 and we have already suggested that if we use a Mean of 10 reflecting average functioning- then scores above 10 would be somewhat above average and scores below 10 could be dealt with accordingly.

Page 6.
[REDACTED]

Certainly, Richard received scores of 7 in Guess What, Odd-Item Out, and

What's Missing. 7 is considered low-average on the scaled score system. Certainly, the two 3s in Verbal Memory and Verbal reasoning represent substantially diminished memory - especially in the verbal domain.

Guess What in combination with Verbal Reasoning yield the Verbal Intelligence Index. Guess What measures vocabulary knowledge in combination with reasoning skills and are predicated on language development as well as acquired knowledge. Verbal Reasoning measures analytical reasoning ability in the verbal domain. As indicated, these two scores show a Verbal Intelligence Index score of 76 and 76 represents borderline functioning in the area of verbal language.

Odd-Item Out contributes to the Non-Verbal IQ along with What's Missing. Odd-Item Out measures analytical reasoning abilities in the non-verbal domain while What's Missing measures spatial and visualization abilities. These two scores result in the Non-Verbal Intelligence IQ of 85 which we have already indicated is low-average and about 5 points away from the average domain which extends from 90 to 110.

As indicated previously, ██████████ achieved a memory score of 89 and according to the scores listed thus far memory, also known as Working Memory, is ██████████'s highest or best cognitive ability.

We shall present certain strategies to the teacher at the IEP Meeting.

We administered the Children's Apperception Test (CAT). We note that most of ██████████'s responses to the pictures indicated his view that there was arguing, that there was destruction and people being killed. In 8 BM, he suggested that the people were sad because a man is dead - that the man was cut with a knife because he killed his mother and his wife. This tale of destruction pervaded all of the pictures. We have already indicated that certain reflex responses picked up by staff suggested the possibility that ██████████ might be a victim of physical abuse - but this is the extent of our knowledge and, at this point, this knowledge is not even at the level where we feel comfortable making a referral to child protection. We note several attempts to have someone from the home come up and provide us with credible information and this has not happened to date.

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Evaluative Summary:

On the date of instant testing, ██████████ easily separated from his classroom

teacher and age mates and accompanied this psychologist to the test site. He became very happy when he discovered that we would offer him a reward on successful completion of the tests. It is this psychologist's belief that [REDACTED] tried extremely hard and that these tests represent the best of his abilities.

[REDACTED] achieved a Verbal Intelligence Score of 76 and verbal abilities are borderline; he obtained a Non-Verbal Intelligence of 85 and 85 suggests that non-verbal abilities are low-average. These two scores combine a Composite IQ of 78 and, to date, [REDACTED] shows a Full Scale IQ of 78 which represents borderline functioning. We note that this 78 is only 2 points away from the low-average classification which extends from 80 to 89. [REDACTED]'s best cognitive ability on the date of testing was memory which was 89 and low-average. We have already indicated that 89 is only 1 point away from the average domain. Based on the results of the Berry VMI, [REDACTED]'s visual/motor integration abilities are equal to that of a child 6.3 years of age.

We have already indicated the teacher's comments that his progress continues to be poor and that apparently he was retained in Kindergarten. This places [REDACTED] about one year behind his age mates since he probably should be in the 3rd grade. We do not have the advantage of an achievement test, however, we may be able to make a recommendation should that achievement test become available before the IEP Meeting.

Recommendations:

At this point we have no social history, no achievement test information and we do not feel comfortable offering a recommendation based on IQ alone. We shall hold all recommendations in abeyance until certain information is made available to us or we receive information from the members of the IEP Team.

Robert W. Barnes, Ph.D. 11-18-08

Robert W. Barnes, Ph.D. Date

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DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

CONFIDENTIAL PSYCHOLOGICAL EVALUATION

DEMOGRAPHIC INFORMATION

Name of Student: ██████████	Attending School: Coolidge SHS
Date of Birth: 04/12/1996	Grade: 10th
Student's Chronological Age: 15 years, 5 months	Dates of Evaluation: 09/07, 14, 21, & 22/2011
Student Identification Code: ██████████	Date of Report: 09/29/2011
School Psychologist: Marquita Elmore, Ph.D.	School Psychology Intern: Lori McDowell, M.S.

REASON FOR REFERRAL:

██████████ is a 15-year-old male who was referred for testing at the request of his father, Mr. ██████████, to assess his cognitive and social/emotional functioning. Mr. ██████████ was unaware of ██████████'s involvement in special education services in his previous school in Virginia. His father reported that ██████████ has exhibited poor reading and writing skills since transferring to DCPS from Alexandria Public Schools last year. ██████████ 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. ██████████ 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, ██████████ has exhibited poor academic progress with a cumulative grade point average of 1.12. ██████████ 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 ██████████ alleged on several occasions that peers were 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 ██████████ 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 ██████████ 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 ██████████; 09/07/2011; 09/14/2011; 09/21/2011; 09/22/2011
2. Interview with Mr. ██████████, ██████████'s father; 09/02/2011
3. Interviews with ██████████'s teachers (Regular Education: Ms. McKenzie, First Sergeant Hatcher; Special Education: Mr. DeJarnett, and Ms. Bennett)
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

Rice, Devone

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 Jennifer Le-Shi, 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 Nathan Osborn, M.D. Child Psychiatry Intern at Children's National Medical Center
 - d. Diagnostic and Assessment Report by Elizabeth Fraser, 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 ██████, his father, and from the referral documents. According to these sources, ██████'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, ██████ 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. ██████'s hearing has been evaluated by an audiologist recently and reportedly found to be within normal limits. ██████ 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, ██████'s 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, ██████ 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 ██████. However, his relationship with his mother in Virginia and his older brother is reported to be poor. ██████ claims that his mother has neglected and abused him for some years.

[REDACTED]

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]'s 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]'s 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]'s 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 Coolidge. 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]'s 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]'s 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, Ms. [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]'s 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]'s response to these interventions appears to be quite variable. During the previous school year while at Coolidge, [REDACTED]'s 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. Weinberg, 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]'s 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

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

On interview, Mr. ██████████ stated that he believes that ██████████ requires a smaller educational setting due to his ADHD and other problems. He said that ██████████ has significant difficulties concentrating and that he is easily disturbed by loud noises. His father reported that ██████████ 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, ██████████ 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. ██████████ reported that ██████████ is troubled from time to time by hearing lightening in his ears. ██████████'s hearing was subsequently evaluated and hearing problems were ruled out as a source of the issue. Mr. ██████████ stated that ██████████ is currently being evaluated to assess the appropriateness of medication to address ██████████'s mental health issues.

Teachers

██████████'s teachers Paige Bennett, First Sergeant Hatcher, and Ms. McKenzie completed Progress reports based on the last month of school. Ms. Bennett, the Learning Lab teacher, reported that ██████████ recently was transferred to her class and he has adjusted well and been able catch up quickly with the material. She also stated that ██████████ 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. Bennett reported that she has not witnessed any significant signs of anxiety or depression that interfere with academic performance, there are times that ██████████ requires teacher intervention due to his emotional or behavioral problems. Similarly, Ms. McKenzie, the World History I teacher, reported that ██████████'s 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; ██████████ also has the ability to focus at times. ██████████ is currently earning a "D." Ms. McKenzie reported that

██████████ 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 Hatcher of the JROTC reported that ██████████'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 ██████████'s attitude over time. He has not had to intervene because of ██████████'s emotional or behavioral problems. In stark contrast to that, an interview with Mr. DeJarnett, his special education teacher, revealed that ██████████ appears to have very frequent, nearly daily behavioral problems in class. Mr. DeJarnett reported that ██████████ 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. DeJarnett observed that ██████████ does not appear to be a good observer or judge of his own behavior. Finally, none of ██████████'s teachers reported observing any concerns with respect to issues of anxiety or depression.

Student

On interview, ██████████ presented as a healthy looking 15-year-old who appeared to be his stated age. ██████████ 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. ██████████ 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. ██████████ 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 ██████████ stated this is his second year at Coolidge. He transferred in October 2010. ██████████ thinks "things" at Coolidge are different this year. He does not really like school because he does not find it fun. ██████████ 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. ██████████ 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, ██████████ replied that he did not know their opinion of him.

When asked about his previous school experiences, ██████████ recalled that he attended TC Williams 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, ██████████ 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.

Behaviorally, he stated his behavior is good with no problems with friends or family. ██████ 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. Richards called him a name. According to the teacher, ██████ 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 ██████ moving to D.C. to live with his father, Mr. ██████. According to ██████, 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 ██████ has been prescribed medication ██████ 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. ██████ 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, ██████ stated that he likes to hang with friends, and play basketball. Once graduated from high school, ██████ wants to become a K-9 police officer. Given three wishes, ██████ 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

██████ was observed for 30 minutes during his first period World History class taught by Ms. Cogas, and for 1 hour and 20 minutes during his second period Geometry class taught by Mr. Thorne and Mr. Richards. There were twenty students in the World History Class and 35 students and two teachers in the Geometry class. During Ms. Cogas' class, ██████ 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. ██████ 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, ██████ remained in his seat, lifted his head and turned his sheet over. When Ms. Cogas asked him a direct question regarding the assignment, he answered appropriately and she complimented his thinking process. ██████ 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, ██████ 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. Richards asked for homework, ██████ did not move. He delayed raising his hand when the teacher, Mr. Thorne asked who was a sophomore. The class was instructed to turn their chairs towards a side board. ██████ turned his desk slightly and laid his head on his desk for several minutes. Mr. Richards directed him to lift his head then asked to speak with him in the hallway. Upon returning, ██████ put

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. Thorne 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. Thorne asked about ideas for Homecoming until the bell rang.

Testing Observation

The evaluation was conducted in four sessions at Coolidge 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 so 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.)

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

██████████'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 ██████████'s overall intelligence is obtained. In the case of the RIAS, this overall intelligence score is called the Composite Intelligence Index. ██████████'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 ██████████'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.

██████████'s Verbal Memory was assessed using a task that required ██████████ to listen to the examiner read a story. ██████████'s task was to repeat the story back to the examiner using the same words to the greatest degree possible. ██████████'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]'s 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 121-130, superior 111-120, high average 90-110, average 80-89, low average 70-79, low <69, very low
<i>Broad Reading</i>	83	81-85	5.9	
<i>Broad Math</i>	93	91-96	8.3	
<i>Broad Written Language</i>	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 Devone's 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 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. He 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]'s emotional and behavioral functioning. Based on Ms. Bennett's BASC-2 teacher rating results, the F validity Response Pattern indicators were each in the acceptable range. However, the Consistency indicator suggests using caution when interpreting her responses. This may be explained by Ms. Bennett'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

~~Private Information~~

Externalizing Problems Index (T-score=60). One at-risk subscale was on *Hyperactivity* (T-score=68) which suggests that ~~Devone~~ 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 Devone 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 Devone has some difficulty with interpersonal interaction with peers and adults. *Leadership* (T-score=38) suggests that ~~Devone~~ 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.

~~Devone~~ and one of his teachers, Ms. Bennett, completed the Conners-3. Her responses resulted in clinically elevated scores in *Peer Relations* (T-score=77) which suggests that ~~Devone~~ 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. Bennett.

In addition to the teacher's result, ~~Devone~~ 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, ~~Devone'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 ~~Devone'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. ~~Devone~~ 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 ~~Devone~~ acknowledges his difficulty with distraction, concentration and academic struggles, respectively.

~~Devone's~~ 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]'s 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]'s 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

present some behavior issues at home and in the community. Behaviorally, ██████ 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 Coolidge, there has been one significant report of verbal and physical threats toward a teacher. As well, another of ██████'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 Coolidge during the present year. However, during the previous school year, ██████ had several incidents in which he alleged that peers were after him and intending to harm him. Taken together, it appears that ██████'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, ██████ 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.
 - Devone does meet this criterion. Devone 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.
 - Devone 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 data 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, Devone's 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 Coolidge 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

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

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 Devone 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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Comprehensive Psychological Evaluation

Name: Imani Chase
Date of Birth: 07/25/2000
Age: 9 years
Dates of Testing: 08/04/09, 08/06/09, 08/12/09
Examiner: Margot L. Richters, PhD
Test Administered: Woodcock-Johnson III-Tests of Cognitive Abilities (WJ-III)
Wechsler Individual Achievement Test-II (WIAT-2)
Wide Range Assessment of Memory and Learning-2 (WRAML-2)
Informal Reading Inventory
Bender-Gestalt II
House-Tree-Person-Drawings (HTP)
Children's Depression inventory (CDI)
Multidimensional Anxiety Scale for Children (MASC)
Thematic Apperception Test (TAT)
Rorschach Inkblot Test
Behavior Assessment Scale for Children-2nd Ed. - Parent & Self-Report Form (BASC2)
Conners Parent Rating Scale
Brown ADD Scales (BADDS)
Clinical Interview
Record Review

Reason for Referral: Imani has a long history of poor academic performance. She was referred for a comprehensive psychological evaluation by her attorney, Kathy Zeisel, to get a more complete understanding of the causes of her poor school performance and to determine appropriate educational interventions.

Background Information: Imani is the youngest of four children. She is currently in the care and custody of her older sister, Ms. L, age 24, after her mother lost custody due to neglect. Imani lives with her sister, her father, her brother, age 19 and her sister, 16. Ms. L provided background information and was a good historian. Ms. L reports that Imani first came to live with her in August 2007 when her mother, "dropped her off for the summer." By the fall, Imani's mother asked if her sister would keep her "for the school year." Throughout the year, Imani had little contact with her mother. By the summer of 2008, Ms. L decided to pursue permanent custody of her sister. In February 2009, she was granted full custody. Her mother was given supervised visits but has never followed up and continues to have very little contact with Imani.

Developmentally, Imani has had an unremarkable history. Her sister was present at her birth and reports that her mother's pregnancy, labor and delivery were uncomplicated. Imani weighed 7 pounds, 9 ounces and was described as an 'easy' baby. She achieved her developmental milestones within normal limits or a little early, walking at nine months and talking using single words by twelve months. According to Ms. L, Imani has not had any significant medical illnesses. She has worn corrective lenses for the past year.

Currently, her sister reports that she has no sleeping or eating problems and is in good overall health. In April 2009, she was diagnosed with attention-deficit/hyperactivity disorder by her pediatrician and prescribed Concerta but she is not currently taking this medication.

Imani began attending daycare when she was just a few months old. She continued in all day daycare until she was four years old. Her academic career began in 2004 when she entered pre-kindergarten at Martin Luther King Elementary school in Washington, D.C. Although she was frequently absent from school, her progress report shows that she made satisfactory marks. When her mother moved, Imani transferred to Savoy Elementary School where she attended kindergarten and 1st grade. She missed very few days of kindergarten and her progress reports show that she made excellent progress in all subject areas throughout the year. By 1st grade, however, Imani's academic performance began to slip. By the end of the year, her overall academic progress was at level "2" in every subject (DCPS uses a 4-point scoring system where: 1=below basic, 2=basic, 3=proficient, 4=advanced). Many of her skills within subject levels were marked as at the 'beginning' level of understanding with only one skill area making it into the 'secure' range (skill levels are either 'beginning', 'developing' or 'secure'). While Imani's social skills were fairly good and required mostly 'limited prompting', her work habits received much lower scores. She was noted to have trouble following directions, completing classwork on time, using time wisely and turning in homework. According to her teacher, she was able to acquire concepts but lacked motivation to complete her assignments and often spent her time talking to other children.

After moving in with her sister in August 2007, Imani changed schools again and was enrolled at Ketcham Elementary where she entered the 2nd grade. Again her grades throughout the year revealed that she was struggling to master the material. Her skill level scores never exceeded "developing" and her overall progress remained at the "Basic" level in reading and math. What is interesting to note is that for the final marking period, Imani was given overall progress scores of "3, Proficient," in science, social studies, music and art, and physical education despite the fact that she never scored higher than "developing" on any of the skills measured for each subject. It is not clear why the skills that led to overall progress scores of "2, Basic," in all preceding advisories resulted in the higher marks for the final advisory. Over the course of the year, her work habits showed marginal progress, increasing from "rarely" to "with frequent prompting" in most areas. Her teacher reported being "slightly concerned" about Imani's flagging enthusiasm for learning. While promoting Imani to the 3rd grade, she also recommended that Imani attend summer school to "solidify the skills necessary for 3rd grade." Across all advisories in the 3rd grade, Imani never scored above a "1, Below Basic" in reading, math, science and social studies. Her skills in these subject areas never rose above "basic." Her work habits also deteriorated, scoring "rarely" in all areas assessed. Despite failing to master any of the curriculum in 3rd grade, Imani was promoted to the 4th grade. Her teacher commented that Imani needed to "put forth more effort" and recommended that she attend summer school to "assist her in being prepared for fourth grade."

At Ms. L's insistence, a Multiple Disciplinary Team Meeting (MDT) was held on June 10, 2009, to discuss her concerns about Imani's lack of progress in 3rd grade. The team decided to move forward with psychological testing to assess Imani's memory and overall psychological functioning. On June 23, 2009, a follow-up MDT/IEP eligibility meeting was convened. During this meeting, the results of the testing were discussed and it was determined that Imani did not meet eligibility criteria necessary to receive specialized instruction. It was recommended that she receive counseling from the school social worker and that "RTI be incorporated as a strategy for next school year." In the Five-Year Action Plan for DCPS, RTI (Response to Intervention) was described as research-based instruction and interventions for struggling learners "to prevent the over-identification of special education students" and to "prevent long-term academic failure." Unfortunately, no specific interventions or instructional strategies were articulated in the IEP/MDT meeting notes so it is unclear how school staff plan to meet Imani's

educational needs in the coming year.

Previous Evaluations: Imani received a psychological evaluation on June 16, 2009, conducted by Katherine Marshall, PsyD, a psychologist with DCPS. While the report is described as a ‘comprehensive psychological evaluation,’ the only assessment tools administered were the WISC-IV, a measure of cognitive functioning for children, and the VMI, a test of visual-motor integration. There were no assessments of memory, emotional or behavioral functioning. Despite the inclusion of two projective techniques (Projective Drawings and Three Wishes) in the “Tests Administered” section, there is no discussion about these tools in the report. More important, the projective tools that were to be used are not considered reliable or valid assessments of emotional functioning because they are not standardized measures. Rather, they are used to provide additional descriptive information. Dr. Marshall reported that Imani’s performance on the WISC-IV placed her overall intellectual ability in the low average range and the 19th percentile relative to children her age. (WISC-IV: FSIQ=87, Verbal Comprehension Index=91, Perceptual Reasoning Index=96, Working Memory Index=86, Processing Speed Index=83). While she reports that there was variability in Imani’s performance, both across and within subtests, with scores ranging from high average to low average, she provides little explanation for the results. On the visual-motor test, Dr. Marshall describes Imani’s performance as low average. She states that the test is used to identify children who may need special assistance but she does not describe the nature of Imani’s visual-motor difficulties. Throughout the evaluation, Dr. Marshall reports that Imani struggled with problems of inattention and anxiety. Moreover, she reports how these behaviors hampered Imani’s ability to perform up to her potential. Given this information, it is hard to understand why she concludes that the assessment was a valid and reliable estimate of Imani’s psychological functioning rather than concluding that it was an underestimate of her actual abilities. Dr. Marshall’s recommendations to address Imani’s anxiety include: “positive encouragement,” “introducing calming techniques,” and “extra time for tasks.” Strategies recommended to address her attentional problems include: “medication management” and repeating directions.

Imani also received an educational evaluation which consisted solely of the Woodcock-Johnson Tests of Achievement (WJ-III). Vanessa Curry was identified as the examiner but her name did not appear with any information regarding her position or credentials. Her report includes no background information, no description of Imani’s behaviors during the assessment and no explanation for the results, which varied from well below average to average. In fact, the report appears to be nothing more than a copy of the scores and report that is generated by the WJ-III computer software. The results of the achievement tests reveal uneven acquisition of academic skills and knowledge. Her overall academic achievement score placed her in the 16th percentile relative to same age peers (WJ-III: Total Achievement=85). More specifically, her performance in reading, math and written language ranged from average (WJ-III: Broad Math=94, 34th percentile), to low average (Broad Reading=84, 14th percentile; Broad Written Language=80, 9th percentile). Within these clusters, there was considerable variability in her performance. For example, on a task that required her to write sentences, she scored in the very low range, placing her in below the 1st percentile relative to her peers. Unfortunately, due to the lack of any meaningful discussion regarding her performance, there is no way to interpret these findings. The report included no conclusions or recommendations.

Behavioral Observations: Imani is a cute, friendly, 9-year-old African-American girl who arrived for testing casually and appropriately dressed. Her hair was pulled back in a ponytail with curly bangs framing her face. She was proud of her curls and enjoyed explaining how she had achieved the hairstyle to the examiner. She has black hair, brown eyes and a big smile that is distinctive for a significant overbite caused by her finger sucking habit. She was brought to the first of three 4-hour testing sessions by an investigator from the Childrens Law Center. Her sister brought her to the next two sessions. She

separated without difficulty and appeared excited to meet the examiner. Rapport was easily established and Imani willingly engaged in the clinical interview. Imani understood that she was being evaluated to help with her school performance. She stated that she has trouble in school because “the teachers don’t explain things” and “I can’t do the work because nobody helps me.” She believes that her teachers think she is bad because she does not complete her work and because she has difficulty paying attention. She enjoys writing, art, music and gym but does not like reading (“because I don’t know the words”), math (“division is hard”), social studies or science. She also feels like she does not have many friends at school and reports that she eats lunch with her teacher to avoid the other students. In her leisure time, Imani reports that she enjoys playing with her dolls, playing at the playground, jumping on her trampoline, watching television, especially the Disney channel, and reading books. Imani describes playing with cousins and children in her neighborhood but not with peers from school because “they are nasty.” She is hopeful about the future and wants to be a doctor or a singer, or both. She has a limited understanding about why she does not live with her mother, stating, she “did not have enough food so we ate the noodles every day.” Imani reports missing her mother and relates how she sometimes feels so sad that she cries in the bathroom at school or at home in bed. She is unclear why she does not see her mother more often and says that she prays for her at night. She reports that she eats well and has no sleep disturbances.

Imani was cooperative and friendly throughout the evaluation, often helping the examiner with test materials. She was interested in the testing and appeared eager to do well. She exhibited good frustration tolerance and while she sometimes asked how she was doing, she seemed generally unconcerned when items became too difficult for her, simply stating “I don’t know that one.” When encouraged, she was able to venture guesses or elaborate on an answer. Imani’s perseverance and motivation fluctuated depending on her belief in her abilities. When tasks were in areas she perceived as a weakness, she would become reluctant to engage or would try to give up prematurely. Fortunately, she was extremely responsive to support and with words of encouragement, would noticeably brighten and approach the task with renewed vigor. Imani would often ask if she was being timed stating that being timed made her nervous. Despite voicing these concerns, with very little urging, she was able to actively engage in timed tasks and exhibited no apparent difficulties. In fact, on occasion she seemed to forget she was being timed and would yawn or start a conversation, requiring the examiner to remind her to work as quickly as possible. Throughout the evaluation, Imani exhibited a number of compensatory strategies such as counting on her fingers, turning her paper, and repeating material to improve her accuracy and boost her performance. She appeared ready and willing to try each task but often had difficulty waiting to hear all of the instructions. At times, she needed to have instructions and items repeated for her. When attending, she was quick to pick up on the demands of a task. For example, when instructed to use two sentences to make one good sentence, she responded, “So I need to combine them to make one sentence.” Imani tended to have an impulsive work style, depending on her level of motivation and the perceived difficulty of the task. For example, on tasks where she was required to draw, she complained that she was not a good drawer and began to hastily complete the items. With encouragement, she was able to slow her pace and make a more concerted effort. Throughout the evaluation, Imani was in constant motion, variously tipping her chair, standing up, squeezing a stress ball, sucking on her fingers and playing with her gum. Moreover, she had enormous difficulty sustaining attention and concentration. She required frequent limit setting and redirection to stay on task. To combat her restlessness and waning motivation, she was given breaks every 30 minutes. After these short breaks, when she was given a snack and allowed to play for a few minutes, she was able to regroup and resume the testing. From time to time, in spite of the breaks, Imani occasionally became bored and would attempt to derail the testing by asking for a drink of water, initiating a conversation or exploring nearby toys. With gentle support, she was able to get back on track. Her difficulty maintaining attention and sitting still not only extended the time it took to complete the evaluation but impacted her ability to perform up to her potential. Based on Imani’s behaviors, the testing is likely to be an underestimate of her current level of intellectual functioning and academic abilities.

Intellectual functioning: Imani was administered the Woodcock-Johnson III, Tests of Cognitive Abilities (WJ-III) to evaluate her intellectual functioning. In contrast to the previous evaluation and her school performance, where Imani was found to be functioning below average, the results from this assessment place her solidly in the average range of intelligence. Her performance reveals that she has ample capacity for learning with a General Intellectual Ability (GIA) score in the 50th percentile relative to same age peers. The GIA provides a summary score of the diverse abilities assessed by the WJ-III. When the GIA is broken up into its three factors, Thinking Ability, Verbal Ability and Cognitive Efficiency, Imani's intellectual functioning shows some variability. On the Thinking Ability scale which measures a person's ability to analyze and integrate information, Imani performed above average, placing her in the 76th percentile relative to same age peers. She performed in the average range (39th percentile) on the Cognitive Efficiency scale which measures the ease and speed with which a person performs automatic cognitive tasks. Her score fell into the low range on the Verbal Ability scale revealing that her language ability and acquired knowledge are below her same age peers (23rd percentile). Imani's performance warrants further discussion to understand her cognitive strengths and weaknesses.

Thinking Ability: Imani's strength is in her ability to reason, solve problems and form concepts. On the Thinking Ability cluster, which taps a broad array of distinct abilities necessary to process novel information, she scored in the high average range and the 76th percentile relative to same age peers. Abilities measured in this cluster include fluid reasoning, long-term retrieval, auditory processing and visual-spatial thinking. On the fluid reasoning tasks, Imani's performance was particularly strong indicating that her ability to use reasoning skills is above average (Analysis-Synthesis, 89th percentile; Concept Formation, 81st percentile). Imani had a solid performance on the long-term retrieval tasks which require storing and then recalling information (75th percentile). More specifically, her average score on Retrieval Fluency (62nd percentile) reveals that she has a relatively easy time recalling information stored in memory. Her ability to manage the more complex task of learning, storing and then retrieving information is equally well-developed (Visual-Auditory Learning, 73rd percentile). Her performance was solidly average on tests that assess auditory processing revealing that she is able to effectively evaluate, integrate, discriminate and attend to auditory information (Auditory Attention, 59th percentile; Sound Blending, 57th percentile) Similarly, her visual-spatial thinking is age-appropriate and she is able to perceive, analyze and make sense of visual patterns and pictures (Visual-Spatial Thinking, 37th percentile). At the same time, her scores indicate that she has an easier time recognizing pictures of familiar objects (Picture Recognition, 52nd percentile) than mentally manipulating visual designs (Spatial Relations, 29th percentile).

Verbal Ability: Verbal skills are a relative weakness for Imani as demonstrated by her low average score on the Comprehension-Knowledge cluster (23rd percentile). The Verbal Comprehension subtest consists of four different tasks: Picture Vocabulary, Antonyms, Synonyms and Verbal Analogies. On Picture Vocabulary, Imani had trouble naming pictures of familiar objects and had considerable scatter, meaning she answered more difficult items correctly while missing easier items that were well within her range of knowledge. This pattern is common among children with attention problems because they often miss important pieces of information. Her performance also reveals that she has a smaller vocabulary than other children her age. Imani also struggled to provide antonyms for common words and even more difficulty generating verbal analogies and synonyms. For example, she could not derive a synonym for the words *lawn* or *car*. Her difficulties on these tasks reveal the constraints her limited vocabulary places on her ability to comprehend verbal material (Verbal Comprehension, 23rd percentile). Imani's fund of acquired knowledge is also below average (General Information, 23rd percentile). For example, she could not describe where you would find lava or how an anchor is used. Overall, Imani's verbal abilities are consistent with her school records where her limited acquisition of school-based knowledge is well documented.

Cognitive Efficiency: The ability to process information quickly and efficiently depends on short-term memory and processing speed. Overall, Imani's cognitive efficiency is in the average range but there is evidence that both attentional and visual processing issues hinder her performance. The two processing speed subtests are both timed, pencil-and-paper tasks. Unlike the previous evaluation, Imani did appear hampered by anxiety during these timed subtests. While she expressed concern about being timed initially, she was able to persevere with a minimum amount of encouragement. She did quite well on Decision Speed, a task where she had to make conceptual decisions quickly by marking two pictures that were similar from a row of pictures of familiar objects (70th percentile). While she had no problems with the task, her pace slowed as her attention waned and she required encouragement to maintain her focus. On the other processing speed subtest, Imani's performance was slightly weaker (Visual Matching, 28th percentile). This subtest involves circling two matching numbers from a row of numbers. Imani found the page full of numbers visually overwhelming and needed to slow her pace to maintain accuracy. Imani's short-term memory is age-appropriate. She had a solid performance on Memory for Words, a subtest which required her to repeat a list of unrelated words (50th percentile). She had a little more trouble on Numbers Reversed, a task which taps working memory (29th percentile). On this test, Imani had to listen to a string of numbers and then repeat them in reverse order. She understood the task demands quickly but despite considerable prompting from the examiner, Imani was unable to maintain consistent focus. Consequently, she missed easy items that were well within her level of ability. Her pattern of responding on the cognitive efficiency cluster is consistent with children who have problems with attention and vision.

Working Memory: Working Memory is best understood as the 'mind's scratchpad' and refers to the ability to take new information and perform a mental operation on it. It can be affected by problems with attention and memory. Because these are both concerns relevant to Imani, a brief discussion of her performance is warranted. Imani's overall performance on this cluster was average (45th percentile). When Imani was required to reorder a sequence of numbers, she successfully resequenced a string of three numbers, placing her performance in the average range (Numbers Reversed, 31st percentile). She performed equally well on a more complex task that involved sequencing words and numbers (Auditory Working Memory, 48th percentile). On both tasks, Imani had trouble remembering the instructions and sustaining attention, causing her to miss items within her range of ability and lowering her score. Her responses are consistent with an attention deficit disorder but do not provide evidence of gross memory problems.

Memory: Due to concerns about Imani's memory, the Wide Range Assessment of Memory and Learning-2 (WRAML2) was administered as an additional measure. The WRAML2 assesses a student's ability to actively learn, memorize and retrieve different types of information. Imani scored in the average range on the overall Memory Screening Index (30th percentile) although she demonstrated some variability that is worth further discussion. On the Verbal Screening subtests, Imani performed in the average range on the Story Memory subtest where she was required to listen to a story and then retell as much of the story as she could remember. Points are earned for both specific details as well as recalling the gist of the stories. Interestingly, Imani had a much better recall of the details in the stories than the gist of the stories. This finding is consistent with reports that she has trouble with reading/listening comprehension. Imani performed in the low average range on Verbal Learning, a subtest where she was asked to repeat a long list of unrelated words over four successive presentations. Again, problems with attention interfered with her performance. On the first presentation of the list, Imani gave three correct answers and then randomly stated any words she could think of. With direction from the examiner, she was able to regroup and adhere to the task demands. Her performance improved with each trial, suggesting that repetition may be an effective learning strategy for her. At the same time, she continued to make intrusion errors (adding words that were not on the list) which is a common behavior among children with attention disorders. On the Visual Memory subtests, Imani's performance was quite variable. When asked to recall details from pictures depicting different scenes, her score was above average (Picture Memory). It should be noted,

however, that the examiner had to remind Imani to mark only items that she truly remembered when it appeared that she was responding randomly so this subtest score may be artificially elevated. Reproducing geometric designs from memory proved to be a much more difficult task for Imani, with a score in the low average range (Design Memory). Her reproductions failed to include important details and what she drew was often oriented incorrectly (e.g., shapes were drawn upside down, horizontal lines drawn diagonally). Failure to recall specific details is commonly seen among people with attention problems. Her trouble with orientation and accurately reproducing shapes are difficulties common among children with reading problems because reading requires the ability to remember shapes of letters and words.

Visual-Motor Functioning: Results from the Bender-Gestalt-2 reveal that Imani has adequately developed visual-motor skills when applied to untimed paper-and-pencil tasks (32nd percentile). When asked to copy increasingly complex designs, she maintained adequate accuracy, creating drawings that were similar to the originals. Her approach to the task was somewhat haphazard, revealing a weakness in organizational and planning skills. In general, the results indicate that visual-motor integration and fine motor control pose no significant problem for Imani. There is evidence, however, to suggest that she has some visual processing problems. What was notable about her reproductions were the errors in rotation, oversimplification of shapes (e.g., circles for dots, triangles for diamonds) and difficulty drawing shapes that overlapped. Moreover, on the Perception subtest, where she had to select the shape that matched a target shape, she scored below the 25th percentile. As an additional measure, Imani completed the House-Tree-Person drawing task. She was not particularly eager to tackle the task stating, “I’m not too good a drawing.” Despite encouragement from the examiner, she hurried through the drawings which likely contributed to their poor quality. At the same time, the drawings lacked important details expected for a child her age (e.g., hands, eyelashes, branches) and what she included was poorly shaped, overlapping or incomplete (e.g., each foot had only two toes). Her performance on the visual-motor tasks are consistent with visual perception problems noted on the WRAML-2 and WJ-III-Cog but do not indicate any significant problems with visual-motor coordination.

Academic Achievement: The WIAT-II was administered to evaluate Imani’s academic skills and knowledge. The results reveal that her overall academic achievement is in the average range (25th percentile). More specifically, three of her cluster scores were in the average range with Mathematics in the 47th percentile, Written Language in the 39th percentile and Oral Language in the 53rd percentile. In contrast, she had a demonstrable weakness in Reading with a composite score falling into low average range and the 10th percentile relative to same age peers. While her math and reading scores are generally consistent with previous findings, her written language score is considerably higher on this assessment (53rd percentile versus 9th percentile). No comparison can be made regarding her oral language skills because her previous evaluation did not include a score for that cluster. Moreover, the DCPS report did not include any narrative regarding her performance on WJ-III-Ach so there is no way to determine the reason for the very different results. According to the results from the current evaluation, Imani’s academic abilities and acquired knowledge are generally age-appropriate with the glaring exception of her very poor reading and listening comprehension. The significant discrepancy in her academic functioning warrants further discussion.

Math: Imani’s math skills are solidly average. She is functioning at the late 3rd grade level and the 50th percentile relative to children her same age. She exhibits average math reasoning skills and is able to formulate and solve numerical equations when presented with word problems with accompanying pictures (Math Reasoning, 50th percentile). She demonstrates a basic understanding of addition, subtraction, multiplication and simple division. She is also able to solve problems that involved money and fractions but has a poor grasp of how to read grids and graphs or solve problems that involve time. Her computational skills are also average but her efforts are constrained by the fact that she has no

automaticity for basic math facts (Numerical Operations, 50th percentile). Consequently, she is forced to rely on compensatory strategies, such as counting on her fingers and using tally marks to solve problems. In addition, her problems with attention sometimes cause her to misread signs such as adding instead of subtracting.

Written Language: Translating ideas into written material is another area where Imani performs in the average range but she evidences some difficulties worth noting (39th percentile). Her spelling skills are age-appropriate and she demonstrates good phonological awareness (Spelling, 37th percentile). For example, when she missed words, her responses made phonetic sense, such as “ruff” for *rough*. Some of her difficulty with spelling may be due to a limited ability to take ‘visual snapshots’ of irregular words (e.g., she wrote “climed” for *climbed*) and a poor working knowledge of spelling rules (e.g., “coundet” for *couldn’t* and “charg” for *charge*). She also made errors that are common among children with learning disabilities such as leaving off the final sound of a word (“ow” for *own*) and reversing letters (“ribing” for *riding*). Despite her average score on the Written Expression subtest, some important problems were detected that could inhibit her progress (Written Expression, 50th percentile). On a task that required her to combine two sentences into one good sentence, Imani used a very basic strategy to comply with the instructions, simply rewriting the sentences using the word ‘and’ to connect the two sentences. More importantly, Imani’s performance was marred by spelling and punctuation errors. The spelling errors again involved letter reversals (“jumds” for *jumps*) and leaving out letters. Punctuation errors included failure to capitalize the first word in the sentences and forgetting to put periods at the end of sentences. Imani’s handwriting is also plagued by spacing problems where she puts virtually no spaces in between words making it difficult to read what she has written. While no points were deducted for errors in language mechanics or spelling, these types of errors would impact her grades in an educational setting. Imani was also required to tackle a more complex writing task that involved generating a paragraph based on a prompt. In addition to problems with spelling and punctuation, Imani’s paragraph also revealed problems with grammar, sentence structure, organization and complexity. For example, Imani’s response to the prompt, “*On a rainy day, I like,*” read as follows: “to clean myBother’s roomand. I like to Play. ThenImake sure thhouse is chean. ThenIcolor. Then Iplay agien. Clean thehouse.” Imani’s writing problems are consistent with poor executive functioning this is seen in children with ADHD and mild dyslexia.

Oral Language: While Imani’s overall performance on the oral language cluster is in the average range, her language development is strikingly uneven (Listening Comprehension, 14th percentile; Oral Expression, 90th percentile). On the Oral Expression tasks, she demonstrates good verbal memory and is able to repeat sentences back verbatim. She also performs well when asked to look at a sequence of pictures and retell the story in words. She was able to relate the main idea, describe the plot and include basic details. She was not able to elaborate her responses by providing predictions or drawing comparisons. Similarly, when asked to generate directions for an activity depicted in a picture, she was able to translate the visual material into a meaningful sequence of instructions. Again, her instructions were quite basic but they were clear and well-organized. On word fluency, she had an easier time generating a list of nouns than action verbs, a finding that is consistent with her weak grammatical skills. In contrast, she struggled on the listening comprehension tasks. On the receptive vocabulary subtest, she had trouble selecting a picture that best captured the meaning of a target word. Her stronger performance on a task where she had to select the picture that best fit a phrase or sentence reveals her ability to capitalize on visual context to understand words. Her difficulties were more pronounced on the expressive vocabulary test where she was required to generate a word to match a picture. Together, these findings indicate that her listening comprehension is compromised by her limited vocabulary rather than a problem with visual or auditory processing.

Reading: Overall, Imani demonstrates below average reading skills but again, her development is uneven. Her word recognition is average (Word Reading, 39th percentile). For example, she could read words

including 'known', 'carefully' and 'flexible.' In addition, she has good decoding skills she was able to sound out unfamiliar words. These same skills were tapped on Pseudoword Decoding where her ability to read nonsense words was also average (34th percentile). Despite her average scores on these subtests, it is important to examine her performance more closely because she exhibited behaviors that help explain her poor reading fluency. First, she often lost her place while reading the word lists, (which must be read from left to right across the page), and had to use her finger to help her stay on track. Secondly, the types of errors she made when decoding the nonsense words are similar to the errors she made during written expression, namely, reversing, adding, deleting, changing or rearranging important letters (e.g., "jobe" for *jode*, "dryo" for *droy*, "lrit" for *lirst*, "slafe" for *shafe* and "storb" for *sorb*). While she was often able to self-correct, these types of errors impede her reading fluency and reading comprehension. On the Reading Comprehension subtest, where Imani had to read short paragraphs and answer questions, her score was extremely low, placing her at a kindergarten reading level (0.4 percentile). She demonstrated a limited vocabulary and little ability to establish the meaning of unfamiliar words from their context. Moreover, it was evident that she has not acquired reading fluency and has a reading rate that is well below same age peers (1st quartile). When reading aloud, she reads haltingly and without inflection. She focuses her energy on reading each word, ignoring punctuation marks. In addition, she often skips or changes small words (e.g., changing *the* to "of"), leaves off or changes the ending of words (e.g., reads "causes" for *caused*) or skips over entire sentences. These types of errors contribute to her difficulty understanding what she reads and are consistent with the presence of a reading disability.

As a supplemental measure of Imani's reading ability, she was administered the Informal Reading Inventory (IRI). On the IRI, Imani was asked to read several longer selections and respond to open-ended comprehension questions without referring back to the text. On this informal reading task, 90 percent comprehension indicates a student's "independent" reading level, 75 percent comprehension indicates the "instructional" reading level, and less than 50 percent comprehension indicates the "frustration" level. Imani read two first-, two second- and two third-grade-level passages, one silently and one aloud, at each level. On all of the passages, Imani's oral reading was slow and halting. She changed, omitted, misread or mispronounced a number of words that were well within her range of knowledge. For example, she misread *one* as "on" and *Sunday* as "Saturday" and *blind* as "blind." As seen on the WIAT-II, Imani skipped over or changed small words (e.g., replacing "no" for *of*) and omitted or changed word endings (e.g., "finger" for *ingers*). At other times, Imani replaced words with visually similar words such as "finding" for *fiddling*, "roots" for *roof* and "through" for *though*. Imani's lack of fluency and frequently misread words significantly impaired her comprehension. When responding to follow-up questions to assess her comprehension, Imani's performance fluctuated. On the third-grade texts, Imani responded to the follow-up questions with 60 percent accuracy on the first passage and only 30 percent accuracy on the second passage. On the second-grade passages, Imani read with 62 percent accuracy on both samples. At the first-grade level, Imani demonstrated 37 percent accuracy on the first passage and 75 percent accuracy on the second passage. In sum, Imani has not achieved an independent level of reading comprehension beyond the kindergarten level. She is inconsistently comprehending first grade reading material at the instructional level. Overall, Imani's performance on the reading measures suggests that the first grade is an appropriate level of reading instruction for her.

Attention/Executive Functioning: To screen for symptoms of Attention Deficit/Hyperactivity Disorder (ADHD), Imani and her sister completed the Behavior Assessment Scale for Children (BASC), a questionnaire that assesses a broad array of emotional and behavior problems. In addition, Imani's sister completed the Conners' Rating Scale and the Brown ADD Scales (BADDs). The Conners' surveys symptoms of hyperactivity and disruptive behavior commonly seen in individuals with ADHD, while the BADDs focuses more on symptoms of inattention, effort and distractibility. On the BASC, Imani acknowledges having problems with attention and hyperactivity with scores that rise to a level indicating that she is experiencing significant impairment from these behaviors. Her sister's responses on the BASC

also yielded an elevated score on the Attention Problems Index. Moreover, Ms. L's responses on the Conners' yielded significantly elevated scores on the Cognitive Problems/Inattention scale, Conners' ADHD Index and the DSM-IV:Inattentive, DSM-IV:Hyperactive/Impulsive and DSM-IV:Total Indices. Her ratings indicate that Imani exhibits significant problems with distractibility, disorganization and inattention. In addition, Imani can be restless, impulsive and disruptive. More specifically, items endorsed by Ms. L characterize Imani as an inattentive, easily distracted girl who has difficulty getting organized, engaging in tasks that require sustained mental effort, completing assignments and identifying important details. She also reports that Imani has trouble remembering information and struggles with fundamental academic skills including spelling and arithmetic. On the BADDIS, Ms. L's responses produced elevations on the Activation, Effort and Focus subscales, indicating problems with initiating, organizing and prioritizing work, trouble maintaining consistent motivation and difficulty focusing and sustaining attention. Overall, the results from these questionnaires are consistent with reports from her school, her behaviors during this evaluation and her current diagnosis of ADHD.

Social-Emotional Functioning: During the clinical interview, Ms. L described her sister as resilient child who has handled the difficult situation with her mother quite well. At the same time, she is aware that Imani can be shy and anxious at times and worries about her academic struggles. She also reports that Imani is prone to lying to make herself sound more interesting as well as to try to get out of trouble when she is caught misbehaving. Ms. L's ratings on the BASC, yielded an elevated score on the Conduct Problem scale. Her responses center around her concerns about Imani's deceptive behavior and do not reveal problems with disobedience or cruel behavior toward others. In the area of adaptive skills, Ms. L's responses on the BASC reveal that she views Imani as a creative child who has good social skills, adapts easily to changes in her environment and gets along well with others. In addition, she reports that Imani is a helpful, polite girl who has acquired age-appropriate functional communication and daily living skills.

Imani completed the Children's Depression Inventory (CDI), the Multidimensional Anxiety Scale for Children (MASC) and the self-report form of the BASC. Her responses on the three questionnaires are cause for concern because she reports a significant number of depressive symptoms including a sense of inadequacy, particularly with school work, and feelings of hopelessness, helplessness and loneliness. Depressive items she endorsed include: "Even when I try hard, I fail," "I feel like crying every day," and "I am sad all the time." Imani is also experiencing bouts of anxiety and reports worrying in bed at night, worrying that something bad will happen to her, feeling nervous and fearing that others will "think I'm stupid." Imani's responses also indicate that she has substantial concerns about her social relationships. She endorsed items including "I am bothered by teasing from others," "I am left out of things," and "other people find things wrong with me." During the clinical interview, she reported that she has few friends at school because the "kids say nasty things" and mostly plays with cousins when she is home. At the same time, she reports having a positive, supportive relationship with her family and believes that she is a good person who is creative, loyal and polite.

Consistent with these findings, the clinical interview and projective tests reveal that Imani is experiencing feelings of sadness, anxiety, inadequacy and loneliness. To cope with these painful emotions, Imani relies heavily on avoidance and denial. Her reluctance to think about her experiences makes it difficult for her to consider her options and generate effective solutions. Consequently, when feeling overwhelmed, she is more likely to act impulsively (e.g., lying, stealing) than to express her feelings and/or ask for help. Moreover, she struggles with interpersonal relationships. On the one hand, she is keenly interested in others, desperately wants closer relationships and would like to look to others to meet her needs. On the other hand, she is uncertain about the motivations of others and vacillates between trusting people prematurely, which puts her at risk for being taken advantage of, and shying away from people, which leaves her feeling sad, lonely and anxious. While Imani tends to view the world as an unsafe place, she continues to be optimistic about her future and has high aspirations for herself.

Summary: Imani is an engaging, clever 9-year, African-American girl with black hair, brown eyes and an infectious smile. She enjoys playing with her dolls, spending time outdoors with her cousins and watching television. She finds school hard and states that she cannot do the work because the teachers “don’t explain things.” She has a long history of poor academic performance but has never received any support services or accommodations. Testing was requested to assess Imani’s current psychological functioning and to provide recommendations for educational interventions. The examiner was able to establish rapport easily and Imani willingly participated in the assessment. Throughout the evaluation, she had trouble sustaining attention and required frequent direction from the examiner. She was also restless, fidgety and in constant motion despite frequent breaks. While she was eager to do well and put forth her best effort, her impulsivity, hyperactivity and fluctuations in attention clearly impeded her perform. The results of this evaluation, therefore, are considered to be an underestimate of her current intellectual and academic abilities.

Results of the cognitive testing indicate that Imani is currently functioning in the average range of intelligence. She demonstrates ample capacity for learning. Her cognitive abilities are evenly developed with the exception of verbal ability, which is a *relative* weakness. More specifically, her strength lies in her Thinking Ability with a performance that reveals her above average ability to reason, solve problems and form concepts. These abilities are essential for learning new material and performing well in school and they are fully intact. In contrast, her Verbal Ability is weaker such that her verbal comprehension, vocabulary and fund of knowledge fall below what would be expected for a child her age. She does not demonstrate and speech/language problems but rather, her verbal abilities are constrained by her limited vocabulary and fluctuating attention which causes her to miss important information. Moreover, her weak verbal abilities contribute to her poor reading comprehension. Cognitive efficiency is an area where Imani exhibits considerable interference from attentional and visual processing problems. When presented with meaningful stimuli such as words or pictures, Imani is able to maintain fairly consistent attention and performs in the average range. When material is more abstract, such as numbers or geometric designs, Imani struggles to effectively process the information and her attention wanes, resulting in lower scores. Consequently, Imani’s processing speed and short-term memory are in the average range but are subject to fluctuations depending on the type of material she is required to process. Imani does not exhibit any gross problems with short-term, long-term or working memory that would account for her poor comprehension. At the same time, her capacity to learn, memorize and retrieve different types of information is impeded by impulsivity and attention problems. Repetition and meaningful context appear to boost her ability to remember information. Imani’s visual-motor integration and fine motor skills are adequately developed. There is evidence to suggest, however, that problems with visual discrimination, organization and planning hinder her ability to translate visual material into motor activity. As a result, she sometimes struggles to complete paper-and-pencil tasks with good accuracy and efficiency. In sum, Imani’s cognitive abilities are within expectations for a child her age. The notable variability in her performance is attributable to weaknesses in visual discrimination, organizing, planning, sustaining attention, impulsivity and hyperactivity.

Educational testing reveals that overall, Imani has solid academic skills and knowledge that are commensurate with her intellectual abilities, with the glaring exception of her very poor reading and listening comprehension. She demonstrates good mathematical knowledge and reasoning and has mastered quantitative concepts such as addition, subtraction and multiplication. She can solve problems that involve money and fractions but struggles with problems that require reading grids and graphs or involve time. Her computation skills are constrained by the fact that she has not yet required automaticity for basic math facts and must rely on strategies such as counting on her fingers and using tally marks to solve problems. Consequently, her math fluency skills are slightly below what would be expected for a child her age. While Imani’s written language is average and she is able to adequately express her ideas in

writing, important skill deficits are evident. Given complex writing tasks, similar to those she encounters in school, she exhibits problems with spelling, punctuation, grammar, sentence structure, organization and creative content. It is also difficult to read what she has written because she does not provide adequate spacing between words. Her struggle to produce more quality work is due in part, to her weak executive functioning which makes it difficult for her to manage the complex demands of writing sentences and paragraphs. Furthermore, her weak language mechanics is caused by the combination of inattentiveness, poor self-monitoring, an inadequate grasp of the fundamentals and mild dyslexia. As she continues through school and the writing demands increase, her ability to perform on grade level will likely be challenged and she should be closely monitored for the development of a writing disorder. Imani's language development is uneven with average oral expression but below average listening comprehension. She demonstrates good verbal memory, can translate pictures into meaningful sentences and aside from some grammatical weaknesses, she has no significant problems expressing her thoughts. In contrast, her listening comprehension is quite poor and she has difficulty making sense out of what others are saying. There is no evidence that problems with auditory or visual processing interfere with her listening comprehension rather, her ability to understand others is constrained by her poor receptive and expressive vocabulary. Weak listening comprehension can contribute to poor school performance because classroom instruction typically relies heavily on oral presentation of material. Reading is a profound weakness for Imani. As she heads into the fourth grade, she is only reading at a first grade level. While she has adequate word recognition and her good phonological awareness enables her to decode words easily, she is not a fluent reader and her reading rate is well below same age peers. When reading aloud, she reads haltingly and without inflection or recognition of punctuation marks. Moreover, her reading fluency is hampered by the frequency with which she skips, changes or misreads words and her tendency to lose her place. These types of errors contribute to her difficulty comprehending what she reads and are typical among people with dyslexia. In addition, Imani's reading comprehension is impeded by her small vocabulary and her limited knowledge of reading strategies such as anticipating what the text is about, predicting what will happen next and making inferences about the text. Finally, the discrepancy between Imani's cognitive abilities and her current reading skills meets criteria for the diagnosis of Reading Disorder.

Measures used to assess for symptoms of attention problems and executive functioning deficits reveal clinically significant impairment in Imani's ability to initiate, organize and prioritize work, maintain consistent mental effort and monitor her own performance. In addition, she struggles with inattentiveness, distractibility, hyperactivity and impulsivity. According to reports, in the classroom, Imani exhibits some disruptive behaviors including restlessness, difficulty sitting still, talkativeness and a tendency to blurt out answers. Taken in conjunction with her performance on the cognitive and achievement tests, this constellation of symptoms are consistent with her pediatrician's diagnosis of Attention-Deficit/Hyperactivity Disorder, Combined Type.

Emotionally, the results of this evaluation reveal that Imani is currently experiencing symptoms of depression and anxiety that are consistent with the diagnosis of Adjustment Disorder with Mixed Anxiety and Depressed Mood. By definition, adjustment disorders occur in response to psychosocial stressors that overwhelm a person's capacity to cope. For Imani, these stressors include her academic struggles, her troubled peer relationships and her relationship with her mother. More specifically, Imani is keenly aware that her grades are low and that school is harder for her than it is for other students. She also recognizes that her behaviors contribute to her problems but feels she cannot control them. At the same time, she does not believe that teachers like her or are available to assist her. Consequently, she is losing faith in her academic abilities and beginning to resign herself to performing poorly in school. Her attitude places her at high risk for school failure and/or dropping out of school. Socially, Imani believes that she has few friends and feels rejected and teased by other children. Uncertain about how to improve her relationships, she is left feeling lonely and embarrassed. Finally, while she enjoys living with her sister, she does not

have a good understanding about why she is not with her mother. The lack of her mother as a consistent presence causes her to experience feelings of loss, abandonment, sadness and anxiety. Imani tries to cope with all of these stressful experiences by relying on avoidance and denial. Unfortunately, her coping style robs her of the opportunity to consider her options and generate effective solutions. Consequently, she can become overwhelmed by her emotions which leads to impulsive behaviors such as lying or giving up easily and bouts of anxiety and depression. Her ability to cope is further compromised by her difficulty getting her needs met by others. She is uncertain about the motivations of others and vacillates between trusting people prematurely, which puts her at risk for being taken advantage of, and shying away from people, which leaves her feeling sad, lonely and anxious. Despite these feelings, Imani is a resilient child who maintains an optimistic outlook about her future, a good relationship with her family and a healthy level of self-esteem. With appropriate intervention, Imani should be able to gain more insight into the stressors in her life and develop more effective coping mechanisms.

Conclusions: Imani's average intelligence means that she has ample capacity for learning and performing on grade level in school. Her current academic struggles are best understood as the result of a combination of factors that work together to impede her ability to perform up to her ability including Attention-Deficit/Hyperactivity Disorder, Reading Disorder and Adjustment Disorder with Mixed Anxiety and Depressed Mood. Without appropriate interventions to address the impairment caused by these disorders, Imani will continue to do poorly academically and will be at risk for failing and/or dropping out of school.

Diagnosis (DSM-IV): 314.01 Attention-Deficit/Hyperactivity Disorder, Combined Type
315.00 Reading Disorder
309.28 Adjustment Disorder with Mixed Anxiety and Depressed Mood

Recommendations:

Curriculum planning. Given Imani's history of poor academic performance and her diagnosis of ADHD and Reading Disorder, an Individualized Education Plan (IEP) must be developed. Her IEP should include: 1) accommodations to help ameliorate the significant impact caused by her ADHD; 2) intensive remediation in reading and assistance to bolster her writing and math skills. It should be emphasized that her reading comprehension is so far below her peers that it will be impossible for her to benefit from regular classroom instruction in reading. Consequently, she will require specialized instruction in reading from a qualified reading specialist outside of the regular education setting; 3) support services to address her emotional issues.

In the classroom:

To address her Attention-Deficit/Hyperactivity Disorder

Imani should sit in the front of the classroom, near the teacher, away from the hall or other sources of distracting noises. This will allow her to attend better and facilitate frequent feedback from the teacher.

Imani's ability to concentrate will improve if she is provided with frequent breaks. She will perform best in short, concentrated work periods rather than longer time spans. Short periods of physical activity between tasks will help reduce her restlessness. For example, she could be asked to hand out books, collect papers or deliver notes to the office.

Imani should be allowed extra physical movement (e.g., sitting on her feet, standing in front of her desk, chewing gum, etc.) as long as it is not disruptive to other students.

Attention should be paid to who is sitting on either side of Imani. To limit distractions, she would benefit from sitting in a seat where only one student is next to her. In addition, placing her next to a student who

is typically well-focused and remains on-task will likely foster peer modeling.

Imani may attend better to tasks if mental and physical activities are alternated. Likewise, increasing the novelty in her lessons will help her improve her attention to task.

Imani would benefit from using a number of organizational strategies to improve her ability to meet academic demands including: checklists, daily planner, breaking projects into daily/weekly goals, color coding her folders, doing boring tasks first and generating outlines for longer papers.

Because Imani is easily overwhelmed by material that is visually complex or lengthy, worksheets should be modified to limit the number of items on each page.

Classroom work should be broken down into smaller assignments so that she does not become overwhelmed. Decreasing the length of independent work time should be considered. Teachers should also consider reducing her workload whenever possible.

Imani has difficulty on timed tasks, reporting that the pressure of being timed makes her anxious. If she works quickly, she makes careless errors. If she works slowly, she is unable to complete the task. Consequently, Imani would benefit from extended time on tests and written assignments to allow her to demonstrate the full extent of her knowledge.

Imani's ADHD makes it difficult for her to process directions. Consequently, important information should be introduced by 'advanced organizers.' For example, teachers can say, "This information is important to know." When giving Imani complex oral instructions, the information should be broken down into small steps. She can then be asked to repeat the instructions to assure accuracy and aid retention.

Whenever possible, Imani should be provided with written instructions for classroom assignments to make sure she has them properly sequenced and understands the tasks. Visual reminders would be particularly helpful such as a sticker on her desk reminding her what she needs to do next or a chart with pictures of each task she needs to accomplish.

Given Imani's difficulties with attention and working memory, she will need assistance to improve her comprehension of classroom instruction. She should be given an outline of material presented in class as well as verbal and visual prompts and 'check-ins' during class time to ensure that she is understanding the information being presented.

To address specific academic weaknesses:

Reading: Due to the profound deficit in Imani's reading skills, she will require daily specialized instruction from a reading specialist who has been trained to work with children with reading disorders and dyslexia. The reading specialist should address Imani's problems with skipping, changing and misreading words and help her acquire reading fluency. Moreover, Imani would benefit from further instruction in reading comprehension strategies including the following:

< To boost Imani's reading comprehension, she needs to improve her vocabulary and word recognition of irregular words. In addition to vocabulary building techniques that are a part of regular education, reading to her and/or having her listen to books on tape while she is follows along in the text can be extremely beneficial.

< People with ADHD often have trouble determining what information is important when they are reading. Imani would be helped by teaching her how to preview elements in the text that will focus her

attention on what is important such as titles, subheadings and bolded words. In addition, she should preview questions at the end of chapters to help her recognize what she should be paying attention to while she is reading. Finally, she should be taught that key concepts are typically presented at the beginning of a paragraph and summarized at the end of a paragraph or chapter. Key elements can also be emphasized by highlighting them, writing notes in the margins or posting sticky notes next to them.

< Making connections enhances memory. Imani can be taught to make associations between the text and what she has already read, what she knows about the world and her personal experiences.

< Teaching Imani to visualize or make mental pictures of what is being read will help her stay engaged and improve her memory for the material.

< Questioning before, during and after reading will help deepen Imani's understanding of what she reads. Questions posed beforehand will activate her prior knowledge and help her make predictions. During reading, she can be asked to identify the theme, clarify the meaning and make comparisons. Afterwards, questions will help her identify the main idea, locate information in the text, remember material and draw conclusions. The focus of questioning is to make Imani aware that she needs to be active when she is reading.

< Synthesizing and making inferences are also vital strategies for improving reading comprehension. Imani should be taught to 'read between the lines' using context and visual clues to help her make predictions and understand the meaning of unfamiliar words. She should also practice making inferences and comparisons and drawing conclusions. Synthesizing reading material can also be facilitated by having Imani retell the story in her own words.

Written Language: Imani struggles with language mechanics including spelling, punctuation and grammar. Unfortunately, dyslexics do not learn these skills in the same way as other children so reviewing rules will be of limited effectiveness. Below are a few strategies that might be helpful.

< To improve Imani's spelling she should be presented with structurally similar words rather than random words or words that are thematically similar. It is also helpful to present a few irregular words to help boost her knowledge and familiarity with these words.

< Dyslexics have trouble correcting themselves as they go along but they can and should be taught how to proofread their work.

< Problems with letter reversals can be assisted by overlearning the letter. For example, writing the letter 'b' over and over again before moving on to 'd'.

< Imani should be reminded to space out her words and be taught to use her finger or a ruler to help her develop a sense of what the distance between words should be.

< Writing assignments should be broken into small, structured segments with plenty of verbal and visual prompts to help Imani get started. Previewing the topic she is going to write about and using brainstorming strategies can help enhance the complexity and creativity of her writing.

< Her progress in this area should be closely monitored in case additional resources are needed to bolster her skill development. If her performance fails to show steady progress, she should be evaluated for the presence of a writing disorder.

Mathematics: While Imani's math reasoning skills are good, she needs to acquire automaticity for math

facts. This is particularly difficult for children with ADHD and should be addressed in playful ways such as flash card games and computer games that use repetition to facilitate memory. Because Imani does not respond well to time pressure and can be visually overwhelmed by a page full of numbers, she should not be drilled using methods such as ‘mad minutes’ where she has a limited time to solve a worksheet full of math problems. In addition, Imani will need to be reminded to monitor her work to catch errors such as misreading signs.

For the home:

To address her ADHD:

Imani would benefit from using a number of organizational strategies to improve her ability to meet academic demands including: checklists, daily planner, breaking projects into daily/weekly goals, color coding her folders, doing boring tasks first and generating outlines for longer papers.

A consultation from a certified ADHD coach would help Imani and her family tailor interventions to meet her specific needs.

To help with organizational skills, Imani would benefit from a weekly consultation with an ADHD coach who would be able to teach her strategies to structure her study habits, prioritize academic demands, enhance her listening comprehension and increase her ability to complete assignments independently. Other resources are also available including the following websites and books:

Websites:

www.chadd.org

www.nlci.com/nutrition

www.additudemag.com

www.mediconsult.com/add

Books for Kids:

Driven to Distraction - Hallowell

All Kinds of Minds - Levine

Distant Drums, Different Drummers - Ingersoll

Jumpin' Johnny Get Back To Work - Gordon

*Books for Parents:*Putting On The Brakes - Quinn

A Mind At A Time -Levine

The Misunderstood Child -Silver

The ADHD Book of Lists - Reif

Imani should continue to participate regularly in activities she enjoys to provide positive outlets, build confidence and provide success experiences. She should also engage in regular physical exercise which will help reduce restlessness and impulsivity.

Medication

Imani should routinely take the medication prescribed for her ADHD. She should be monitored for the effectiveness of the dose and type of medication by a pediatrician familiar with treating children with ADHD or a child psychiatrist. The treating physician should collaborate with the mental health professionals involved in her care.

Homework strategies:

To improve her ability to concentrate and sustain attention, Imani should consider trying the following strategies while doing her homework: setting a radio between stations to drown out distracting noises, limiting the distractions in her environment, setting a timer for 10-15 minute intervals to remind her to stay on task, using a squeeze ball, sitting on an exercise ball while working and taking frequent breaks.

When Imani is doing her homework, she should first estimate how long each assignment should take. After she has completed the task, provide her with feedback regarding how long the task actually took to help her improve her sense of time and time management skills.

Imani needs help prioritizing homework assignments. It is often helpful to have a child with ADHD

complete the most boring assignments first. In addition, creating a 'to do' list that she can check off will help her learn to monitor her own performance and provide her with an immediate sense of accomplishment as she checks off items.

To address her academic weaknesses:

Reading to Imani and/or having her listen to books on tape while she follows along in the text will help boost her reading comprehension, spelling and vocabulary.

Imani's deficits in basic math skills can be addressed in playful ways such as flash card games and computer games that use repetition to facilitate memory

Imani's writing skills would benefit from help thinking about what she is going to write before she begins. Brainstorming ideas and helping her organize her thoughts will improve the quality of her writing. In addition she should be reminded to proofread her work and put adequate space between words. Some families find the use of an outside tutor helpful in enhancing a student's academic skills and knowledge.

To address her depression and anxiety:

Given Imani's psychiatric diagnoses, she would benefit from one hour/week of individual therapy from a licensed psychologist or clinical social worker. Treatment should focus on teaching Imani strategies for managing her ADHD and addressing her symptoms of depression and anxiety. All of the stressors that contribute to her emotional problems including her relationship with her mother, her academic struggles and her poor peer relationships should be discussed.

Supplemental Information: Because problems with memory have been an ongoing concern, some strategies that can bolster memory have been included.

Memory Strategies: Help Imani generate her own examples when she is learning a new concept. This will increase her understanding and enhance her memory.

Concrete images are more memorable than abstract ideas which is why pictures are such important instructional and memory aids. Help Imani generate mental pictures of the information she wants to remember. To enhance reading comprehension, she can underline, highlight, or jot key words down in the margin when reading. To consolidate this information in long-term memory, she can make outlines or use graphic organizers. She can also use shapes to help organize ideas; triangles, boxes, circles etc.

Imani appears to benefit from repetition. When using this strategy, Imani should try to find a different angle each time she repeats information. By varying her approach, she will create more connections in long-term memory. For example, when memorizing a list of facts, she can: 1) write each fact three times but use a different colored pen each time; 2) write the facts on flash cards and take turns being quizzed and then quizzing someone else; 3) review the facts in order then in reverse order.

Mnemonics are memory training devices or ways of making associations to aid in remembering. They can be extremely powerful; at the same time, if you overuse mnemonics, you can spend too much time on generating and learning the mnemonics and too little time on real understanding of the material. The economical use of mnemonics can be very effective. There are many types of mnemonics. A few examples are provided:

Rhyme and melody can be excellent aids in memory. Adding a familiar song or rhythm to information can facilitate memory. For example, many young children learn the letters of the alphabet to the familiar tune "Twinkle, Twinkle Little Star."

Acronyms collapse the beginning letters of a set of information into one or a few words. For example, the acronym HOMES can be used to represent the names of the Great Lakes – Huron, Ontario, Michigan, Erie and Superior. The acronym is a cue that is used when the information is being learned, and recalling the cue will help recall the information.

Chaining involves creating a story where each word in the chain cues the next idea you need to recall. For example, to remember the musical notes ‘G’, ‘B’, ‘D’, ‘F,’ some use the story “Good boys do fine.”

Chunking is a technique used when remembering numbers, although the idea can be used for remembering other things as well. People can typically remember between 5 and 9 things at one time. When you use "chunking" to remember, you decrease the number of items you are holding in memory by increasing the size of each item. In remembering the number string 64831996, you could try thinking about the string as 64 83 19 96 (creating "chunks" of numbers).

The Image-Name Technique: (for remembering names) Simply invent any relationship between the name and the physical characteristics of the person. For example, if you had to remember Shirley Temple's name, you tell yourself she has "curly" (rhymes with Shirley) hair around her temples.

It has been a pleasure to work with Imani. If I can be of any further assistance, please feel free to contact me.

Margot L. Richters, PhD
Licensed Clinical Psychologist
MD License #3006

Test Results
COGNITIVE TESTS: WJ-III (Norms based on age 9)
Standard Score*

				Percentile Rank	
Classification					
Global Intellectual Ability	100			50	Average
 <u>Cognitive Performance Clusters</u>					
Verbal Ability (Ext)		89		23	Low Average
Verbal Comprehension	89			23	Low Average
Information	89	23		Low Average	General
Thinking Ability (Ext)		111		76	High Average
Auditory Learning	109	73		Average	Visual-Spatial
Relations	92	29		Average	Sound
Blending	103	57		Average	Picture
Recognition	101	51		Average	
Retrieval Fluency		105		62	Average
Auditory Attention	103			59	Average
Concept Formation	113			81	High Average
Analysis-Synthesis	118			89	High Average
Cognitive Efficiency(Ext)		96		39	Average
Visual Matching		91		28	Average
Decision Speed	108			70	Average
Numbers Reversed	92			31	Average
Memory for Words	100			50	Average
 <u>Factor Clusters</u>					
Fluid Reasoning		117		87	High Average
Analysis-Synthesis	118			89	High Average
Concept Formation	113			81	High Average
Visual-Spatial Thinking		95		37	Average
Spatial Relations		92		29	Average
Picture Recognition	101			52	Average
Auditory Processing		104		60	Average
Sound Blending	103			57	Average
Auditory Attention	103			59	Average
Short Term Memory		95		38	Average
Numbers Reversed	92			31	Average
Memory for Words	100			50	Average
Long-Term Retrieval		110		75	Average
Visual-Auditory Learning		109		73	Average
Retrieval Fluency		105		62	Average
Processing Speed		98		44	Average
Visual Matching		91		28	Average
Decision Speed	108			70	Average
 <u>Clinical Clusters</u>					
Working Memory		94		45	Average
Numbers Reversed	92			31	Average

Auditory Working Memory	99	48	Average
Phonemic Awareness	100	49	Average
Sound Blending	103	57	Average
Incomplete Words	96	39	Average
Cognitive Fluency	99	47	Average
Retrieval Fluency	105	62	Average
Decision Speed	108	70	Average
Rapid Picture Naming	94	34	Average

*(Mean = 100, Standard Deviation = 15)

ACHIEVEMENT TESTS: WIAT-II (Norms based on age 9)

	Standard Score*		Percentile Rank	
Classification				
Reading	81	10		Low Average
Word Reading	96	39		Average
Reading Comprehension	60	0.4		Extremely Low
Pseudoword Decoding	94	34		Average
Mathematics	99	47		Average
Numerical Operations	100	50		Average
Math Reasoning	100	50		Average
Written Language	96	39		Average
Spelling	95	37		Average
Written Expression	100	50		Average
Oral Language	101	53		Average
Listening Comprehension	84	14		Low Average
Oral Expression	119	90		High Average
Total Composite	90	25		Average

*(Mean = 100, Standard Deviation = 15)

MEMORY AND LEARNING TESTS: WRAML2

	Scaled Score*	Standard Score**	Percentile Rank
Verbal Memory Index		88	21
Story Memory	9		
Verbal Learning	7		
Visual Memory Index		100***	50
Design Memory	6		
Picture Memory	14***		
Screening Memory Index		92***	30

*(Mean = 10, Standard Deviation = 3), **(Mean = 100, Standard Deviation = 15), *** (This number is likely an overestimate due to response style, see report for details)

VISUAL-MOTOR TESTS: Bender-Gestalt-II

	Standard Score*		Percentile Rank
Classification			
Visual-Motor Coordination		93	32
Normal Range			
Motor Skills	-	51-75	Normal Range

Perception - <25 Well Below
 Normal
 *(Mean = 100, Standard Deviation = 15)

BEHAVIOR RATING SCALES

Conners' Parent Rating Scale - Revised (L)

	Standard Score
Oppositional	45
Cognitive Problems/Inattention	85*
Hyperactivity	58
Anxious-Shy	59
Perfectionism	44
Social Problems	45
Psychosomatic	44
Conners' ADHD Index	84*
Conners' Global Index: Restless-Impulsive	65*
Conners' Global Index: Emotional Lability	42
Conners' Global Index: Total	58
DSM-IV: Inattentive	81*
DSM-IV: Hyperactivity-Impulsive	74*
DSM IV: Total	81*

*(Clinically significant problems)

Brown ADD Scales (BADDs) - Parent Report

	Standard Score	
Activation	66*	Focus
	69*	
Effort	74*	
Emotion	58	
Memory	59	
Action	59	
ADD Inattention	66*	
ADD Combined Total	65*	

*(Clinically Significant)

Behavior Assessment System for Children - 2- Parent Report

	Standard Score
Externalizing Problems	
Hyperactivity	56
Aggression	40
Conduct Problems	75*
Internalizing Problems	
Anxiety	50
Depression	41
Somatization	36
Other Behavior Symptoms	
Atypicality	41
Withdrawal	44
Attention Problems	69*

Adaptive Behaviors (High scores indicate high levels of adaptive skills)

Social Skills	50	
Leadership	46	
Adaptibility	55	
Activities of Daily Living		47
Functional Communication	52	

***(Clinically Significant)**

**Behavior Assessment System for Children - 2 - Self-Report
Standard Score**

School Problems

Attitude Toward School	35	
Attitude Toward Teachers		67*

Internalizing Problems

Atypicality	37	
Locus of Control		57
Social Stress	74**	
Anxiety	65*	
Depression	68*	
Sense of Inadequacy	61*	

Inattention/Hyperactivity

Attention Problems	74**	
Hyperactivity	81**	

Personal Adjustment (High scores indicate better adaptive skills)

Relations with Parents	52	
Interpersonal Relations	24**	
Self-Esteem	54	
Self-Reliance	48	

**** (Clinically Significant), *(At-risk)**

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PSYCHOLOGICAL/PSYCHOEDUCATIONAL EVALUATION

Name of Patient:	Sean Jones
Date of Birth:	October 19, 1997
Date of Evaluation:	June 15, 2009
Date of Report:	June 18, 2009

Reason for Referral

Sean Jones, an 11-year-old African-American youth, was referred for a psychological and psychoeducational evaluation, to assess his current cognitive, academic and emotional functioning. As part of this evaluation, I interviewed and tested Sean at my office on June 15, 2009. This report is based on the interview and test results, as well as a review of the following documents forwarded to me by Ms. Kathy Zeisel, from the Children's Law Center, who is the attorney for Sean's mother, Ms. Jill Jones:

1. Student Evaluation Plan for Sean , dated October 11, 2007.
2. D.C. Public Schools Individualized Educational Program (IEP) for Sean , dated February 5, 2008.
3. D.C. Public Schools Multi-Disciplinary Team (MDT) Meeting Notes for Sean , dated February 4, 2008.
4. Functional Behavioral Assessment of Sean , dated February 5, 2008.
5. MDT Meeting Notes for Sean , dated February 17, 2009.
6. DCPS Intervention Behavior Plan for Sean , dated March 3, 2009.
7. DCPS Social Work Evaluation of Sean , dated December 5, 2007, signed by Annette Doxie.
8. DCPS Psychological Evaluation of Sean , dated January 8, 2008, signed by Mabel C. Bates, M.A., M.Ed.
9. Educational Evaluation of Sean , dated January 24, 2008, signed by Suruchi Lall.
10. Deficiency Report for Sean , dated January 10, 2006.
11. Report Cards for Sean from the third, fourth and fifth grades in the 2005-2006, 2006-2007, and 2007-2008 School Years, respectively.
12. Vanderbilt Assessments for Sean , dated April 6, 2006.
13. Student Chronology of Behavioral Problems for Sean , dated April 30, 2009, compiled by Peter R. Jeffrey.
14. Discipline Referral Form for Sean , dated February 18, 2009.
15. Suspension (Level II) for Sean , covering the period from March 2, 2009, to June 15, 2009.

16. Parental Contact Log for Sean , dated March 3, 2009, signature illegible.
17. Medical Records for Sean from Children's National Medical Center, dated August 26, 2005, March 3, 2006, April 6, 2006, December 14, 2006, December 18, 2007, and December 17, 2008.
18. Diagnostic Summary for Sean from the Fihankra Wellness Center Program, dated March 17, 2009, signature illegible.

Background Information

Sean is the youngest of three children born to Ms. Jones, and the only child of his mother and Sean Jones, Sr., who died in 2004, at the age of 32 from a heart attack. Sean 's older siblings include an older brother, Derrick, age 13, who attends Kramer Middle School, and a sister, Raynyl, age 15, who attends Thurgood Marshall Academy.

Sean reportedly resided with both his mother and father together until he was 4 or 5 months old, at which time his father moved out of the home. Sean subsequently lived primarily with his father for the next year until his parents began living together again. They reportedly remained together for two years, but Sean again left with his father after the couple separated, and lived primarily with him until his father's death in 2004. Sean was reportedly quite traumatized by the death of his father, and also the transition at that point to his mother's home and care, although he reportedly had ongoing contact with her during the time he was living with his father.

Sean reportedly has a long history of academic and emotional problems, which his mother noted is quite at odds with his older brother and sister, who reportedly do well academically and socially, and this adds to difficulties for Sean . Sean attended HeadStart at Turner Elementary School and then transferred to Stanton Elementary School when he was in the third grade. He reportedly has a history of suspensions and disciplinary actions. He reportedly has been distracted and disruptive in class, often skips class and runs the halls, and has a general disregard for school rules and regulations. It is reported that he has great difficulty completing in-class assignments as well as homework, and it has also been reported that on numerous occasions he has used profanity and verbal threats toward peers and adult staff. He has also been involved in numerous fights over his brief academic career.

Sean is currently in the sixth grade at Hart Middle School, but was suspended for the final three months of the school year after he reportedly threatened to assault school security. According to reports from Ms. Zeisel and Ms. Jones, Sean will attend Hamilton Educational Center this summer for extended school year classes, and get some additional tutoring as well. According to reports from Ms. Jones, Sean struggles tremendously with behaviors, particularly at school, but also at home. In terms of classes, she reported that he does relatively well in math but is behind in spelling, and especially in reading. She reported that he will fight and act out, and in addition to threatening a security guard in the spring semester of the current school year, he was also accused of being involved in a rock throwing incident at school staff.

While Ms. Jones reported that Sean has been home with his maternal grandmother, he will frequently abscond while she (his mother) is at work, and she noted that she has lost many jobs over the years because she has had to take time off to deal with his academic and behavioral problems. She noted that he has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) in the past, and he had been placed on medication. She reported that it helped to a degree, but also seemed to greatly interfere with his ability to participate in extracurricular activities, including sports, which seemed to be the source of some significant concern for him, as sports seem to be something at which he excelled. Ms. Jones noted that, for the most part, his behavior in sports is good, and he gets along relatively well with his teammates. In school, however, she reported that he has few friends because he “runs them all away.”

Sean was previously evaluated on one occasion in late 2007 (report dated early 2008), and at that time he was found to have a Full Scale IQ of 78, in the Borderline Range, but this was based on considerably discrepant subscale scores. His verbal comprehension was in the low end of the Average Range, while his processing speed was in the upper end of the Average Range. By significant contrast, his non-verbal reasoning and his working memory were in the extremely Low Range. Around that same time, in early 2008, Sean’s academic achievement as measured by the Woodcock-Johnson found that his mathematical abilities were generally in the Average Range, and fairly consistent with his then-grade placement. His reading and written expression, however, lagged considerably behind, and while at that time he was in the fifth grade, his reading and writing were found to be at the second grade level. Review of his report cards from the past few years indicates generally below basic achievement in most subjects, and considerable documentation of ongoing problems behaviorally that impact his academics.

Interview and Behavioral Observations

Sean arrived promptly for his scheduled appointment, accompanied by his mother and Ms. Zeisel, both of whom I had the opportunity to speak with prior to my meeting with Sean . While slightly guarded at first, Sean was generally pleasant and cooperative throughout the evaluation process, and rapport was easily established. I informed him at the outset of the interview of the relative lack of confidentiality as to my findings, and of the preparation of a report that would be used for school placement purposes. Sean indicated that he understood these conditions and was willing to continue with the evaluation.

In order to begin with more neutral topics, I had Sean confirm his age and birth date, and he also noted that he is currently finishing the sixth grade at Hart Middle School. However, he acknowledged that he has been suspended since early March. He reported that he did not like Hart very much, and while he liked being in school, he did not like being in an environment where “people were cussing a lot.” He noted, in fact, that it really bothers him when others yell and cuss and fight.

When asked about his favorite subject, Sean reported that it is Math and said that his least favorite subject is Reading. He remarked that he knew that his grades were poor but this seemed mostly to be related to behavioral problems, although he acknowledged that he did not understand some information that he was taught.

When asked specifically about his behavior, Sean reported, “Some days it was good, some days it was bad.” In our discussion about this, though, Sean seemed to blame others a great deal for his getting into trouble, and also reported that he got blamed for things that he did not do. He claimed, for instance, that another student had thrown the rock that led to his suspension, but he was the one that laughed when it happened, and was, thus, singled out as the person who must have thrown it. He did acknowledge fighting peers and staff, though, but in almost every situation reported that he was provoked. In talking about prior schools, Sean acknowledged that he had similar problems in many of them. He reported, though, that he liked Kimball better than Hart, but noted that even there he got suspended the day before he was supposed to graduate.

As we talked about extracurricular activities, Sean reported similar experiences to those indicated by his mother. He said that he likes to play football, basketball and baseball, and does so for his local Boys and Girls Club. He acknowledged that he has fewer problems behaviorally on the sports fields, and when asked what his understanding of this might be, Sean said he was at a loss. His only comment in this regard was that he thought they were more fun than school. He did ask, though, whether or not he might be getting a mentor for the summer, and remarked that he would very much like one, and this somewhat naturally led to a discussion of his father’s death and family relationships.

Sean acknowledged that he is the youngest of three children and that he had lived with his father for most of his life prior to his father’s untimely death. He reported that he and his father were very close, and he was extremely saddened by his father dying of a heart attack. He noted that he was generally “okay” with the transition to living with his mother, as he had had a good deal of contact with her earlier in his life, but acknowledged that some parts of it have been difficult.

Sean acknowledged some problems at home, noting that he does often leave the house because he is bored staying home, even though his mother has told him not to leave. He seemed to have some awareness that his mother and grandmother (who stays with him) were somewhat upset by his leaving, but did not seem overly troubled by this. He also reported that he occasionally gets into arguments with his brother and sister and a cousin, with whom he has some regular contact. In fact, he reported that a cousin hit him recently and he subsequently pulled a chair out from under him while they were at church. Sean noted that he got into the most trouble for this, but again claimed it was not primarily his fault. (Ms. Jones had noted of this incident that she felt that a Sunday School teacher’s insistence that Sean read a Bible passage was what upset him to begin with, and led to his behavioral outburst).

Finally, when asked about his mental health, Sean acknowledged that he had taken medication in the past, but reported that he stopped because he would arrive from school too tired to engage in any extracurricular activities. Given that he very much wanted to play sports, he said that his mother felt that the side effects were negating some that was positive in his life. He did acknowledge, though, that the medication helped him focus at times in school, although he acknowledged that he still got into a great deal of trouble even while taking medication.

As we talked further about the symptoms for which he was prescribed medication, Sean acknowledged that he is easily distracted and has poor attention and focusing. He reported, though, that he is not particularly hyperactive, although he acknowledged that he can be somewhat impulsive in his decision-making at times. When asked about other symptoms, Sean acknowledged that he feels sad at times, but noted, "I can't really explain it." He reported that he sometimes thinks about his father and this makes him sad, but said that such feelings are more limited now than in the past. He denied, even in the aftermath of his father's death and subsequently, ever thinking about suicide. He did acknowledge, though, that he can occasionally be moody but did not feel that he ever had any manic or frenetic kinds of behaviors. He also denied ever experiencing any symptoms suggestive of psychosis.

In terms of his mental status at the time of the evaluation, Sean was alert, cooperative, fully oriented, and in no acute distress. There was no evidence of hallucinations, bizarre thought content, or suicidal or homicidal ideation or intent. His affect was in full range and appropriate to the matters discussed. His eye contact with me throughout the evaluation was good. His voice volume and speech rate were normal, and his conversation was logical and coherent. His attention, concentration, and abstract thinking abilities appeared grossly intact, but will be discussed further below. His memory for recent and remote events also appeared intact as did his immediate recall. His insight and judgment appeared quite limited. Sean was cooperative with testing and appeared to put in appropriate effort in completing the tasks presented to him. As such, the results are felt to be an accurate reflection of his current cognitive, academic and emotional functioning.

Tests Administered

Wechsler Intelligence Scale for Children-Fourth Edition (WISC-IV)

Woodcock-Jones Psychoeducational Battery-Third Edition (WJ-III)

Tests of Achievement

Gordon Continuous Performance Test (CPT)

Bender Visual Motor Integration Test

Rey-Osterreith Complex Figure Drawing Test

Rorschach Inkblot Test

Incomplete Sentences Test

Roberts Apperception Test

Projective Drawings

Test Results

Intellectual Functioning

On the WISC-IV, a Full Scale IQ of 75, placing him in the Borderline range of overall functioning, but this reflects slightly variable functioning in among the various subscales that comprise the Full Scale IQ, and thus may not be the most accurate representation of his global cognitive functioning. His individual subtests scores and various index scores are as follows

(subtests have a mean of 10, standard deviation of 3; index scores and IQ scores have a mean of 100, standard deviation of 15):

<u>Verbal Comprehension Index</u>	75	<u>Perceptual Reasoning Index</u>	73
Similarities	5	Block Design	5
Vocabulary	6	Picture Concepts	7
Comprehension	6	Matrix Reasoning	5
<u>Working Memory Index</u>	91	<u>Processing Speed Index</u>	85
Digit Span	10	Coding	8
Letter-Number Seq.	7	Symbol Search	7

In many respects, these scores are similar to those Sean obtained in 2008. In terms of his general verbal abilities, Sean's performance was fairly limited, with his scores falling in the Borderline range. Upon closer inspection, his acquired skills were poor, as were his reasoning abilities. His acquired oral vocabulary skills were limited, and he struggled at times in his explanations of word meaning. His knowledge of social norms and mores and ability to reason through social problems (Comprehension), too, fell in the Borderline range, as again at times he had difficulty fully communicating various concepts. (It is noteworthy that this latter score decreased considerably from prior levels. Reviewing Sean's performance on the present testing, he appeared to reach the limits of his social knowledge and reasoning quickly, and thus it is likely that the prior score may have been an error.) These two scores (vocabulary and Comprehension) together reflect his acquired knowledge skills. Similarly, his performance on a verbal reasoning task (Similarities) was poor, falling in the Borderline range. This reflects more innate verbal skills, and suggests that he is functioning at or near his verbal capacity. While these scores give some indication of strengths and possible weaknesses in Sean's acquired knowledge skills, these are discussed at greater length below in the academic achievement section below.

Somewhat stronger than his performance on other orally-presented verbally-based subtests, Sean's performance on working memory tasks was also slightly below average. His attention for short strings of information (Digit Span) was good, but he generally performed better when repeating the numbers in exactly the same manner as they were presented to him. When required to recite them backwards, though, or when tested on his ability to mentally reorganize numbers and letters (Letter-Number Sequencing) he struggled, although still within the Low Average range. These latter scores also suggest some underlying difficulties with complex attention and executive processing which likely have a negative impact on his learning.

On more non-verbal tasks, Sean's performance was somewhat more variable, and overall it was similar to his verbal/oral test performance. Sean's performance on a test of visual-motor integration (Block Design) was limited, in the Borderline range, and this was the lowest of his performance in this area. His nonverbal problem solving (Matrix Reasoning) was similar, and also in the Borderline range. Together, these tests suggest difficulties with visual-motor integration, which was also seen on specialized testing (see below). On another test of nonverbal reasoning, though, which was much less abstract, Sean's performance (Picture Concepts) was

better, falling in the Low Average range. Thus, while he may struggle at times with nonverbal problem solving, his performance in some areas of it (especially when he has a great deal of structure to follow) remains at below average compared to his peers. It is also noteworthy that he performs better in these tasks when provided with more structure, and also when he is not working under strict time constraints.

Finally, when working on pure, speeded processing tasks (Coding and Symbol Search, yielding the Processing Speed Index) Sean performed in the Low Average range. This was perhaps the least surprising finding from testing, as Sean appeared to work somewhat slowly on almost all tasks. Again, however, this is a significant difference from his 2008 test results, where he performed in the Average to High Average range. These specific tasks require rote transcription of symbols matched to numbers (Coding) and visual scanning for similarities among designs (Symbol Search). On the former, Sean performed in the Low Average range, and also made no errors. On the latter test, though, Sean also performed at a Low Average level, but also made a number of mistakes due likely to inattention, likely from going too quickly.

In order to further examine Sean's visual-motor integration problems, he was administered two different tasks, the Bender, a task requiring him to reproduce simple geometric designs, and the Rey-Osterreith Complex Figure Drawing Test. On the Bender, Sean obtained a standard score of 75, at the 5th percentile. Although this score falls at the low end of the Average range, and is in a general range with his Perceptual Reasoning score, it is also below expectations for his age, and are similar to the performance of an average 12-year, 6-month-old child.

Sean's performance on the Rey-Osterreith drawing, in contrast to his simpler Bender drawings, was poorer. This task involves copying a rather large, interwoven series of geometric shapes. Sean's planning and organization of the drawing was quite poor. He did not appear to "see" the larger gestalt of the picture, but instead drew a representation as if he only viewed one part at a time. His completed drawing reflected a piecemeal representation of the original stimulus, which was quite distorted. His score was more than one standard deviation below the mean compared to a normative sample of 15-year-olds. His recall of the drawing was even poorer, reflecting his poor encoding of the drawing. Taken together with his Bender results, Sean appears to still show a pronounced visual-spatial processing deficit. In essence, he does not view the world as most others do, and tends to perceive individual pieces more so than "wholes," which can often lead to his "missing the forest for the trees."

Attention

As Sean has had difficulty with attention and concentration, I administered the Gordon Continuous Performance Test (CPT), which required him to visually attend to a series of stimuli. On the simpler, vigilance task, Sean was able to sustain his attention and missed only five of the 30 correct stimuli. Notably, though, examining his performance over the six minutes of the test, he attended fairly well for the first two minutes, his performance (as assessed by his speed of responding, rather than simply the correctness of his responding) trailed off after that. On the more challenging distractibility condition, Sean had more difficulty, missing nearly two-thirds of the stimuli. He also showed a pattern of responding impulsively. This latter score falls in the

Deficient range, and it suggests greater distractibility and impulsive responding. In short, he appeared to be often overwhelmed by the stimuli presented to him, and responded accordingly, in an impulsive and haphazard manner.

Academic Achievement

In order to assess his performance in academic areas, particularly reading, writing, and mathematics, Sean was administered the subtests comprising the Tests of Achievement of the WJ-III. His index scores and subtests (same means and standard deviations as the WISC-IV), as well as their age- and grade- equivalents are as follows:

	<u>Standard Score</u>	<u>Age Equivalent</u>	<u>Grade Equivalent</u>
<i>Broad Math</i>	88	9-10	4.3
<i>Math Calculation Skills</i>	87	9-11	4.4
<i>Broad Reading</i>	76	8-2	2.9
<i>Basic Reading Skills</i>	77	7-9	2.4
<i>Broad Written Language</i>	76	8-3	3.0
<i>Written Expression</i>	74	8-4	2.9
<i>Total Achievement</i>	74	8-10	3.2

Overall, Sean 's scores on these tests were very similar to his scores on cognitive testing that was administered in January 2008. These suggest that he had made little, if any, progress during the past school year and a half. Indeed, examining his age- and grade-equivalent scores reveals that he is functioning well below expectations for his age and grade level in math, but even more so in reading and writing. His overall Total Achievement score, being based on consistent subscale scores, is an accurate reflection of his overall abilities, and indicates that Sean 's general functioning is generally at the 3rd grade level.

Sean 's math skills continue to be a relative strength for him, but his performance was still generally poor and showed some discrepancy between his general knowledge of mathematical principles and his ability to put that knowledge into practice, and both also showed some effects of inattention, consistent with findings from the WISC. His knowledge of simple addition, subtraction, and multiplication was fairly good, but his basic knowledge of division was poor. He also had little understanding of calculations using fractions or decimals (Calculation, SS=84, AE=9-1, GE=3.8). Also, on more than a few occasions, too, he miscomputed information by not attending to the proper sign (e.g., adding instead of subtracting). Similarly, he struggled to set up and solve word problems (Applied Problems, SS=89, AE=9-9, GE=4.1). Lastly, while most of the mathematics tests were untimed, on one task which assessed his quickness of completion of very simple math problems (Math Fluency, SS=98, AE=11-4, GE=6.0), Sean performed better than he had on other math tasks. His score fell at the 6th grade

level. This is much better but still below expectations based on his current grade and his global math skills and provides further evidence of a slowness of processing that was seen on the WISC.

Sean's reading skills were weaker and he seemed less than confident in his abilities. Sean's performance revealed that his basic whole word reading was quite weak (Letter-Word Identification, SS=77, AE=8-1, GE=2.8) as was his phonetic decoding of words (Word Attack, SS=78, AE=7-4, GE=1.8). Both difficulties in basic reading seemed to hurt Sean when he was reading through the Reading Comprehension paragraphs, as he would be unable to sound out certain words that he did not know and seemed not to gather much about their meaning. His comprehension was also a struggle for him and his score (Passage Comprehension, SS=73, AE=7-6, GE=2.1) was well below expectations for his age and grade. Slowness in reading also seemed to add to his difficulty (Reading Fluency, SS=85, AE=9-1, GE=3.7). As many of the basic building blocks for Sean, in terms of reading, need strengthening, he will need tremendous assistance to help speed up his reading and comprehension to be able to fully demonstrate his reading strengths on standardized tests.

Sean's writing ability appeared to be slightly stronger than his reading, but upon closer inspection his scores appeared more consistent with his reading level, although many difficulties noted are not fully reflected in his scores, due in part to scoring issues with the WJ-III. His weakness in whole-word and phonetic reading appeared to carry over directly into his spelling, which fell at only the middle of the 3rd grade level, in the Borderline range (Spelling, SS=80, AE=8-3, GE=3.1). He was able to spell sight words (typically over-learned basic words) but performed more poorly when presented with words that he had to phonetically spell out, and his scores on both of these were well below his current grade level. His ability to write coherent sentences and passages was limited too (Writing Samples, SS=87, AE=8-11, GE=3.2), falling at the 3rd grade level, although this appeared to be a slight overestimate of his abilities given the scoring criteria of the test. That is, many of his written statements contained some grammatical inconsistencies and syntactical errors; however, these are not considered in the overall scoring. Certainly, if they had been his scores would have been slightly poorer. Finally, his speed at writing simple sentences followed other fluency tests in showing limited performance. His abilities (Writing Fluency, SS=70, AE=8-0, GE=2.8) in this regard were quite poor.

Personality Tests

Also in many ways consistent with previous reports, the results of Sean's personality testing are suggestive of his appearing mildly depressed and having some difficulty communicating his feelings appropriately. His self-perception can be quite negative when he compares directly himself with others. He also manifests some low self-esteem, and feelings of insecurity and inadequacy in dealing with problems. Many of these self-perceptions though, seems to be somewhat unrealistic, as testing also showed that his view of himself appears to be of one not based on actual experience but instead on some idealized view of what he feels he should be like. Testing, though, also suggests that Sean has more psychological coping resources available to him than he gives himself credit for. However, because his more negative

perceptions sway his views, his view of himself, his goals, and his place in the world are all quite pessimistic, and he feels helpless to change his circumstances.

Sean also displays some dependency needs and needs for security, safety, and nurturance, and this came across in his sentence completions, his projective stories, and his responses to the Rorschach cards. Even though he is a young adolescent, emotionally he presents as a child in need of a great deal of emotional and physical support, who clearly wants it, but is not completely sure how to get it. His perception of adults is one in which he sees them as the possessors of nurturing and beneficial gifts, but as also very withholding and unwilling to provide what they have to the children around them. In many ways, Sean tends to view the world as an environment in which he does not perceive nor anticipate positive interactions with others to be a matter of course. This produces a considerable conflict for him, given his dependency needs.

One way that Sean has developed to defend against his feelings of insecurity and depression is by becoming overly focused on himself, often to the exclusion of others. While this may often appear to be more manipulative or off-putting to others, a large part of its role appears to be defensive and self-protective. This characteristic, though, is highly influential in both his decision-making and behaviors. He is likely to adopt a “me first” attitude in most situations he encounters, perceiving events and circumstances through the prism of how they might, first and foremost, affect him. This typically disregards anyone else’s thoughts or feelings.

Such a self-perception, though, requires a great deal of recognition and reinforcement from others, and the resulting increased sense of dependency leads to the expectation that others will be more tolerant and accepting of his needs and demands before theirs. When this is not achieved (i.e., when Sean does not get what he wants), he can become easily frustrated. Additionally, testing suggests that Sean has some limits in self-control, and can be easily overwhelmed by emotional situations. When he feels overwhelmed he is likely to act out in impulsive ways. He also shows a limited ability to modulate his expressions of emotion, particularly when he is overly stressed, but that most of the time he keeps very strict controls on his expressions, so as to appear more emotionally withdrawn.

Summary and Recommendations

Sean Jones, an 11-year-old African-American youth, was referred for an evaluation of his current cognitive, academic and emotional functioning. Sean is the youngest of three children born to his mother, and the only children born to his mother and late father. Sean resided with his father for much of his life up until his father died in 2005. Since that time he has lived with his mother and older brother and sister. Sean has had a long history of academic and emotional problems, and has a history of suspensions and disciplinary actions. He has been distracted and disruptive in class, often skips class and runs the halls, and has a general disregard for school rules and regulations. Most recently he has been suspended for the past three months for allegedly throwing a rock at school staff from Hart Middle School. Sean will reportedly attend Hamilton Educational Center this summer for ESY classes, but concerns remain about his

emotional, behavioral, and academic progress. Sean has been diagnosed with ADHD in the past and placed on medication, but this was discontinued due to side effects. Prior testing in 2008 found Sean to have a Full Scale IQ of 78, and academic achievement testing found that his mathematical abilities were generally in the Average Range, but his reading and written expression lagged considerably behind.

Sean was slightly guarded at first, but was generally pleasant and cooperative throughout the evaluation process. Sean acknowledged problems that he has had, at school and at home, but generally minimized or denied responsibility for them. He blamed other students at school, for instance, for cursing or acting up, and this leading to a negative environment for him. He also claimed that he was unfairly accused of some behavioral infractions (including the rock-throwing incident) that he did not commit. In terms of academics, Sean indicated that he likes math best and reading least, but again while acknowledging that his grades were poor, he said this was mostly related to behavioral problems. By contrast to school, Sean reported that he likes sports and does not struggle with behavioral issues in this arena. As for his home life, Sean acknowledge some ongoing depression over his father's death but said that he likes living with his mother and siblings.

Cognitive testing revealed that Sean's intellectual abilities fall in the high Borderline to the low end of the Average range. His acquired verbal skills were poor, as were his verbal reasoning abilities. His nonverbal reasoning and visual-motor integration were also weak. His speed of processing was slowed—a notable diminishing since his testing in 2008. His attention also reflected a decrease from prior levels and while his basic attention skills were fair, with added complexity his performance dropped precipitously. Neuropsychological testing that I administered yielded fairly similar results. His basic visual-motor integration skills were fairly good but with increasing complexity he struggled a great deal. His basic attention skills were also fair, but he became very easily distracted and very impulsive in his responding. Significant problems with executive control, including planning, organization, attention, and abstract reasoning were also noted.

Academically, Sean's performance (in terms of standard scores) was mostly below even his limited cognitive test results, with most of his scores falling in the Borderline to range. However, examining his performance and comparing it to his same-age and same-grade peers highlighted significant problems in all three areas. His basic reading skills are very poor and negatively affect his reading comprehension which is well below expectations for his age and grade. Similarly his spelling is generally limited, and his writing lacks basic mechanics. His performance in both of these areas falls around the 2nd to 3rd grade level. In math, too, he has mastery of basic skills up to the 4th grade, but struggles with such computations as simple multiplication, division, decimals and fractions. His math reasoning was more limited, and this does not bode well for the future, as math will increase in abstraction and complexity in middle school.

Emotionally, Sean shows signs of depression and anxiety, as well as some problems with emotional processing and expression. His self-esteem is poor, and he has significant feelings of insecurity and inadequacy in dealing with problems, likely as the result of his early experiences.

He displays some limitations in psychological resources for coping and uses primitive defense mechanisms for dealing with unwanted feelings. He also harbors some anger and shows some feelings of rebelliousness against authority, but more than anything seems to feel rejected, hurt, and misunderstood by others. While outwardly displaying an almost overconfident sense of self, testing suggests that his internal sense of self is limited and that he can feel easily overwhelmed. Additionally, personality testing indicates that Sean's ability to make decisions is limited in general, and is particularly so in the face of strong feelings.

Axis I	314.01	Attention Deficit Hyperactivity Disorder, Combined Type
	312.9	Disruptive Behavior Disorder
	300.4	Dysthymic Disorder
	R/O	Posttraumatic Stress Disorder
	315.00	Reading Disorder
	315.80	Disorder of Written Expression
Axis II	V71.09	No diagnosis
Axis III	None	
Axis IV	Severe at present, recent suspension, multiple school placements	
Axis V	GAF Current=40, Highest Past Year=40	

Diagnostically, the most significant impressions are Sean's inability to attend, his ease of distraction, and his tremendous impulsivity in the face of his inattention, all of which indicate ADHD. It is also quite likely that in addition to accounting for his forgetfulness, Sean's ADHD also accounts for some conduct problems and oppositionality, that have also been reported. Indeed, research indicates that there is considerable comorbidity (co-occurrence) of these three conditions. At this point, I have included them under the rubric of a Disruptive Behavior Disorder, but separate Conduct Disorder and Oppositional Defiant Disorder symptoms should be carefully monitored.

Additionally, while he denies any significant depressive symptoms, psychological testing does suggest some mild depressive symptoms that generally fit the criteria for Dysthymic Disorder, a low-grade, but more chronic feeling of sadness, insecurity, and inadequacy. I have also included in his diagnostic list a rule-out for PTSD, related to some possible ongoing sequelae from the untimely death of his father. Finally, while some of Sean's cognitive abilities are limited, some of his abilities are better than others and suggest that he could be functioning at a higher level than he is at present. Nevertheless, Sean's reading and writing, and to a lesser but still important degree his math, continue to be poor even relative to his cognitive abilities and he has made few appreciable gains in the past year and a half since he was last evaluated, necessitating formal diagnoses of specific Reading Disorder and Disorder of Written Expression.

Given this diagnostic assessment and the other evaluation findings, I would recommend a series of interventions. On a therapeutic front, I would strongly recommend that Sean participate in individual therapy—with a male therapist, and have a mentor (as he requested) would provide him an additional level of male therapeutic role-modeling. While he is likely to be resistant to therapy, establishing a solid working relationship with a therapist who can both nurture and challenge him will, in my opinion, give a boost to his overall development. To keep him more

invested in the therapeutic process, I would recommend that the focus be less on past difficulties and more on increasing his insight and decision-making. In addition to individual and possibly group therapy (social skills group), I would recommend that his mother participate in periodic collateral sessions with Sean's therapist to help her better understand and deal with any difficulties that arise at home. I would also recommend that Sean be referred to a psychiatrist for an assessment of appropriate medication, especially for his ADHD symptoms. While he is likely to be resistant to this, perhaps if effective medication can be found—without the side effects he suffered before—and he is able to make progress, he might be more motivated to continue with his regimen.

In order to address his academic needs, I would strongly recommend that Sean be placed in a full-time, psychoeducational day school placement that has a focus on both emotional disturbance issues and learning disabilities. A full-time setting is necessary because Sean requires a low student-teacher ratio, a small class size, and more individualized instruction, with a second teacher available in the classroom to assist with student progress. A full-time psychoeducational program would afford Sean the ability to benefit from an extra degree of therapeutic support (preferably provided by a clinician in or near his classroom) and psychotherapeutic service, in addition to his outside individual therapy. Due to his emotional issues and behavioral difficulties, I would recommend psychosocial counseling (60 min/wk individual with a Ph.D.-level psychologist or LICSW-level social worker) in school, as well as once a week group (preferably a social skills group) therapy, and as needed based upon his behavioral needs as they arise. The function of this counseling should be on assisting Sean with his behavior, attention, and focus, and also intervening as crises may develop, as well as on improving his self-esteem so that his learning disabilities do not further detract from his in-school functioning.

Sean's school placement should also have a particular emphasis on reading and writing skills work, as these two areas are significant weaknesses for him, but his math skills will also require tremendous assistance. As his motivation to learn is somewhat limited at present, as are his basic skills in many areas, he is at great risk for becoming overly frustrated with his lack of progress relative to his peers and simply giving up. He needs to be nurtured and aided in learning these basic building blocks of academic achievement in a small and structured setting with significant individualized resources. Also, as his reading and writing skills are so limited at present, I would recommend that he have a laptop computer with reading, writing, and math software to assist him. He should also receive an occupational therapy evaluation, given some of the visual-motor findings on this assessment. I would also recommend that Sean be re-evaluated at the end of the 2009-2010 school year to assess what progress he has made.

Additionally, given the lack of educational services being put into place, I would recommend that compensatory education services be implemented to make up for the services not provided during past school years, including but not limited to a lack of identification of his learning disabilities. In my opinion, an outside program, such as Lindamood-Bell, would be a very beneficial adjunct for Sean, to assist with building his basic reading and writing skills. He still very much needs to be nurtured and aided in learning these basic building blocks of academic achievement in a small and structured setting with significant individualized resources.

The amount of special education assistance that he is receiving at present, in my opinion, is grossly inadequate to meet his needs. Again, his learning disabilities, which are quite clear, and could have been seen as early as the lack of progress on report cards from 3rd grade.

Finally, I should note that, given the very negative trajectory of his behavioral difficulties, I see Sean as being a hair's breadth away from requiring a residential placement. That being said, I would hope that if the aforementioned recommendations are implemented, and yield effective results, they may be able to keep him in the community.

I hope that this evaluation is helpful to you. If you have any questions about this evaluation, its findings or conclusions, or need resources to carry out my recommendations, please feel free to call me.

A handwritten signature in blue ink, appearing to read "C. David Missar, Ph.D.", with a stylized flourish at the end.

C. David Missar, Ph.D.
Licensed Clinical Psychologist



**CONFIDENTIAL
PSYCHOLOGICAL REPORT**

Name: Ana Maria B. Garcia
DOB: 4/12/2005
Date of Evaluation: 11/25/2009
Student ID#:
Parents: Laura Garcia
Chronological Age: 4 yrs 07 months
Date of Report: 11/25/2009
Examiner: Ana C Rivas, Psy. D

REASON FOR REFERRAL

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

BACKGROUND INFORMATION

■■■■ lives with her mother, grandmother, and six year old brother. It was reported that ■■■■ 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 ■■■■'s 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 ■■■■'s disciplinary problems in school, ■■■■'s mother stated that she has asked for help from her teacher to get strategies and techniques. ■■■■'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. ■■■■ also stated that ■■■■ 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. ■■■■ 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

■■■■ was observed for a total of four hours. She presented as a girl of normal size and stature and she was very well groomed. ■■■■ was alert and attentive to assessment procedures, she was 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. ■■■■ was compliant and showed no signs of defiance or opposition. ■■■■ 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

■■■■ 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.

■■■■ presented as well groomed and alert. She was observed to be completing a painting on the easel using a variety of paint colors. ■■■■ recognized the evaluators upon their arrival and made eye contact and non-verbal gestures to indicate her recognition. ■■■■ 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. ■■■■ 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. ■■■■ 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 ■■■■'s hands to walk the hallway with another student. ■■■■ was squirmy and distractible through their transition to an activity room. ■■■■ 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 ■■■■ 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. Ana 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] is 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 Ana'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





TEST RESULTS

Wechsler Preschool and Primary Scale of Intelligence- Third Edition

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

<u>Processing Speed</u>	<u>Scaled Score</u>
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”.

Ms. [REDACTED]'s 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, Ms. [REDACTED]'s 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] is 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.





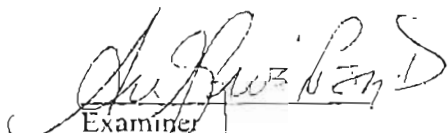
SUMMARY

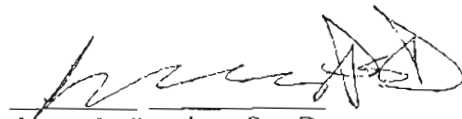
Ana Maria Rivas is a 4 year 7 month old female who was referred to Early S.T.A.G.E.S. for an evaluation. Information was obtained from his mother, Ages and Stages Questionnaire, behavioral observations, record review, the Wechsler Preschool and Primary Scale of Intelligence- Third Edition (WPPSI-III), and the Behavioral Assessment System for Children – Second Edition (BASC-2). Throughout the evaluation session, Ana was cooperative and attentive. As the evaluation proceed, Ana seems to be tired and disinterested in the tasks. On the WPPSI-III, Ana 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.

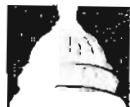
These results should be interpreted in conjunction with data from related assessments regarding his educational needs and planning.

RECCOMENDATIONS:

1. Due to the level of Ana's cognitive abilities and her response to positive interactions during this evaluation it is recommended that Ana remain in a regular bilingual preschool classroom.
2. Due to the severity of Ana'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. Ana 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 Ana to reach her behavior potential.
4. Ana's parent Ms. [redacted] was educated regarding Ana's cognitive and behavioral potential and the need to provide a home environment with consistency, discipline, and routines. It was suggested that Ana's grandmother attend the next meeting in order to emphasize these needs at home.
5. Ana's 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: SETH SMITH
DOB: DECEMBER 18, 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) #: 1063696466

PERTINENT BACKGROUND INFORMATION AND NATURE OF PRESENTING CONCERNS

Seth Smith is a ten-year, two-month old right handed boy who has previously been identified as struggling with high-functioning Autism. Seth 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 Seth'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 diphthongs". He was also given a rating of 'secure' in his ability to read aloud grade-appropriate (1st grade) text fluently and accurately with comprehension"

Seth'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 Seth 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), "Seth should have no problem mastering [this material] within a year's time."
- In the areas of 'reading', this same Student Progress Report described Seth as "gradually progressing his reading skills from 2nd grade to 3rd grade difficulty [with] steady progress".

While review of these academic records suggest that Seth 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 Seth'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 Seth'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 Seth 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 Seth 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 Seth 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 Seth and his parents on behalf of the Children's Law Center) Seth 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 Seth's mother (Ms. Elizabeth Smith). Ms. Smith also rated her perceptions of Seth 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 Seth'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 Wechsler Individual Achievement Test – Third Edition (WIAT-III) was administered as a measure of Seth'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 Seth 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 Seth'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 Seth was unable to fully attend to or cooperate with the demands of these measures.

BEHAVIORAL OBSERVATIONS

Seth 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). Seth 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 Seth 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 Seth 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, Seth 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' for 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') Seth'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 Seth'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 Seth'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)*, Seth earned a *Verbal Comprehension Index (VCI)* score of **65** (1st percentile rank for age), placing him within the mildly deficient range, overall, on this composite measure of verbal-linguistic intelligence. In marked contrast, Seth's *Perceptual Reasoning Index (PRI)* score of **100** (50th 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 Seth 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 Seth 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 Seth's scores on the second half of the WISC-IV. More specifically, Seth 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 Seth'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, Seth'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.**

Seth'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 Seth'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 Seth'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 Seth's scores on WISC-IV subtests assessing different aspects of verbal/linguistic intelligence. This having been said Seth scored at the **1st** 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. Seth **also** scored at the **1st** 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 Seth 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 Seth'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, Seth 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 Seth’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 Seth’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, Seth 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). Seth 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, Seth 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 Seth 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, Seth 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). Seth 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 Seth’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, Seth 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, Seth 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 Seth 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). Seth, 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 Seth’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, Seth 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 Seth’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 Seth’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**, Seth 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 Seth’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, diphthongs, 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).

Seth 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 Seth'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 diphthongs (both 50% accuracy), L-Family Blends (25% accuracy), and Consonant Blends/Clusters – all of which stood in marked contrast to the 100% accuracy Seth showed when faced with such items on the aforementioned 'Word Reading' task. Such discrepancies between Seth'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 Seth'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, Seth 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, Seth 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 Seth'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, Seth 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 Seth 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, Seth was also administered the Gray Oral Reading Test—Fourth Edition (GORT-4) as a supplementary test of functional reading ability. The GORT-4 required Seth 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 its 'multiple-choice' response format, the GORT-4 allowed Seth 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 Seth to complete each of the stories produced an overall 'Reading Rate' score which, in Seth'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 Seth produced an overall 'Reading Accuracy' score, which in Seth'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 Seth answered correctly yielded a general 'Reading Comprehension' score, which in Seth'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, Seth'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*, Seth 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 Seth 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, Seth added 6 to 15 to give an answer of '21').

Seth 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, Seth 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.

Seth 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. Seth 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 Seth 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 Seth'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, Seth'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 Seth'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 or letter-combination, in the correct sequence, to be spelled correctly). Interestingly, Seth'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., Seth's ability to correctly discriminate, locate, manipulate, blend, and accurately perceive and repeat the component sounds in spoken words).

In theory then, Seth'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 Seth'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 Seth'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, Seth 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' Seth 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, Seth 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 Seth's performance on the two separate tasks comprising this subtest provides information that seems clinically and functionally elucidating. More specifically, Seth 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, Seth 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). Seth’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, Seth’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), Seth 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 Seth 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 Seth 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**” – e.g., “*I like Pocket God because I play. I sit t the couch I sit [at] the bed.*”). This task was clearly too much for Seth 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 Seth’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 Seth’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, Seth’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**, Seth 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 Seth’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 Seth'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 Seth 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, Seth 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, Seth 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, Seth'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 Seth'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, Seth'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 Seth'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 Seth 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 Seth) struggling with significant and pervasive neurodevelopmental delays (such as 'High-Functioning Autism') have notoriously deficient Executive functioning skills – and behavioral observations of Seth 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 Seth'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 Seth 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 Seth 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 Seth's Adaptive Behavioral; Psycho-Social and Emotional/Behavioral Functioning:

As part of the current evaluation, Seth'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's ratings of Seth 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 Seth'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's ratings of Seth 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 Seth 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 Seth 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 Autism. Happily, however, additional ratings of Seth 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 Seth'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, Seth'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 diphthongs". 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 Seth'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 Seth as steadily "progressing his reading skills from the 2nd grade to 3rd grade difficulty [levels]."

During pre-evaluative interviewing with this clinician, Seth's mother (Ms. Elizabeth Smith), expressed frustration and concern that, despite school reports placing Seth at the 2nd to 3rd grade levels in reading, and at the 3rd to 4th grade levels in math, her own observations suggest that Seth'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 Seth 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 Seth'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 Seth 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, Seth showed no evidence of being able to understand (much less attempt) paper-and-pencil math items involving simple multiplication or division. Seth 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 Seth was already well on his way to understanding the basic concepts of multiplication (as serial addition of equal number sets), Seth 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). Seth 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, Seth'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, Seth 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 Seth'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 Seth 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 Seth'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 Seth'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). Seth 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 Seth'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, Seth 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. Seth 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, Seth's performance on the *Wechsler Intelligence Scale for Children—Fourth Edition (WISC-IV)* produced a *Perceptual Reasoning Index (PRI)* score of **100 (50th 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 Seth 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 Seth 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, Seth'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 Seth (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 Seth 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 Seth'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 Seth 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 Seth 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 Seth 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 Seth'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 Seth 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.

Seth'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 Seth 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 Seth 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 Seth during less structured periods of the school day – such as 'recess' so he/she can step in if Seth 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 Seth 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 Seth confused and agitated for the rest of the day).

Apropos of the above, Seth'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 Seth with new coping and functional skills.

It is also important to keep in-mind that Seth (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 Seth'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, Seth 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 Seth'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 Seth'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 Seth 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 Seth 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 Seth 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 Seth 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 Seth's ears.

It will also be important that Seth'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 Seth 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 Seth, 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 Seth 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 Seth could do easily. In all such instances, Seth 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 Seth at school. That is, when in-class learning requires Seth 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 Seth 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, **Seth'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 Seth 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 Seth, “a picture literally is worth a thousand words”. As such, wherever possible the primary teaching modality for Seth 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, cuisinaire rods, pie charts, etc.. With regards to instruction in word reading and decoding (as well as spelling) I am highly in favor of Seth'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 Seth'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 Seth 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 Seth 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 Seth 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 Seth, 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.

Seth'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 Seth'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, Seth'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 Seth'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 Seth 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, Seth'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.
 Licensed Psychologist
 Clinical Neuropsychologist
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APPENDIX
SUMMARY OF TEST SCORES

INTELLIGENCE TEST RESULTS

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

	<u>Standard Score</u>	<u>Percentile Rank</u>	<u>Range Classification</u>
Verbal Comprehension Index (VCI) Represents a weighted averaging of Seth's performance on WISC-IV measures assessing semantic/word knowledge; verbal associative/conceptual thinking ability; and social reasoning and judgment (e.g., <u>Vocabulary</u> , <u>Similarities</u> , and <u>Comprehension</u> subtests).	65	1	Mildly Deficient
Perceptual Reasoning Index (PRI) Represents a weighted averaging of Seth'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., <u>Block Design</u> , <u>Picture Concepts</u> , and <u>Matrix Reasoning</u> subtests).	100	50	Mid-Average
Working Memory Index (WMI) Represents a weighted averaging of Seth'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., <u>Digit Span</u> and <u>Letter-Number Sequencing</u> subtests).	71	3	Borderline Deficient
Processing Speed Index (PSI) Represents a weighted averaging of Seth'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 <u>Coding</u> and <u>Symbol Search</u> subtests).	83	13	Below-Average
Full Scale IQ (FSIQ) Note: The FSIQ is not considered to be a reliable or valid unitary estimate of Seth'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 Seth'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.	N/A	N/A	N/A

The individual WISC-IV subtest scores are reported below:

<u>VCI SUBTESTS</u>	<u>Scaled Score</u>	<u>Percentile Rank</u>	<u>Range Classification</u>
Similarities 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.	6	9	Borderline Deficient
Vocabulary A measure of oral vocabulary requiring accurate verbal definitions of increasingly sophisticated words.	3	1	Deficient
Comprehension A verbal measure of "social intelligence" assessing common-sense judgment and one's appreciation for the logic behind societal rules, expectations, and behaviors mores.	3	1	Deficient

PRI SUBTESTS

<u>Scaled Score</u>	<u>Percentile Rank</u>	<u>Range Classification</u>
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<i>Block Design</i>	11	63	Mid-Average
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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.

<i>Picture Concepts</i>	7	16	Mildly Below-Average
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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.

<i>Matrix Reasoning</i>	12	75	Mildly Above-Average
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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.

<i>(Picture Completion)</i>	(10)	(50)	(Mid-Average)
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A supplementary test that assessed Seth’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

<u>Scaled Score</u>	<u>Percentile Rank</u>	<u>Range Classification</u>
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<i>Digit Span</i>	5	5	Borderline Deficient
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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.

<i>Arithmetic</i>	5	5	Borderline Deficient
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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

<u>Scaled Score</u>	<u>Percentile Rank</u>	<u>Range Classification</u>
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<i>Coding</i>	5	5	Borderline Deficient
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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).

<i>Symbol Search</i>	9	37	Average
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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:

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

A general/global measure of Seth'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).

<u>WIAT-III Word Reading</u>	76	5	Borderline Deficient	2.0
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A measure assessing the accuracy of Seth'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.

<u>WIAT-III Pseudoword Decoding</u>	82	12	Below-Average	1.9
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A measures assessing Seth'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.

<u>WIAT-III Reading Comprehension</u>	62	1	Mildly Deficient	1.2
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A non-timed measure which assessed Seth's critical reading comprehension skills by requiring him to correctly answer specific open-ended questions about previously read narrative passages.

<u>Achievement Cluster</u>	<u>Standard Score For Age</u>	<u>Percentile Rank for Age</u>	<u>Range Classification</u>	<u>Grade Equivalent</u>
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Gray-Oral Reading Test—Fourth Edition (GORT-4):

<i>Reading Rate (*)</i>	4	2	Deficient	2.0
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A measure of Seth's average reading rate or speed (comprised of the general amount of time Seth needed to complete the various printed narrative passages throughout the test relative to most students his age).

<i>Reading Accuracy (*)</i>	3	1	Deficient	1.2
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A measure of the accuracy of Seth's passage reading (comprised of the total number of words he misread throughout the test compared to most students his age)

<i>Reading Fluency (*)</i>	3	1	Deficient	1.7
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A combined measure of Seth'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).

<i>Reading Comprehension (*)</i>	4	2	Deficient	<1.0
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A measure of Seth'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
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<u>Achievement Cluster</u>	<u>For Age</u>	<u>for Age</u>	<u>Classification</u>	<u>Equivalent</u>
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<u>GORT-4 Oral Reading Quotient (ORQ) 61 (**)</u>		<1	Deficient	-----
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Seth'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'.

<u>Achievement Cluster</u>	<u>Standard Score For Age</u>	<u>Percentile Rank for Age</u>	<u>Range Classification</u>	<u>Grade Equivalent</u>
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<u>WIAT-III Total Mathematics Score</u>	69	2	Mildly Deficient	-----
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A general/global measure of Seth'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).

<u>WIAT-III Numerical Operations</u>	66	1	Mildly Deficient	1.7
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A non-timed paper-and-pencil test assessing Seth's ability to solve increasingly difficult computational math problems.

<u>WIAT-III Math Problem Solving</u>	72	3	Borderline Deficient	2.2
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A non-timed measure of applied mathematical reasoning and logic that required Seth 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".

<u>WIAT-III Total Math Fluency Score</u>	64	1	Mildly Deficient	-----
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Represents a statistical averaging of Seth's scores on the WIAT-III *Addition*, *Subtraction*, and *Multiplication Fluency* subtests (see below) Provided an overall estimate of Seth's mastery of and efficiency of recall for his basic math facts and tables.

<u>WIAT-III Math Fluency—Addition</u>	62	1	Mildly Deficient	1.0
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A timed test of paper-and-pencil calculation assessing the number of simple/2-number addition problems Seth can correctly solve in one-minute.

<u>WIAT-III Math Fluency—Subtraction</u>	74	4	Borderline Deficient	1.9
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A timed test of paper-and-pencil calculation assessing the number of simple/2-number subtraction problems Seth can correctly solve in one-minute.

<u>WIAT-III Math Fluency—Multiplication</u>	61	0.5	Mildly Deficient	<3.0
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A timed test of paper-and-pencil calculation assessing the number of simple/2-number multiplication problems Seth can correctly solve in one-minute.

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

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

<u>WIAT-III Spelling</u>	78	7	Borderline Deficient	2.1
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A measure that assessed Seth's mastery of phonetic and spelling rules by requiring him to correctly spell increasingly complicated words to dictation.

<u>WIAT-III Sentence Composition</u>	88	21	Mildly Below-Avg.	4.7
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Assessed the quality of Seth'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).

<u>WIAT-III Essay Composition</u>	69	2	Mildly Deficient	<3.0
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Assessed the quality of Seth'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).

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

A general/global measure of Seth'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).

<u>WIAT-III Listening Comprehension</u>	75	5	Borderline Deficient	1.6
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A measure that assessed: (1) Seth'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).

<u>WIAT-III Oral Expression</u>	70	2	Borderline Deficient	1.0
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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 Seth 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)

	<u>Standard Score</u>	<u>Percentile</u>	<u>Range</u>
<u>Phonological Awareness Index</u>	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).

<u>Phonological Memory Index</u>	94	35	Average
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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)..

<u>Rapid Naming Index</u>	73	3	Borderline Deficient
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Composite measure of Seth'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 Seth on the **B.R.I.E.F.** are presented below:

- (1) **Inhibit Scale** – Assesses perceived weakness in Seth’s ability to inhibit impulsive responses and think before acting.
 - Maternal Rating: T = 51; Average range

- (2) **Shift Scale** – Assesses perceived weakness in Seth’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 Seth’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 Seth’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 Seth’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 Seth’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 Seth’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 Seth’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 Seth)

<u>SRS Scale:</u>	<u>T-Score</u>	<u>Percentile Rank</u>	<u>Normative Classification</u>
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<u>Social Awareness scale</u>	81	>99th	Severely Impaired
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Assessed Seth'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).

<u>Social Cognition</u>	>90	>99th	Profoundly Impaired
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Assessed Seth'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).

<u>Social Communication</u>	80	>99th	Severely Impaired
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Assessed Seth'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.

<u>Social Motivation</u>	87	>99th	Severely Impaired
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Assessed the extent to which Seth 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).

<u>Autistic Mannerisms</u>	>90	>99th	Profoundly Impaired
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Assessed the degree and severity with which Seth 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.

<u>SRS Total Score</u>	>90	>99th	Profoundly Impaired
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Scores above a T-Score of 76 are strongly indicative of a high-functioning Autistic Disorder.

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

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 Seth'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 Seth's interpersonal relationships, responsibility, self-esteem, gullibility and naivety, following rules and obeying laws, and avoiding victimization.

<u>ABAS Composites</u>	<u>Standard Score</u>	<u>Percentile Rank</u>	<u>Normative Classification</u>
<u>Practical</u>	58	0.3	Severely Deficient
Comprised of scores from the ' <i>Community Use</i> ', ' <i>Home Living</i> ', ' <i>Health and Safety</i> ', and ' <i>Self-Care</i> ' scales. Provides an overall assessment of Seth'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.			
<u>General Adaptive Composite</u>	51	0.1	Severely Deficient
Represents a weighted statistical averaging of scores from the ' <i>Conceptual</i> ', ' <i>Social</i> ', and ' <i>Practical</i> ' Composite scores. Provides a global measure of Seth's general adaptive behavior and abilities relative to his peer group. The ' <i>GAC</i> ' tends to be the best overall measure of general adaptive functioning on the <u>ABAS</u> .			

Same child as Richter's evaluation of Imani

EDUCATIONAL EVALUATION

Name: ██████████
Date of Birth: 07/25/2000
Age: 8 years, 11 months
Sex: Female
Date of Testing: 06/16/2009

School: Ketcham Elementary
Teacher: Mr. Kevin Wilkinson
Grade: 3.9
ID: 9201198
Examiner: Ms. Vanessa Curry

TESTS ADMINISTERED

WJ III Tests of Achievement

These tests provide measures of ██████████'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. ██████████'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, ██████████'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. ██████████'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. ██████████'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 ██████████'s fluency of production and quality of expression in writing. ██████████'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. ██████████'s handwriting legibility is average.

Academic Processing

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

The fluency with which ██████████ 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. ██████████'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, ~~Christy Donetta~~'s 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, Donetta's performance is average in mathematics and math calculation skills; low average in broad reading and written language; and low in written expression.

Vanessa Cury
Examiner

~~XXXXXXXXXX~~

June 16, 2009

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

<u>CLUSTER/Test</u>	<u>Raw</u>	<u>GE</u>	<u>Development</u>	<u>RPI</u>	<u>PR</u>	<u>SS(68% BAND)</u>	<u>AE</u>
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

~~Client Name~~

June 16, 2009

Descriptions of WJ III Tests Administered

Letter-Word Identification measured ~~Client's~~ ability to identify letters and words. She was not required to know the meaning of any word.

Reading Fluency measured ~~Client's~~ 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 ~~Client's~~ ability to perform mathematical computations. The items required her to perform addition, subtraction, multiplication, division, and combinations of these basic operations.

Math Fluency measured ~~Client's~~ 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 ~~Client's~~ ability to write orally presented words correctly.

Writing Fluency measured ~~Client's~~ 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.

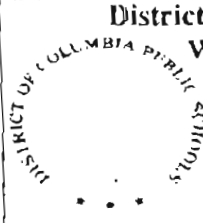
Passage Comprehension measured ~~Client's~~ ability to understand what is being read during the process of reading. Test items required ~~Client~~ to read a short passage and identify a missing key word that makes sense in the context of the passage.

Applied Problems measured ~~Client's~~ 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, ~~Client~~ needed to decide not only the appropriate mathematical operations to use but also what information to include in the calculation.

Writing Samples measured ~~Client's~~ 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. ~~Client~~ was not penalized for any errors in basic writing skills, such as spelling or punctuation.

Picture Vocabulary measured ~~Client'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 ~~Client's~~ handwriting.

 <p>District of Columbia Public Schools Wheatley Educational Center 1299 Neal Street, NE Washington, DC 20002 Principal: Scott Carland</p>	<p>Test Administered:</p> <p>Woodcock-Johnson III Test of Achievement-Form A</p>
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Initial Evaluation Student Name: ██████████ D.O.B: 09/10/1997

Reevaluation Examiner: T. Smith Grade: 7.8

Testing Date: 4-30-2010

Chronological age: 12.8

A. Client Background

██████████ is a 12-year-old African American male in the 7th grade at Wheatley Educational Center. He was administered the Woodcock Johnson Tests of Achievement III on April 30, 2010 by Ms. T. Smith. ██████ lives in Northeast DC. He is the second oldest of five children. ██████ has had multiple suspensions this school year. The most recent suspension is a long-term suspension for stealing a laptop.

B. Reason for Referral

The student was referred for testing to determine his eligibility for special education services. Given the social emotional issues, ██████ has experienced this year the student was administered a battery of educational test as part of the initial evaluation as requested by his parents.

Observations During Testing:

██████████ entered the testing area easily and without any hesitation. He walked from the main office to testing setting, making minimal conversation on the way. The conversation was mostly examiner directed, as ██████ mainly answered with one-word answers. He was compliant and incredibly focused. In fact, ██████ refused to take breaks between subtests opting to continue to work through the nine required subtests.

C. Description of Test

The Woodcock-Johnson Test of Achievement is an individually administered, norm-referenced assessment system for the measurement of general intellectual ability, scholastic aptitudes, and achievement. ██████ was administered the 3 required reading subtests reading: Letter-Word Identification, Reading

Fluency, and Passage Comprehension; the 3 required math subtests: Calculation, Math Fluency, and Applied Problems; and the 3 writing subtests: Spelling, Writing Fluency, and Writing Samples. Each test is necessary to composite an overall achievement score, or broad score (see chart below). Darin was also administered 1 supplemental subtest, Reading Vocabulary.

D. Collected Data

Overall Results

Cluster/Test	Percentile Rank	Standard Score	Functioning Level	Grade Equivalent
Broad Reading	37%	95	Average	6.6
Letter-Word Identification	27%	91	Average	5.7
Reading Fluency	68%	107	Average	9.5
Passage Comprehension	27%	91	Average	5.4
Oral Expression	50%	100	Average	7.7
Picture Vocabulary	37%	95	Average	6.5
Story Recall	86%	116	High Average	>13.0
Broad Math	37%	95	Average	6.8
Calculation	23%	89	Low Average	5.9
Math Fluency	66%	106	High Average	9.3
Applied Problems	40%	96	Average	6.6
Broad Written Lang	53%	101	Average	7.9
Spelling	70%	108	Average	10.2
Writing Fluency	34%	94	Average	6.5
Writing Samples	47%	99	Average	7.4
Additional Subtests				
Understanding Directions	13%	83	Low Average	3.3
Reading Vocabulary	30%	92	Average	6.2

Key to the Data*

Standard Score	Functioning Level
111 - 120	High Average
90 - 110	Average
80 - 89	Low Average
70 - 79	Borderline
68 - 69	Impaired
66 - 67	Mild
64 - 65	Moderate
62 - 63	Severe
50 - 61	Profound

* With standard scores, the average score is 100. Therefore, scores above 100 are in the above average range, and scores below 100 are in the below average range.

E. Presentation of Test Results

Reading Scores

The broad reading score of the WJ includes three required reading subtests: Letter-Word Identification, Reading Fluency, and Passage Comprehension. Three additional reading subtests, Reading Vocabulary, Story Recall, and Story Recall were administered to refine ██████'s reading profile. ██████'s broad reading score was 95, placing him in the average range. ██████'s scores on each reading subtests are as follows: four scores in the average range (Reading Fluency, 107; Passage Comprehension, 91; Letter-Word Identification, 91; Reading Vocabulary, 92); one score in the high average range (Story Recall, 116).

numbers with unlike denominators. [REDACTED] made two careless mistakes on the calculation subtest. The first was item 12; [REDACTED] regrouped on the subtraction problem when it was not required. The second was on item 18 when [REDACTED] did regroup but did not borrow from the tens column. He earned a standard score of 89, which placed in the low average range of functioning, making this an area of relative weakness for [REDACTED].

On the **Math Fluency** subtest, which measures the client's ability to work quickly and rely on their mental math skills, and remain concentrated for a three-minute period, [REDACTED] attempted 102 test items and completed them all correctly in the given 3 minutes. He earned a standard score of 106, which placed him in the high average range of functioning, making this an area of strength for [REDACTED].

On **Applied Problems** subtest, which measures the student's ability to solve oral, math word problems, [REDACTED] earned a standard score of 96, which placed him in the average range of functioning. [REDACTED] attempted 51 test items, answering 40 items correctly. [REDACTED] was encouraged to use scrap paper during the subtest, and did so extensively. It was clear that [REDACTED] had pockets of knowledge as he made errors on items that involved elapse time, addition of unlike fractions, and converting measurement. This is an area of relative strength for [REDACTED].

F. Conclusions

[REDACTED] was administered a battery of achievement tests from the *Woodcock Johnson III Tests of Achievement*, which revealed an overall average profile in all areas of academic achievement: Broad Reading (standard score of 95); Broad Writing (standard score of 101) and Broad Math (standard score of 95).

G. Recommendations

From the analysis presented above, it is clear that [REDACTED] can be a very focused and motivated student with strengths in reading, writing, and mathematics. Based on these results, [REDACTED] should continue to access his general education curriculum to maintain his level of achievement.

1. [REDACTED] should continue to practice his writing fluency. He should be encouraged to write to a prompt daily to increase his writing fluency.
2. [REDACTED]'s teachers should review subtraction with regrouping with him to determine if this is a skill weakness that can be mitigated by review.
3. [REDACTED] might benefit from after-school tutoring in the area of math calculation to review grade level



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SPEECH AND LANGUAGE RE-EVALUATION

Name: [REDACTED]
Date of Birth: 12/18/1999
Date of Evaluation: 02/09/2009, 2/10/2009, 2/25/2009
Date of Report: 03/06/2009
Chronological Age: 9 years, 1 month
School: Garrison Elementary School
Grade: 3rd
Student Identification #: [REDACTED]
Examiner: Shulani L. Ross, MS, CCC-SLP

Reason for Referral

A speech and language re-evaluation was requested by Multidisciplinary Team to determine [REDACTED] current speech and language skills.

Background Information

[REDACTED] is a 9 year, 1 month old Hispanic male, who was referred for a speech and language re-evaluation to determine his current speech and language skills as part of his triennial. Currently, [REDACTED] is enrolled in the 3rd grade at Garrison Elementary School. [REDACTED] is diagnosed as a student with autism. He was initially evaluated at the Scottish Rite Center for Childhood Language Disorders of Children's Hospital on November 10, 2005 by Daniela Misri, MA, CCC-SLP. [REDACTED] presented with severe receptive and expressive language deficits. He was administered the *Bilingual Receptive One-Word Picture Vocabulary Test (ROWPVT)* obtaining a standard score of 55 and the *Bilingual Expressive One-Word Picture Vocabulary Test (EOWPVT)* obtaining a standard score of 66. Also, [REDACTED] was administered the *Preschool Language Scale-4* obtaining an Auditory Comprehension standard score of 55 and Expressive Language standard score of 50. Speech and language intervention was recommended to focus on receptive and expressive language deficits. Currently, he receives speech and language service 60 minutes per week.

Assessment Protocol

Observation
Interviews

Oral Peripheral Examination

Receptive One-Word Picture Vocabulary Test (ROWPVT)-2000

Expressive One-Word Picture Vocabulary Test (EOWPVT)-2000

Clinical Evaluation of Language Fundamentals-4 (CELF-4)

Formal Evaluation Procedures

The standard scores for the subtests were based on a mean of 100 with standard deviations of 15 which are considered the average range of performance for peers of the same chronological age. Percentile ranks indicates the individual's standing in comparison to his/her peers. For example, a percentile ranking of 3 indicates that the student scored as well or better than 3% of his peers.

Clinical Observations

Jimmy was cooperative throughout the administration of the test. He required moderate to maximal prompting with intermittent breaks throughout testing. He engaged in conversation with verbal prompts to remain on topic.

Language

The Clinical Evaluation of Language Fundamentals-4 (CELF-4) is a standardized assessment battery that provides information an assessment process that pinpoints a student's language and communication strengths and weaknesses in students 5-21 years of age. This battery contains 4 core subtests (Concepts and Following Directions, Recalling Sentences, Formulated Sentences, and Word Classes-Total) that evaluate a student's general language ability and additional subtest to further pinpoint a student's strengths and weaknesses. ██████████'s performance on each of these subtests is as follows:

Subtest	Scaled Score	Percentile	Age Equivalence
Concepts & Following Directions	1	0.1	<7.0
Recalling Sentences	2	0.4	4.9
Formulated Sentences	1	0.1	<7.0
Word Classes- Receptive	3	1	6.6
Word Classes- Expressive	4	2	6.9
Word Classes- Total	3	1	6.3
Expressive Vocabulary	5	5	6.7
Understanding Spoken Paragraphs	1	0.1	-----

The subtest scaled scores provide information about the student's performance on each subtest. The scaled scores were based on a mean of 10 and standard deviations of 3 which is considered the average range of performance for those of the same chronological age.

	Standard Score	Percentile Rank
Core Language Score	46	<0.1
Receptive Language Score	55	0.1
Expressive Language Score	53	0.1
Language Content	58	0.3
Language Memory	47	<0.1

Concepts & Following Directions

This subtest measures the student's ability to understand and remember oral directions of increasing length and complexity as well as identify pictured objects of varying names and characteristics. [REDACTED] was asked to point to objects in pictures in response to oral directions. [REDACTED] obtained a scaled score of 1 and percentile rank of 0.1. This score indicates very low range performance for his chronological age. [REDACTED] displayed difficulties in understanding sequencing concepts such as "second, last", inclusion/exclusion concepts such as "all", conditional concepts (example: unless), and temporal concepts (example: after).

Recalling Sentences

This subtest measures the student's ability to repeat sentences of increasing length and complexity verbatim. [REDACTED] obtained a scaled score of 2 and percentile rank of 0.4. This score indicates low range performance for his chronological age. He had difficulties recalling simple, compound, and complex sentences. [REDACTED]'s errors increased as the length of the sentences increased.

Formulated Sentences

This subtest evaluates the student's ability to formulate complete, grammatically and semantically correct sentences of increasing length. [REDACTED] obtained a scaled score of 1 and a percentile rank of 0.1. This score indicates very low range performance for his chronological age. [REDACTED] was able to formulate simple sentences. He had difficulties formulating sentences using adjectives (third), adverbs (until), conjunctive adverbs (instead), and conjunctions (and).

Word Classes (Receptive & Total)

This subtest measures the student's ability to understand relationships between words that are semantically related and express the relationships. There are two components to this

subtest, the receptive and expressive. The student is presented with a set of four words read orally. The student is asked to identify the two words in the group that are related (receptive component) and (expressive component) explain why they are related. In the receptive portion of the subtest, ~~Jimmy~~ obtained a scaled score of 3 and percentile rank of 1. In the expressive portion, ~~Jimmy's~~ obtained a scaled score of 4 and a percentile rank of 2. Jimmy obtained a word classes- total scaled score of 3 and percentile rank of 1. These scores indicate low range performance for his chronological age. Many of Jimmy's errors were due to limited vocabulary proficiency.

Expressive Vocabulary

This subtest measures the student's ability to label illustrations of people, objects, and actions. ~~Jimmy~~ obtained a scaled score of 5 and a percentile rank of 5 indicating below average performance. ~~Jimmy~~ tended to name categories and list attributes of the test items when having word retrieval difficulties.

Understanding Spoken Paragraphs

This subtest measures the student's ability to understand narratives/text presented orally. The student is to answer questions regarding details of the presented information, the main idea of the paragraph, sequence of events, and make inferences and predictions about the paragraph. ~~Jimmy~~ obtained a scaled score of 1 and a percentile rank of 0.1 indicating low range performance. ~~Jimmy~~ had difficulties understanding questions pertaining to the short stories. ~~Jimmy~~ was able to recall basic events of the short story but did not answer the questions appropriately. For example, when asked "when did the boy get his surprise?", ~~Jimmy's~~ response would be, "he got a turtle for his birthday."

Core Language Score

~~Jimmy~~ obtained a core language score of 46 and a percentile rank of < 0.1, which indicates performance in the low range of functioning for his chronological age. ~~Jimmy~~ obtained a Receptive Language score of 55 (percentile rank 0.1), an Expressive Language score of 53 (percentile rank 0.1), Language Content score of 58 (percentile rank 0.3), and Language Memory score of 47 (percentile rank <0.1). ~~Jimmy's~~ overall performance on each subtest indicates that he has a severe receptive and expressive language delay.

Vocabulary

The Receptive One-Word Picture Vocabulary Test- 2000 (ROWPVT-2000) assesses a student's receptive vocabulary in which the student is asked to point to a picture of the object being named. ~~Jimmy~~ received a standard score of 74 and a percentile rank of 4. This score indicates that ~~Jimmy's~~ receptive vocabulary skills are below average for his chronological age. He responded to all test items with minimal to moderate verbal prompting from the examiner.

The *Expressive One-Word Picture Vocabulary Test- 2000 (EOWPVT-2000)* assesses a client's verbal expression of language. This is a test of a student's ability to name objects, actions and concepts pictured in illustrations. [REDACTED] obtained a standard score of 78 and percentile rank of 7. This score indicates that [REDACTED]'s expressive vocabulary skills are below average for his chronological age. [REDACTED] would describe the test item when having word retrieval difficulties.

Pragmatic Skills

[REDACTED] was observed to use appropriate eye contact when prompted, initiate topics when related to playing a game, and display appropriate turn-taking skills with prompts. [REDACTED] was also observed initiating and responding appropriately to greetings from others. He had difficulty maintaining topics and making contributions to conversations that were initiated by the examiner but he benefited from verbal cues.

Hearing

A complete audiological assessment was not conducted. [REDACTED]'s hearing appeared to be within the normal parameters for conversational speech.

Oral Peripheral Mechanism

[REDACTED]'s facial features were symmetrical. His oral functions were found to be within normal functional limits.

Articulation

Articulation skills were informally observed to be age appropriate. During conversational speech, a frontal lisp was observed. [REDACTED]'s overall speech was intelligible.

Voice

Informal observations of voice parameters (quality, pitch, loudness) were conducted during conversational speech. [REDACTED]'s voice was judged to be appropriate for his age and gender.

Fluency

This area was informally observed. [REDACTED]'s speech rate and flow were observed to be adequate for his age.

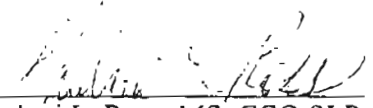
Summary

~~Jimmy~~ is a 9 year, 1 month old male that is presenting with severely depressed receptive and expressive language skills. Formal and informal measures were used to assess his overall language, voice, fluency, articulation skills. ~~Jimmy~~'s voice and fluency are within normal limits. ~~Jimmy~~'s receptive and expressive vocabulary skills were found to be below average. ~~Jimmy~~ exhibited a frontal lisp. His overall speech was intelligible. Verbal cues and prompts were found to improve his pragmatic skills. He exhibited difficulties with following simple and multi-step directions containing sequential, temporal, and conditional concepts, recalling sentences of increasing length, formulating grammatically correct sentences containing adjectives and conjunctions, identifying and explaining relationships between words, answering questions pertaining to details of spoken paragraphs, and maintaining and contributing to topics during conversation. Jimmy's receptive and expressive language skill can negatively impact his academic performance.

Recommendations

It is recommended that ~~Jimmy~~ continues to receive speech and language intervention to improve receptive and expressive language skills for sixty minutes per week. The IEP goals should address the following areas:

1. Following 1-2 step directions containing spatial, temporal, conditional concepts
2. Explaining similarities and differences between objects
3. Formulating simple and compound sentences containing adjectives, conjunctions
4. Recalling sentences of 6 or more words
5. Answering wh-questions pertaining to spoken paragraphs/information presented orally
6. Improving topic maintenance during conversation


Shulani L. Ross, MS, CCC-SLP
Speech-Language Pathologist



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NAME: [REDACTED]
DATE OF BIRTH: August 9, 2004
CURRENT AGE: 7 years, 6 months

DATES OF EVALUATION: March 1 & 9, 2012
DATE OF REPORT: March 16, 2012
CLINICIAN: Monica S. Maines
Speech/Language Pathologist

SPEECH AND LANGUAGE EVALUATION

[REDACTED] Weir is a 7-year, 6-month old boy who is currently in second grade at Amidon-Bowen Elementary School. [REDACTED]'s parents, via the Children's Law Center, requested this speech/language evaluation. Ms. [REDACTED] and Mr. [REDACTED] voiced concerns regarding [REDACTED]'s overall behavior difficulties, and recent resistance to using the bathroom.

FILE REVIEW

In preparation for this evaluation, the following reports were reviewed:

- Children's Law Center, letter to Dr. Arthur Fields regarding the need for a full time placement and dedicated aide, 1/31/12
- DCPS, Disability Worksheet: Autism Spectrum Disorder, 1/17/12
- DCPS Speech and Language Initial Evaluation, 9/1/2011
- DCPS, IEP Progress Report and Annual Goals, 6/14/11
- Daniel G. Shapiro, M.D., Developmental-Behavioral Pediatrics Informal Evaluation, 4/7/11
- DCPS, Functional Behavioral Assessment, undated
- DCPS, 2nd grade report card
- Chase Psychological Resources, Inc., Report of Neuropsychological Assessment, 8/4/11 & 12/6/11
- Conaboy and Associates, Inc., Comprehensive Occupational Therapy Evaluation, 10/7/11
- Educational Evaluation, 3/25/10
- DCPS, Psychological Evaluation, 3/2/10
- Early S.T.A.G.E.S, Comprehensive Developmental Evaluation, 1/30/09
- University of the District of Columbia, Speech and Language Evaluation Report, 10/26/07
- IEE Guidebook

RELEVANT BACKGROUND HISTORY

[REDACTED] is a child who has a history of behavioral difficulties, can be lethargic and sleepy during periods of his day and has a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). In January 2012, a Disability Worksheet for Autism Spectrum Disorder was completed by DCPS, determining that [REDACTED] meets the criteria for ASD.

Dr. Dan Shapiro recently summarized [REDACTED] as a child who likely has "a complex constellation of neurodevelopmental differences". He added that although [REDACTED] scored in the average range on some

measures of intelligence, some areas of his academic performance were significantly delayed. In regard to the ASD diagnosis, Dr. Shapiro identifies this as a possibility and recommended further testing. Robert Chase, Ph.D. completed a Neuropsychological Report, based on 3 sessions with [REDACTED] in 2011. Dr. Chase ultimately diagnosed Lamont with Encephalopathy- Not Otherwise Specified, Pervasive Developmental Disorder- Not Otherwise Specified (PDD-NOS) and a Mood Disorder.

According to the previous reports, [REDACTED] was born weighing 5 lb., 6 oz. He was exposed to drugs in utero, born addicted. Attainment of physical and language milestones were reportedly delayed, although specific times in which such milestones were reached were not available.

Previous speech /language evaluations indicated language skills be within the normal range, with slightly lower scores attributed to lessened attention. The most recent speech/language evaluation conducted in September 2011 through DCPS showed [REDACTED] to have language skills that fall in the normal range.

CLINICAL FINDINGS

Tests/Measures

- Review of previously mentioned reports
- The Clinical Evaluation of Language Fundamentals -4 (CELF-4)
- Subtests from the Expressive Language Test (attempted)
- Spontaneous Language Sample
- Conversation with Ms. [REDACTED], [REDACTED]'s mother
- Conversation with Mr. Kinney, [REDACTED]'s dedicated aide

The formal evaluation took place across two testing sessions, each lasting about 1 hour. [REDACTED] was also observed in his classroom in an attempt to determine how he understands and uses language in a more functional situation.

[REDACTED] presented as an adorable little boy who accompanied the examiner and Mr. Kinney, his dedicated aide, to a classroom in his school. Upon request, [REDACTED] sat at the table with the examiner. He maintained attention for about 15 minutes, although he was distracted by objects in the room, people in the hall, noises outside and personal objects (e.g., his shoes). [REDACTED] frequently got up to explore and comment on items in the room. He was redirected to task for up to a total of 40 minutes. After that time, the examiner was unable to engage him, even when he was physically sitting at the table. [REDACTED] did understand and respond that he could work for toys, but again, this lasted only for about 40 minutes and then testing had to be discontinued.

During the second testing session, [REDACTED] was able to work with examiner for close to 60-minutes, with frequent breaks. Again, he knew that if he did what was asked of him, he could then take a break and play with toys. Therefore, this routine worked well to keep [REDACTED] on task for limited periods.

Throughout both sessions, [REDACTED] had an on-going dialogue with himself. He whispered quietly, either repeating what the examiner said, commenting on things in the environment or commentating on the thoughts in his head.

Articulation/Phonology

A formal articulation measure was not administered, as it was not deemed necessary. [REDACTED] was intelligible most of the time. When he said something that wasn't intelligible, it was due to a low volume or mumbling – not to an inability to produce specific speech sounds.

Oral-Peripheral

Oral motor skills were judged to be appropriate for the continued development of speech and language skills. He is missing the bottom lateral incisors and continually sniffs and snorts, but not to an extent that impacts his speech. He also did not sound nasal or congested, as might be expected given his chronic sniffing.

Language

The Clinical Evaluation of Language Fundamentals (CELF-4) was used to assess overall language skills. Throughout the testing, it was clear that [REDACTED] had difficulty attending and processing information. Due to the parameters of the test, many questions could not be repeated or changed in any way. However, [REDACTED] very often did not process all of the information, resulting in him responding to parts of directions or pieces of information rather than using all of the information that was presented. Therefore, although clinical opinion suggested that [REDACTED]'s language skills are significantly delayed, the impact of decreased attention and processing difficulties cannot be ignored. That is, [REDACTED] may understand more concepts and vocabulary than was demonstrated today, if that information could have been presented in a simpler way. Information about each specific subtest is given below, which will provide more insight into [REDACTED] his strengths and weaknesses.

Receptive skills were assessed using the subtests of *Sentence Structure*, *Concepts and Directions* and *Word Classes*. Overall, receptive language skills were found to be severely delayed.

The *Sentence Structure* subtest provided [REDACTED] with four pictures and a sentence that the examiner presented orally (e.g., "The boy is not climbing."). [REDACTED] was required to point to the picture depicting the sentence. [REDACTED] very often repeated what the examiner said prior to responding. Unfortunately, he did not always repeat the examiner correctly and then would respond according to what he said, rather than what the examiner actually said. For example, the examiner stated, "She is climbing and he is swinging." [REDACTED] repeated, "He is climbing and she is swinging." And then chose the (incorrect) picture that depicted what he said. This was a prime example of a situation in which [REDACTED] likely understood "he" and "she" and the verbs presented, but did not receive credit because of his inability to process and remember what was said to him. However, [REDACTED] also had difficulty with some language concepts, such as negation; seemingly not understanding how "not" changes the meaning of a sentence.

The ability to follow multi-step directions was assessed via the *Concepts and Directions* subtest. [REDACTED] had a significant amount of difficulty completing this subtest. He was focused on naming the colors of the objects, counting the objects and making comparisons, rather than following the specific directions. So for example, when asked to touch the last apple, [REDACTED] responded, "It's a yellow apple. It's a green apple" but didn't actually do what was asked of him. When black and white pictures were shown to [REDACTED], he was slightly more focused but still had trouble. [REDACTED] also made auditory discrimination errors. For example, he repeated "big" as "blig" and "middle" as "liddle". [REDACTED] did in fact have difficulty following the directions but for many of the questions, his lack of attention impacted his ability to demonstrate his knowledge of the targeted concepts.

The examiner presented either 3 or 4 pictures to [REDACTED], labeled each picture and had [REDACTED] tell her which two words best went together, for the *Word Classes* subtest. Although [REDACTED]'s skills were significantly delayed, his performance was better on this subtest in the sense that he attended well and clearly understood the task and what was expected. However, [REDACTED] was unable to shift his thinking, resulting in an inability to give correct answers. For example, [REDACTED] was given the words, "egg, apple and

banana” and said that egg and banana went together because you can crack and peel an egg and you can peel a banana. He realized that his answer wasn’t quite right, but couldn’t change what he was thinking and alter his answer.

Expressive language skills were assessed via three subtests: Word Structure, Formulated Sentences and Recalling Sentences. [REDACTED] exhibited severely delayed expressive language skills.

The *Word Structure* subtest assessed [REDACTED]’s ability to use correct grammatical forms. The clinician showed him a picture, while reading a sentence with a missing word [REDACTED] then completed the sentence (e.g., Here is one bus and here are two...*buses*). [REDACTED] is not yet using irregular plurals or irregular past tense and had trouble with higher-level pronouns, such as “them”, “us” and “yours”.

[REDACTED] was given a word that he was required to use in a sentence for the *Formulated Sentences* subtest. He was shown a picture to help generate an idea, with specific instructions to use the target word. It appeared that [REDACTED] did not completely understand that he needed to use the target word in the sentence. However, when the examiner gave him the target word, he used it some of the time. When he didn’t use the word, information was still gained about his ability to create sentences. At times, [REDACTED] did provide appropriate sentences (e.g., “That man’s going to the plant store.”), while he also made some errors (e.g., “The girls is wearing no rain boots.” “She washing his hands”).

Lastly, the *Recalling Sentences* subtest had [REDACTED] repeat sentences verbatim. [REDACTED] had a great deal of difficulty with this subtest. He simply could not remember and repeat all of the information. For a few items he did not respond at all indicating that he likely wasn’t attending. However, even when Lamont was attending and tried to mimic the examiner, he made mistakes.

The *Sequencing* subtest from the Expressive Language Test was attempted, to gain a better understanding of [REDACTED]’s ability to sequence pictures and events and to sequence ideas. Initially, he was given 3 pictures, asked to put them in order and then tell a story. He was unable to logically sequence the pictures. When the examiner then helped [REDACTED] and asked him to tell a story, he gave minimal information and needed to be prompted for each picture (e.g., “What happened next?”). A total of 3 different sequences were introduced, with [REDACTED] unable to complete any of the tasks.

Spontaneous Language

As can be seen by the attached language sample, [REDACTED] has a lot of language and uses it to comment on his environment, to ask and answer questions. However, [REDACTED] has his own agenda and often gets “stuck” on topics, talking for example about gears even when numerous attempts were made to discuss something else. He seemingly has strong language skills, but when examined further, [REDACTED] has those skills only when they are related to topics of interest to him. When the examiner introduced a conversation, [REDACTED] answered direct questions but did not keep the conversation going. [REDACTED] also tended to ask questions over and over, and asked questions that he knew the answers to. For example, he would ask about caterpillars turning into butterflies but would then go on to tell the process.

It was also noted that [REDACTED] was unable to answer simple, general knowledge questions like his age (told me he was 5 years old) or his birthday. When asked clarifying-questions or when asked to repeat himself, [REDACTED] typically didn’t, causing an end to the conversation. For example, he was talking about a toy and said, “This must be (unintelligible).” When asked to repeat himself or to clarify, he didn’t and then continued talking about what he was doing.

Upon outside observation, [REDACTED] may appear much more tuned-in than he actually is. He responds to greetings, can comment on pictures and answer simple questions. However, when observed further, it is noted that he is very repetitive and has limited topics that he talks about. Questions that seem very relevant

(e.g., is it lunchtime yet?") are actually asked numerous times during the day and are not necessarily related to a true desire.

CLASSROOM OBSERVATION

██████████ his parents and his dedicated aide were outside of the office upon my arrival to the school on the first day of testing. ██████████ easily parted from his parents requesting to go to the cafeteria for an apple. He got his apple and then accompanied Mr. Kinney and I to the classroom, where ██████████ took his seat, with Mr. Kinney seated close to him. The teacher was doing an interactive class lesson on phonics. Lamont did not seem to realize that anything was going on around him. Rather, he was focused on eating his apple and looking in his desk and at one point had his head down. Although the teacher maintained a nice pace and actively involved the students, ██████████ was not observed to look at her at any point and did not participate. ██████████ then got up and ran out of the room, apparently not happy that he was asked to keep his things in his desk and pay attention. At no point during the observation, which lasted about 30 minutes, was ██████████ observed to pay attention to the teacher or participate.

SUMMARY

Lamont Wei is a 7-year, 6 month -old little boy who has diagnoses of ADHD, Encephalopathy, PDD-NOS and a Mood Disorder. The testing was conducted today to determine current language skills and to make recommendations to best help ██████████ succeed academically and socially. For this assessment, he was seen across two sessions in a room at his school, for a speech/language evaluation. Although the setting was relatively quiet, ██████████ was distracted by noises outside and especially by objects in the room. He was able to stay on task when offered rewards for finishing his work, but had difficulty maintaining attention for longer than 10 to 15 minutes.

Overall language scores were all significantly delayed. ██████████ had trouble understanding and remembering lengthy information. In addition, his overall profile further impacted his performance today. That is, his limited attention, inability to shift attention, high distractibility and repetitive behaviors all played a role in performance. Having said that, I still maintain that ██████████ has language based weaknesses and likely auditory processing delays. This is a child who, even when focused, cannot process and understand lengthy information. Couple that with the fact that he is so easily distracted by visual stimuli and clearly has his own agenda (telling the colors of the pictures) and you have a child who has significant trouble completing structured tasks.

In regard to his best performance, ██████████ was most focused and engaged when completing a task of identifying related words and then explaining the relationship. Even though he did well in terms of his attention, he still showed a significant delay because he was unable to shift his thinking. That is, if he didn't immediately make a correct connection (e.g., that 'cat' and 'whiskers' go together), he could not shift his thinking to eventually find the related words.

When asked to sequence pictures and tell about an event (e.g., building a snowman), ██████████ was unable. He could not sequence the pictures and continued to have difficulty shifting his thinking, which resulted in a reluctance to move pictures around if his arrangement did not make sense. Even when the examiner helped him and put the pictures into a logical order, ██████████ gave minimal information and required prompting to provide each piece of information.

Previous speech/language testing that was conducted in September 2011 by Anna Allen, SLP for DCPS, showed ██████████'s language scores to be within the normal range. Attention certainly can vary and the measures that were used in September were different than those utilized during this assessment, but the discrepancy between current and previous testing is staggering. Not only are the standardized testing

scores vastly different, but [REDACTED] was previously described as "(someone who) contributes relevant comments and was observed not using repetitive/redundant information". This is in stark contrast to what was observed during both sessions of the current evaluation.

While I worked with [REDACTED], his spontaneous language was self-directed and repetitive. His scope of topics was limited (gears, caterpillars and butterflies) and he was not easily waned from them. Although he did ask and answer questions with the examiner, he also spent a great deal of time asking questions he knew the answers to and some of the time answered his own questions. In addition, [REDACTED] had an ongoing dialogue, wherein he continually spoke quietly to himself. He also whispered to himself, as he repeated questions and statements given by the examiner, likely in an attempt to process what was being said.

DIAGNOSES:

Delayed Receptive/Expressive Language skills
Pragmatic Language delay
Possible Auditory Processing delay

RECOMMENDATIONS

Based on today's findings, in combination with previous reports, the following is recommended:

1. It is recommended that [REDACTED] have a complete auditory processing evaluation to gain further knowledge on the auditory system. Dr. Lucker of Howard University is an expert in this area and is highly recommended to conduct the assessment. If a processing delay does exist, recommendations should be made to minimize the impact of his delayed auditory system and to help improve the auditory system to assist [REDACTED] in becoming more available to learning.
2. It is recommended that [REDACTED] be placed in a full-time, special education program, with a small class size and staff trained to work with children with special needs. In order to progress, [REDACTED] needs a setting where he can learn how to function in a classroom and 'tune-in' to what is going on around him. Having said that, it would also be ideal to have peers who have enough language to converse with [REDACTED]. [REDACTED] is a child with a great deal of language. However, he isn't truly using it in a functional manner. However, if placed in a classroom with children whose needs are significant enough to warrant such a restrictive environment, chances are they will have limited language. The ideal would be a small class size, with children whose language skills are commensurate with [REDACTED]'s and who have limited behavior issues.
3. Related to his classroom environment, [REDACTED] will need a classroom staff that understands his difficulties and can help him attend and learn new material. Throughout his day, he will need directions simplified and repeated and he will need to learn strategies to understand and remember information. Given this level of need, it is recommended that [REDACTED] continue to have a dedicated aide to assist him in staying on task, learning new material and interacting with peers.
4. Direct speech/language therapy is also recommended, twice a week, for 30-minute sessions, on an individual basis. Due to [REDACTED]'s difficulty staying on task and engaged, he will need that individualized attention. Goals of therapy should address the ability to understand concepts, follow lengthy directions, improve the ability to understand and describe vocabulary and understand language related to the classroom curriculum.
5. Once [REDACTED]'s attention and behavior are managed, it is also recommended that he participate in group therapy to improve his ability to interact appropriately with peers and engage in back and forth communication on a variety of topics.

6. Parent education should be provided to help [REDACTED]'s parents further understand his learning style and how to help him. For example, [REDACTED] is a child who needs to be given simple and clear directions and given time to respond. Having a consistent approach to communicating with him will further assist language development and hopefully decrease behaviors.

7. Constant and consistent consultation among team members, including the family, is also highly recommended. Having a consistent system, wherein [REDACTED] clearly understands the expectations and is rewarded for doing what is asked of him, will help him to stay on task and hopefully further reduce behaviors.


Morica S. Maines, MS, CCC/SLP

TEST SCORES

Clinical Evaluation of Language Fundamentals (CELF – 4)
(Mean Standard Score = 10; Standard Deviation = +/-3)

	Standard Score	Percentile Rank
Concepts and Directions	1	.1
Word Classes	4	2
Sentence Structure	2	.4
Receptive Language Score	53	7
Word Structure	3	1
Recalling Sentences	1	.1
Formulated Sentences	1	.1
Expressive Language Score	49	<.01

Lamont's comments during the assessment while looking at pictures and being asked questions.

I no know what's the picture called.

This one.

The apple cause cause this chair don't eat or even a shirt.

(When asked to point to a picture relating to the sentence, "I can eat this.")

Or even a spoon.

Apple is good for you to chew on.

It's a black boy with a doggie.

And that boy playing by...

That girl is playing with a basketball too.

That girl playing with a dump truck.

She did

That one.

Even that one

Look, those two dogs are the same.

You gotta have more spots in a few weeks.

You're making cookies.

This one.

Or even that one.

Two of them are in the box.

That ones in the box too.

That one's not

That one's not in the box.

He's sitting on the ground.

Don't see no..

That one†

That boy's sitting up in the tree.

He missed the bus.

He's playing with a rubber dinosaur.

All of them.

A whole much of bills.

Hey, is that a bowling ball.

All of them are bowling balls.

She's wearing a rain coat.

And she's wearing an umbrella.

He's not getting ready to go to bed.

He is still playing with his dump truck.

He have no pants on!

Why he have a squiggly line on his pants.

You gotta a lot of pictures in here.

Those two boys are coming down.

And a boy is coming up.

He don't need a chair.

He can walk on his own feet.

I know those are the ready juicy apples.

Do they have some teeny tiny seeds†

I gonna grow a big, tiny little apple.

They don't need apples on the ground.

Cause insects get into them.

They eat em up.
Oh that is a big dinner!
What is that↑
That little jar.
Do cats eat mice too↑
That must be too much bubble soap.
And the bubble soap gets too big and it will explode!
His mom is cooking.
We finish all the pages↑

Talking about caterpillars and butterflies

They go to sleep; when they wake up they turn into butterflies.
What do worms come out the grow the butterflies too↑
But the worms, they hide inside the raccoons.
They turn into butterflies too.
That's a warm sleeping bag.
Do lizards eat butterflies↑

During break/free play

Windup toys!
May I have the caterpillar↑
Look at it go!
Can I have another one↑
Can I have a fire truck↑
Hey, let's have a race!
Mine's winning
Did you see how...
Can I have one↑
Did you see how mine did a fast one ↑
Can I have some more ↑
Ok caterpillar you can stay on.
Glad you stopped caterpillar
Is it lunchtime yet↑
Can I look at something↑
I am just looking.
But that is ours!
OK caterpillar you can stay in here.
Me and the fire truck can have a race.
Oh no, caterpillars going the wrong way.
Wait, I gotta do mine.
You wanna see the firefighter takes the little bump↑
My caterpillar can go under it.
My lizard was dirty.
So I gave him a nice bubble bath.
I just gave a bar of soap.
The antennas' are not short enough.
You have to wind them up.

Commenting on things in the room

Are there gears in there ↑
But where are the gears ↑
The gears help the clock.
See how gears can work.
And see how gears could work.
Gears work like this, don't they.
No I wasn't talking about your watch.
I was talking about gears
I know gears...
Gears could work like this.

Gears work like this.
I, I have to exercising for my first game.
It's a caterpillar game.
First wind it up.
I know how gears could work.
Gears could work when you put them together.
It, that look like a gear.
When gears put together how the gears parts put together again.
I know how gears could work.
Could you see these gears ↑
When gears put together there like puzzles.
I'm just looking at this
I'm just looking up gears.
Gears work like this when you put them together.
My caterpillar won.
He's the fastest.
Go caterpillar!
Did you know how gears could work ↑
There's some little pens on it.
With a big gear.
With a smaller gear.
I see a car horn. *(Meant that he heard it)*
Yeah, it sound like that.
I know how gears could work.

5

DISTRICT OF COLUMBIA PUBLIC SCHOOLS
DIVISION OF SPECIAL EDUCATION

SOCIAL HISTORY EVALUATION

Name: [REDACTED] DOB: 6/26/1996 Age: 12
Student ID #: [REDACTED]
Parent/Guardian: [REDACTED] (father) Mrs. [REDACTED] (mother)
Address: [REDACTED] NW, Washington, DC 20010
Home Phone: (202) [REDACTED]
School: Kramer Middle School Grade: 6th
Date of Interview: October 14, 2008
Social Worker: Waynonia Potts
Person (s) Interviewed: [REDACTED], father
Reason for Referral: The social history was requested as part of [REDACTED] triennial review.
Reports Reviewed: Special Education Record
Services currently being received from community agencies: None
Social Work Services receiving: None
Other related services receiving: Speech and Occupational therapy
Legal representation: No

FAMILY DATA:

HOUSEHOLD COMPOSITION:

Name	Relationship	Age	Education/Occupation
[REDACTED]	Father	46	Unemployed. Document Specialist
[REDACTED]	Mother		Nurse
[REDACTED]	Client	12	Kramer Middle School
[REDACTED]	Sister	1 st grade	St. Augustine

The family has resided at their current address for the past 14 years. There were no major concerns reported regarding the home environment. Mr. [REDACTED] mentioned that [REDACTED] has never stayed away from home and that everyone is able to interact in a positive manner. The family has learned to accept [REDACTED]'s disability and not talk of regret or disappointment. The family receives support from family and friends.

[REDACTED] recognizes that she is older than her sister and sometimes displays bullying behavior towards her. [REDACTED] sometimes does not share with her sister and will display typical sibling behavior. It was mentioned that [REDACTED] sister, Marie, often communicates with [REDACTED] better than her parents.

██████████'s behavior in the home was described as defiant at times. Mr. ██████████ mentioned that ██████████ responds to directives and when redirected, ██████████ will often apologize. The family responds to ██████████'s behavior by remaining patient and consistent when redirecting her. The family believes that the process is slow and that ██████████'s behavior is for attention.

DEVELOPMENTAL AND MEDICAL HISTORY:

It was mentioned that Mrs. ██████████'s pregnancy was welcomed by both parents. Mrs. ██████████ received prenatal care at a public clinic in the District of Columbia. The only problem mentioned was the low level of activity of the fetus in the womb. Mrs. ██████████ was referred to DC General Hospital for a sonogram as a result.

██████████ was born two weeks early. Mr. ██████████ mentioned that a vacuum was used during the vaginal delivery to assist Mrs. ██████████ once she could no longer push. ██████████ weighed 6 pounds and 11 ounces at birth. After the delivery, the parents were informed that ██████████ had Down Syndrome. ██████████ remained in the hospital for three weeks after the delivery to receive oxygen. Mr. ██████████ reported that ██████████ cried constantly for the first three weeks of her life. ██████████ was discharged with no medication and the parents were given referrals for services. The parents were informed that ██████████ had a hole in her heart and a weak left eye which would require her to wear glasses. ██████████ also had tubes placed in her ears.

██████████ was hospitalized at the age of two/three for several days to repair the hole in her heart. Mr. ██████████ reported that the hole has closed.

██████████ received early intervention services from Easter Seals to assist her with mastering her developmental milestones. She began walking at the age of two, talking at age five and was potty trained by the age of seven.

██████████ receives DC Medicaid and her health care needs are addressed at Children's National Medical Center in Washington, D.C. Her last physical exam was received in May 2008 and Mr. ██████████ described ██████████'s overall health status as good. ██████████ is currently taking medication for reflux and seasonal allergies. ██████████ has been diagnosed with sleep apnea and sleeps with a Continuous Positive Airway Pressure Machine to assist with her breathing at night. ██████████'s last dental visit was in 2007. ██████████ wears glasses and is currently waiting to have them repaired.

The parents are currently in the process of scheduling a psychological evaluation at Children's National Medical Center for ██████████. The evaluation will be a follow-up to one which was completed several years ago. The parents were informed at the time to come back within three years if ██████████'s behavior changed.

No frequent injuries or traumas were reported.

SIGNIFICANT SOCIAL PERSONAL FUNCTIONING:

██████████ was described as a loving, warm child who often laughs and cries a lot. ██████████ is able to ask for things and dress herself when given an ample amount of time. ██████████ is unable to perform her activities of daily living without assistance. ██████████ has a history of enuresis and encopresis which usually occurs when she is fixated on something. She is able to feed herself and enjoys eating.

██████████ enjoys the outdoors but get tired quickly and will refuse to walk. Mr. ██████████ also mentioned that ██████████ has problems with her knee.

Mr. ██████████ mentioned that ██████████ loves individual attention as well as one on one interaction with others. ██████████ becomes shy when she is around a lot of people and will either act out, withdraw or begin to cry. ██████████ is also bothered by noise and will begin to cry if it becomes too loud for her.

The parents' goal is for ██████████ to become independent and capable of securing employment when she is older.

SOCIAL BEHAVIORAL CHARACTERISTICS:

Flexible	Creative
Difficulty making and keeping friends	Outgoing
X Lacks self Control	Frequent changes in mood
Bedwetting	Thumb sucking
Short attention span	Daydreaming
X Inconsistency in behavior	Nail biting
X Aggressive towards others	Mechanical
Cooperative	Overactive
Nightmares	Athletic
X Difficulty completing jobs/activities	Musical
Unreasonable fears	Rocking (tactile with hands)
Temper tantrums	Fantasies
Gets ideas quickly	Under active
Usually shy and withdrawn	Avoids homework
Difficulty telling time	Artistic
Tells lies, not frequent	Self-confident
Enjoys reading	Frequently late
X Difficulty understanding questions/directions	Uncooperative ██████████
Frequently talks to self	Sleepwalking, disturbed sleep
Difficulty using numbers	Lacks motivation
Concentration difficulties	Prefers to play alone
Difficulty with organization	Demanding
Gets along with peers	Likes to be in control
Prefers to watch television/video games	Avoids reading
Alcohol Usage	Drug Usage

Strong-willed
Self-injurious
Difficulty with change in routine

Inappropriate sexual concerns
Needs constant approval/assurance

SCHOOL HISTORY:

██████ began her educational service by receiving early intervention services from Easter Seals from her infancy until the age of two where she received physical, speech and occupational therapies. ██████ was enrolled in DC Public Schools shortly after. Mr. ██████ was unable to recall the names of the schools ██████ attended but was able to remember specific events which have occurred during her educational career.

During Kindergarten and first grade, ██████ received related services and was very slow in grasping things. Mr. ██████ mentioned that they were satisfied with the school but ██████ had to transfer because the school did not have a MR program. ██████ did not display any behavior problems and was assigned a dedicated aide during this time.

During the second grade, ██████ attended a different school and reportedly made no educational gains from school. According to Mr. ██████, ██████ was not receiving consistent services and did not have an educational aide. At this time, ██████ would try to mimic songs, understood questions and directives but would not respond. Mr. ██████ stated that ██████ made environmental educational gains.

██████ attended Raymond elementary School for one month but had to transfer because the school's MR Program was not equipped for ██████. ██████ did have an educational aide at this time. ██████ was referred to Neval Thomas Elementary School and Mamie D. Lee and the parents chose the least restrictive environment which was Neval Thomas.

██████ attended Neval Thomas for the third, fourth and fifth grades. There were no problems reported for the third grade. During the fourth grade, ██████'s IEP was changed and as a result her dedicated aide and physical therapy were removed. The parents disagreed with the IEP and felt their relationship with the school was disintegrating.

██████ began to display behavior problems shortly after the changes. The behaviors mentioned were not cooperating, running from class and not following directions. However, Mr. ██████ mentioned some educational gains were made during this time.

Mr. ██████ described the fifth grade as being of poorer quality because ██████ was not receiving her related services due to her noncompliant behavior. Mr. ██████ believes ██████ was unable to grow academically as a result. The family was also dissatisfied with ██████'s unkempt health needs at school.

██████ was enrolled in the MR program at Kramer for the current school year. Mr. ██████ reported that the parents are comfortable with the school and have no concerns.

Mr. [REDACTED] believes that [REDACTED] is functioning at a lower cognitive and academic level than some of her peers in the program but believe that with supportive services including a dedicated aide, behavioral technicians and increased speech, occupational and physical therapy [REDACTED] could have a productive school year. Mr. [REDACTED] would also like for additional focus to be placed on teaching [REDACTED] more self care and hygiene skills.

Since [REDACTED]'s enrollment at Kramer she has displayed aggressive behaviors including hitting and spitting on other students. [REDACTED] has also run away from staff, had difficulty following directions and completing task. There was also a brief time when [REDACTED] was exposing certain parts of her body to others. [REDACTED] has had to take intermittent breaks during her travel throughout the building from class as she gets tired quickly.

[REDACTED]'s parents would like for her to improve her motor skills and be able to write her name, numbers and alphabet well. Also, for Hajisatu to be engaged in and participate in a two way conversation with little prompting.

SUMMARY:

[REDACTED] is a 12 year old African-American female who was born and raised in the District of Columbia. [REDACTED] is the first child born to her parents who are very supportive of her. [REDACTED] was referred to this social worker for the development of a social history as part of [REDACTED]'s triennial review.

[REDACTED] is currently in the sixth grade at Kramer Middle School receiving special education services as a student with a disability of mental retardation. [REDACTED] is also receiving supportive services in the area of speech, language and occupational therapy. This report will be reviewed during an MDT meeting to determine if any changes are needed for [REDACTED]'s educational plan.

Waynonia Potts, LGSW



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

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OCCUPATIONAL THERAPY EVALUATION

Student Name: J. [REDACTED] Date of Birth: December 18, 1999
Date of Report: August 28, 2009 Student Number: 9207416
Current School: Garrison ES Grade: 3rd
Name/Title of Examiner: Alicia Nji, OTD, OTR/L. Nobuko Sugimoto, OTR/L

I. Purpose of Assessment Initial Evaluation Re-evaluation Other: screening

II. BACKGROUND INFORMATION

[REDACTED] is a 9-year, 8-month old male student in a self-contained autism class at Garrison Elementary School. He was referred to occupational therapy for an evaluation due to concerns for his fine motor skills. A chart review indicates that he was born full term and his birth was uneventful. Following his birth, it is reported that [REDACTED] was lactose intolerant and was given Isomil. His medical history is remarkable for a surgical procedure performed to remove a blood clot in his inner ear. It is unclear from the report if it involved only one ear or both ears. His developmental milestones were delayed, reportedly walked at 18 months, and uttered his first words at 24 months. Additionally, according to the report by Dr. Sepe at Georgetown University Hospital made in March 2008, [REDACTED]'s father was in special education at some point of his academic years.

[REDACTED] was first evaluated in November 2005 by Children's Hearing and Speech Center at Children's Hospital for speech and language development. The results of the evaluation found severe delays in receptive and expressive languages, and pragmatic difficulties. However, his oral-motor structure and function were found to be normal. An audiological evaluation was completed in December 2005 in which [REDACTED]'s hearing was found to be normal. In March 2006, Washington Assessment and Therapy Services administered a psychological evaluation using K-BIT, WRAT-3, and Beery VMI-4. The K-BIT revealed [REDACTED]'s intellectual functioning to be in the low average range. [REDACTED]'s hearing was again assessed and determined to be normal, yet his speech and language development was still significantly delayed. In addition, [REDACTED] presented with characteristics associated with autism, including non-productive, repetitive motor behaviors and a tendency to disengage from social play with his peers. An IEP was developed at that time, which granted him one hour per week speech and language therapy. In March 2008, [REDACTED] was seen by Dr. Sepe at Georgetown University Hospital. Per report written by Dr. Sepe based on behavioral and developmental observations, [REDACTED] presented with moderate hypotonia distally, and poor skills in gross and fine motor skills, motor coordination, and visual-motor integration.

An occupational therapy evaluation was administered in July 2008 at Georgetown University Hospital using BOT-2, Beery VMI (edition unclear), and Jane Ayres' Clinical Observations.

The results confirmed the previous evaluative data, finding ██████'s functional level in the below to well below average range. At the time of evaluation, ██████ was 8 years, 7 months. The results of BOT-2 indicate that ██████'s Fine Motor Precision was at the level of child 4 years, 8-9 months, Fine Motor Integration at the level of a 5-year, 2-3 month old, Manual Dexterity at the level of 6 year, 2-month old, Upper Limb Coordination at the level of a 4-year, 1 month old, and Bilateral Coordination at the level of a 5-year, 2-3 month old child. The results of Beery VMI indicated that his overall visual-motor integration skill was at the level of a child 4 years, 10 months, visual perceptual skill at the level of a child 4 years, 8 months, and motor coordination skill at the level of a child 2 years, 11 months. Difficulties in crossing midline, motor planning, and poor in-hand manipulation were highlighted as significant weaknesses.

DCPS division of special education conducted educational evaluation for ██████ in February 2009, using WJ-III ACH and classroom observation. The result confirmed that ██████'s speech was impaired, but he was able to verbally communicate, socialize, read text, and manipulate numbers. In addition, the result suggested the normal function of his working memory as he was able to compute simple math problems in his head. WJ-III ACH showed very low to low functioning range of ██████'s oral language, broad reading, and academic fluency.

██████ currently receives accommodations with instruction, test setting, scheduling and environment. He is also under a behavior management plan which utilizes a reward system. He is known to become flustered when presented with challenging tasks or situations, but is easily redirected when given a break or rewards.

The purpose of an occupational therapy evaluation is to identify a student's underlying motor, process and interaction skills and performance patterns that are either effective or ineffective in meeting the demands within his/her learning environment. If an impact is present, the occupational therapist may recommend resources and/or strategies which may facilitate a student's engagement in activities required in his/her learning environment.

III. ASSESSMENT RESULTS

The following assessments were performed to determine ██████ ██████ present levels of functioning:

1. Beery Developmental Test of Visual-Motor Integration 5th Edition (Beery VMI-5)
 - Beery Developmental Test of Overall Visual Motor Skill
 - Beery Developmental Test of Visual Perception
 - Beery Developmental Test of Motor Coordination
2. Motor Free Visual Perceptual Test (MVPT-3)
3. Test of Handwriting Skills, Revised (THS-R)
 - Subtest 1: Writing spontaneously from memory the upper-case letters of the alphabet in order
 - Subtest 2: Writing spontaneously from memory the lower-case letters of the alphabet in order
 - Subtest 3: Writing from dictation the upper-case letters of the alphabet out of order
 - Subtest 4: Writing from dictation the lower-case letters of the alphabet out of order
 - Subtest 5: Writing from dictation single-digit numbers out of order
 - Subtest 6: Copying selected upper-case letters of the alphabet

Subtest 7: Copying selected lower-case letters of the alphabet

Subtest 8: Copying selected words from a model

Subtest 9: Copying selected sentences from a model

Subtest 10: Writing words from dictation

4. Sensory Profile, Short Form
5. Clinical observations
6. Consultation with student's current teacher
7. Record review

Title: Developmental Test of Visual-Motor Integration, 5th Edition (Beery VMI -5)

This is a developmental sequence of geometric shapes to be copied with paper and pencil. It determines the extent of unification of a student's eye-directed hand movements. It consists of an Overall Visual-Motor score, and scores from Visual Perception (non-motor responses) and Motor Coordination subsets. It is designed for children from 2 through 18 years of age. Raw scores yield a standard score, a percentile and an age equivalent. The standard score mean is 100 and standard deviation is 10. Therefore standard scores of 90-109 are deemed average.

Date tested: 08/28/2009.

Test Section	Standard Score	Percentile	Age Proximity	Verbal Descriptor
Overall Visual-Motor Skill	76	5%	6-3	Low (70-79)
Visual Perception	104	11%	10-3	Average (90-110)
Motor Coordination	74	5%	6-0	Low (70-79)

Title: Motor-Free Visual Perception Test (MVPT-3)

This individually administered test determines a child's "non-motor" visual-perceptual ability. The scores are based on responses that do not require the student to draw or write. The test is designed for children from 4 years, 0 months through 95 years old and above. Raw scores yield a perceptual quotient (standard score) and a perceptual age. The standard score mean is 100 and standard deviation is 15. Date tested: 08/28/2009.

Total Raw Score	Perceptual Quotient (Standard Score)	Perceptual Age	Performance in age group
35	108	>10-11	Average (90-110)

Title: Test of Handwriting Skills-Revised (THS-R)

This is an assessment of manuscript writing and can be used with students aged 6 years 0 months through 18 years old. The primary purpose of the THS-R is to assess neurosensory integration ability as evidenced by manuscript or cursive writing. The THS-R is not a classroom "penmanship" test. The results can be used to identify handwriting problems and monitor progress in handwriting, particularly for students with disabilities. The tasks that are featured on the assessment include: writing spontaneously from memory the upper-case and lower-case letters of the alphabet in order, writing from dictation the upper- and lower-case letters of the

alphabet out of order, writing from dictation single digit numbers out of order, copying selected letters of the alphabet, copying selected words, copying selected sentences and writing from dictation selected words. The standard score mean is 100 and standard deviation is 15.

Date tested: 08/28/2009, 09/01/2009, and 09/03/2009.

Test Section	Raw Score	Scaled Score	Percentile	Verbal Descriptor
Writing A-Z from memory	80	6	9 %	Below Average
Writing a-z from memory	80	6	9 %	Below Average
Writing A-Z from dictation	75	5	4 %	Below Average
Writing a-z from dictation	75	5	4 %	Below Average
Writing numbers from dictation	85	7	16 %	Average
Copying upper case letters	110	12	75 %	Average
Copying lower case letters	80	6	9 %	Below Average
Copying words in lower case letters	65	3	1 %	Well Below Average
Copying sentences	80	6	9 %	Below Average
Writing a sentence from dictation	60	2	<1 %	Well Below Average
Sum and Overall %ile Rank	Std Score 79	Sum 58	8 %	Below Average

Title: Sensory Profile

The Sensory Profile is a caregiver questionnaire which measures children's responses to sensory events in everyday life for children 3-10 years of age. In this evaluation, a short version which contains 38 items was used. Caregivers complete the questionnaire by reporting how frequently their children respond in the way described by each item; they use a 5 point Likert scale (nearly never, seldom, occasionally, frequently, almost always). The Sensory Profile contains sections corresponding to each sensory system, sections which indicate the modulation of sensory input across sensory systems, and sections which indicate behavioral and emotional responses that are associated with sensory processing. Additionally, professionals can calculate scores from a factor structure which reflects children's responsiveness to sensory input across sensory systems. Using national samples of more than 1,000 children, the author calculated cut scores which indicate when a child's scores are significantly different from their peers' responses. Studies with children who have various disabilities (including Autism, Asperger Syndrome, Attention Deficit Hyperactivity Disorder), researchers have shown that children with the disabilities have significantly different patterns of sensory processing from their peers and from children in other disability groups. Findings thus far suggest that sensory processing patterns may inform both the diagnosis of disorders and provide guidance for intervention planning.

Date tested: 09/08/2009

Section	Levels of Performance Differences			Section Raw Score Total	Verbal Descriptor
	Typical performance	Probable Difference	Definite Difference		

Tactile Sensitivity	35-30	29-27	26-7	23/35	Definite Difference
Taste/Smell Sensitivity	20-15	14-12	11-4	6/20	Definite Difference
Movement Sensitivity	15-13	12-11	10-3	13/15	Typical Performance
Underresponsive/Seek Sensation	35-27	26-24	23-7	15/35	Definite Difference
Auditory Filtering	30-23	22-20	19-6	18/30	Definite Difference
Low Energy/Weak	30-26	25-24	23-6	6/30	Definite Difference
Visual/Auditory Sensitivity	25-19	18-16	15-5	15/25	Definite Difference
Total Score	190-155	154-142	141-38	96/190	Definite Difference

IV. STRENGTHS AND WEAKNESSES

SKILL AREA	STRENGTHS AND WEAKNESSES
Fine Motor	<p>STRENGTHS:</p> <p>_____ is right hand dominant. _____ demonstrated quadrupod grasp with an open web space. During the Beery VMI-5, he used a right quadrupod grasp. The writing pressure was appropriate. He did not display any thumb shift during writing activities. His ability to use distal movement at his wrist was observed during handwriting evaluation, but inconsistent. _____ used pincer grasp to pick up small object (pegs) and to manipulate them in activities such as stringing beads. He also demonstrated the adequate ability to translate small object (coins) from finger-to-palm, and palm-to-finger.</p> <p>WEAKNESSES:</p> <p>_____ struggled with handling play cards. When asked to shuffle a deck using both hands, he had difficulty picking individual cards using his right hand from the deck held in his left hand. During visual-motor coordination subtest of Beery VMI-5, _____ was unable to draw lines within 1/8 inch margins. In addition, he did not isolate the distal movement at the wrist.</p>
Visual-Motor Integration	<p>STRENGTHS:</p> <p>Using a visual model, _____ demonstrated the ability to copy basic geometric designs as needed for precursors to writing. He copied horizontal and vertical lines, circle, square, cross, left diagonal and right diagonal lines, X, triangle, and some of multiple-shaped designs.</p> <p>WEAKNESSES:</p> <p>_____ achieved a standard score of 76 on the visual-motor integration test. This score is low when compared with same aged peers. With motor coordination subtest, _____ achieved a low standard score of 74 and this score placed him at</p>

	<p>6-year, 0-month level. Jimmy was not able to correctly copy shapes that progressed beyond basic. Based on these results, impairment was found in his ability to coordinate eye and hand movements.</p>
<p>Visual Perceptual</p>	<p>STRENGTHS: With the visual perception subtest of Beery VMI-5, Jimmy was very quick to choose his answers when discriminating basic differences between forms. When working with more complex and small shapes, Jimmy scanned the details of all choices before selecting his answers, except toward the end when he started to lose his focus. Jimmy performed at the level of 10-year, 3-month old child. With MVPT-3, Jimmy scanned all the choices before selecting his answer. He also verbalized the figures to assist him with memorizing. He scored high on all sections: Visual Short Term Memory, Spatial Relationships, Figure-Ground, Visual Discrimination, and Visual Closure. Based on his performance on the test, Jimmy's visual perceptual skills at the level of a child greater than 10 years, 11 months. Clearly, visual perception is one of his strength areas.</p> <p>WEAKNESSES: None observed.</p>
<p>Handwriting</p>	<p>STRENGTHS: Jimmy writes the alphabet in lower case, his first and last name, and numbers. He produced legible letter size, and the alignment was fair to good. When copying from a near point model, he was able to appropriately space words.</p> <p>WEAKNESSES: When copying from a far point model, the space between words became smaller. His letter formation was poor. Jimmy used both top-to-bottom and bottom-to-top strokes to write "f", "l", "t", and "k". He also used bottom-to-top approach to write vertical lines used in letters. Jimmy used a circle and a vertical line to write "a", "p", "d", and "b". In addition, he used bottom-to-top approach to form a letter "o".</p>
<p>Sensory Neuromotor</p>	<p>STRENGTHS: Jimmy maintained an erect sitting posture throughout the evaluation. He demonstrated functional transitional movement patterns. His bilateral upper extremity coordination was also within functional limits during desk-top activities and outdoor play time. When playing outdoors, Jimmy demonstrated motor planning skills adequate for participating in physical play with his peers. He did not display gravitational insecurity. In addition, he tolerated deep pressure applied to his body by the evaluator.</p> <p>WEAKNESSES: The results from the Sensory Profile, Short Form, indicates that Jimmy has definitive sensitivity differences in tactile, taste/smell, auditory filtering, and visual/auditory areas. Low energy, sensory seeking behaviors, and distress with heights were also noted. Per report from the classroom teacher and the parent, Jimmy has a preference for certain food textures such as pudding and cold food. He also does not like his clothes being wet.</p>

<p>School functioning Self-care/ADL</p>	<p>STRENGTHS: Jimmey is able to function and navigate in school environment. He is able to perform self-care as well as manipulate his lunch tray and study materials. Also, he is able to access playground equipment and transition through the hallway with supervision. He participates well in both solitary and group play. He is able to dribble a basket ball. When catching a ball, Jimmey at times uses his body as a gross assist; however, he has demonstrated the ability to catch a ball using his hands only.</p> <p>WEAKNESSES: Jimmey needs verbal reminders when required to work on activities that involve multiple steps. He also requires redirection of his attention.</p>
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V. Test Analysis.

The evaluation was administered over 3 different days within one week. On the first day, **Jimmey** was accompanied to the testing environment by his classroom teacher. His hygiene and grooming were very good. Although not consistent, he made eye contact both voluntarily and upon request. After introductions, he quickly established rapport with the evaluator and was eager to start the evaluation. He was extremely friendly and cordial when interacting with the evaluators. **Jimmey** can intelligibly verbalize his thoughts. The evaluation was conducted in a quiet room. He was offered a rest break few times. He initially declined them and completed Beery VMI-5 and MVPT-3 within 60 minutes. During the evaluation, there were occasional interruptions from people coming into the room to use the facilities. Also, on 8-28-09, there was one fire drill for which the evaluators had to go outside with Jimmey for 20 minutes. Despite these distractions, **Jimmey** demonstrated the ability to redirect his attention to the assessment materials with verbal cues. He required verbal cues to maintain his focus throughout the evaluation process. He self-advocated when he became fatigued, but made an effort to complete test items with encouragement. Skittles were used to encourage him through the testing process; however, after the administration of 2 subtests of THS-R, he could not continue due to fatigue. On the second day, **Jimmey** completed 5 more subtests of THS-R, but he became less compliant and eventually refused to continue. Per his classroom teacher, **Jimmey** had just had a timeout before the evaluation. This may have contributed to his reluctance to complete the test. On the third day, **Jimmey** completed the remaining 3 subtests of THS-R. The Sensory Profile, Short Form was given to his classroom teacher to be completed in collaboration with his mother.

VI. Deviations.

Jimmey demonstrated average range visual perception skills. However, the evaluation results of Beery VMI-5 indicated that his skills in visual-motor integration and motor coordination are significantly impaired, both marking low level performance. **Jimmey** was able to utilize distal motor control during handwriting test. In contrast, with the visual-motor integration test, distal control was not used. Rather, **Jimmey** used his right arm as one unit and controlled the distal movement from his shoulder. This denotes that when he is required to simultaneously process visual information and perform fine motor tasks, **Jimmey's** fine motor skills become compromised. The result of Sensory Profile, Short Form indicated that **Jimmey** has definite

sensitivity differences in his response to tactile, taste/smell, auditory, and visual sensory inputs. In addition, ~~Jimmy~~'s score revealed that he has low energy, and he excessively seeks sensation through movement.

VII. Implications for Instruction.

~~Jimmy~~ has difficulty with simultaneous processing of visual and motor tasks. Suggested Strategies:

1. When a task involves simultaneous processing of visual and motor tasks, provide segmental assistance to process visual information before moving onto motor tasks. For example, assist him in understanding each components of visual information presented prior to requesting that he complete a task that may require him to trace, cut, color, draw, or write.
2. Use multi-sensory tools such as stick models and blocks to assist ~~Jimmy~~ in improving his comprehension of spatial relationships, figure-ground, and visual closure.
3. When copying is required, the team may wish to provide ~~Jimmy~~ with a near point model from which he can copy. It may also be helpful to allow ~~Jimmy~~ to use a ruler or a piece of paper to assist with visual tracking during copying. This may help increase his accuracy with copying and decrease errors.
4. When shown visual models, ~~Jimmy~~ occasionally verbalized the image to help him process and remember them. The team may consider allowing ~~Jimmy~~ to verbalize his mental processes during visual-motor activities.
5. ~~Jimmy~~ becomes highly distressed and/or distracted when there is excessive visual stimulation and unexpected loud noises. The team may wish to consider providing Jimmy a separate work space, such as a corner of the room, to minimize visual and auditory disturbance and distractions during work time in order to improve his concentration on tasks.
6. ~~Jimmy~~ presents with low skill in visual-motor integration and motor coordination. He may benefit from motor based activity to improve his visual-motor integration and motor coordination skill.

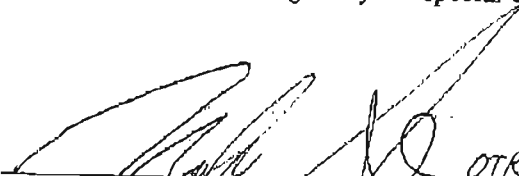
VIII. Summary:

~~Jimmy~~ is a 9-year, 8-month old male student enrolled in an intermediate autism class within special education at Garrison Elementary School. Based on his performance on tests administered, he demonstrated delays in visual-motor integration and motor coordination that may impact his ability to effectively meet academic demands. In this therapist's professional opinion, ~~Jimmy~~ will benefit from occupational therapy intervention in order to improve his weaknesses mentioned above.

Occupational therapy is a related service provided to eligible students having an educational disability that interferes with their participation in or benefit from special education services. The

results of this assessment will be shared with the MDT for the purpose of evaluation and determination of eligibility for special education programs and/or subsequent related services.

The results of this assessment will be shared with the School Team for the purpose of evaluation and determination of eligibility for special education programs and/or services.


Signature of Examiner(s) OTR/K

11/17/09
Date Signed

Occupational Therapist
Position(s)

202-907-7443
Phone



COMPREHENSIVE OCCUPATIONAL THERAPY EVALUATION

Name: [REDACTED]
Date of Birth: 09/07/2004
Chronological Age: 7 y. 6 m.
Date of Evaluation: 03/05/2012
Therapist: Kristin S. Conaboy, OTR/L
Educational Program: Plummer Elementary School (DCPS)

Background Information: [REDACTED] was referred for an Occupational Therapy Evaluation by Ms. Renee Erline, the special education attorney representing [REDACTED] and his individualized learning needs. His current IEP, dated 01/26/12, indicates that [REDACTED] is eligible for special education as a student with an emotional disturbance. [REDACTED] attends the 2nd Grade at Plummer Elementary School in the District of Columbia. He is reported to receive 15 hours of Specialized Instruction per week and 240 minutes of Behavioral Support Services per month. In a 2009 Psychoeducational Evaluation, conducted by DCPS School Psychologist, Dr. Zoso M. Makumbi, Ph.D., [REDACTED] is referred to as both a five year old and a six year old and his birth date is incorrect, so it is unclear as to whether the scores reported in this evaluation report are accurate. That said, the results are largely considered invalid by this evaluator and should be interpreted with caution. Dr. Makumbi indicated that [REDACTED] qualified for “psychological services and specialized instruction as a student with Oppositional Defiance, Attention Deficit Hyperactivity (of both types: Inattentive and Impulsive-Hyperactive), Poor Self Regulation, poor adaptive skills and significantly delayed executive function”.

A 2010 Speech and Language Evaluation, conducted by DCPS Speech and Language Pathologist Maureen Chamberlin, indicated “moderately impaired receptive language skills coexisting with average expressive language skills”. Weaknesses were noted in the areas of “command execution, knowledge, morphological rules, pragmatic (social) language skills, and sentence comprehension”. It is indicated that [REDACTED] would need assistance in “developing strategies to aid him in attending to tasks, organizing information to allow him to follow through on tasks and to follow the flow and content of classroom assignments”. It is also indicated that

he required assistance on “improving his verbal and nonverbal social communication skills”. It is stated that he would benefit from simplification, repetition, interpretation of both oral and written directions, preferential seating, and minimized distractions.

At this time, his current classroom teacher, Ms. Howard, believes that [REDACTED] can “do more than he does” due to his “poor attention span”. She shares that his behaviors can be disruptive at times impacting his availability to learning. She also states that he often has incomplete class work. Both she and his special education teacher state that [REDACTED] has notable difficulty with writing, keeping pace with peers, and holding his pencil. Ms. Howard additionally shares that [REDACTED] can be easier to handle in a small group or one on one. He displays marked mood variations, can outburst or tantrum, and can display challenging classroom behaviors when academic demands are made. Sometimes he struggles with routines, has difficulty getting along with other children, making his needs known appropriately, and making eye contact. He is also noted to occasionally become easily frustrated. In terms of academic difficulties, Ms. Howard indicates that [REDACTED] struggles with reading, spelling, writing, following directions, organization, and finishing tasks. She indicates that he is restless, hyperactive, and has a short attention span. She also shares that he has the ability to concentrate on things, can be expressive, and loves the computer.

This evaluation was administered to gather information around [REDACTED] motor skills, visual motor and perceptual skills, writing abilities, and sensory processing. At this time, [REDACTED] is also receiving a comprehensive speech and language evaluation through this office. These reports should be reviewed together to support the team working with [REDACTED] in developing an appropriate plan to support [REDACTED] in his school environment.

Methods of Data Collection:

- Consultation with general education and special education teachers
 - Classroom Observation
 - Clinical Observations
 - Review of work samples
 - Bruininks-Oseretsky Test of Motor Proficiency – (BOT 2)
 - Beery-Buktenica Developmental Test of Visual Motor Integration (VMI)-6th Ed.
 - Test of Visual Perceptual Skills (TVPS) – 3rd Edition
 - School Checklist for OT Services
 - Informal handwriting and drawing samples
-
- **Behavioral Observations:** Upon entry to the testing environment, [REDACTED] greeted this examiner by making eye contact, shaking hands with prompts, and asking many questions about what would happen next. He transitioned to the testing activities with this examiner with an eager approach. He was observed to be highly energetic and busy, displayed fair eye contact, and repeatedly made statements like “I don’t know how to do that”, “How do you do _____”, and “I color out the lines everyday” when looking at testing materials or tasks at hand.

Both during testing and in the classroom, [REDACTED] body seemed to move excessively. He typically stayed in his seat but was “wiggly” and shifted his body position frequently. [REDACTED] struggled to keep his body calm enough to follow all directions and attend to tasks. He required frequent reminders and positive reinforcement (i.e. movement breaks, bubbles and stickers) to make attempts at meaningful engagement with testing tasks. Generally, he struggled to participate in testing activities and benefitted from verbal prompts like “hands ready” to limit touching area objects. He seemed to understand basic directions provided but additionally benefitted from repetition and demonstration for tasks. He was able to follow basic, one-two step directions he was motivated by (i.e. ball activities). In order to transition between tasks, he required moderate cues and demonstration. In a very endearing way, [REDACTED] shared he wanted to be a teacher when he grows up.

A recently developed behavior plan asks whether [REDACTED] behaviors could be related to educational or skills deficits (academic, communications, social or sensory processing) and the answer provided was “No”. This examiner believes that [REDACTED] requires a high level of structure and differentiated instruction. Additionally, it appears as though he has some sensory deficits impacting his availability to learning. These factors should be considered and built into a positive behavioral support plan. Given his abilities and effort and classroom report and observations, this is thought to be an accurate assessment of [REDACTED] skills.

- **Classroom Observation:** [REDACTED] was able to transition and lead this examiner to his classroom from the first floor testing area. In the classroom, [REDACTED] was able to move quietly to sit in his small group table. There were 20 children present during the observation day, but are reportedly 26 students enrolled in the class. The class is broken up into small groups of desk tables of about 6 students each and was largely quiet. Most students were working on a writing task significantly above [REDACTED] level. [REDACTED] returned to a previously started task of cutting/ rhyming word sort activity where cutting was poor and jagged. [REDACTED] was observed to sit on his foot, wiggled, and played with scissors. Ms. Howard reports that she typically adapts [REDACTED] work. When reviewing work samples, it was clear that [REDACTED] struggles with work completion, size, space, alignment, and formation. This examiner reviewed primarily incomplete work samples with mixed cases and poor legibility. [REDACTED] was then asked to transition to his special education classroom. This therapist supervised the transition where [REDACTED] and his peers required reminders for proper hallway transition. In the special education classroom [REDACTED] appears to work with a small group of peers. His special education teacher reports delayed writing skills. She states she has tried pencil grips but has not had luck in changing his grasping pattern.

- **Sensory Modulation and Processing:** Successful sensory processing is the ability to take in, interpret, modulate, and use information from the environment appropriately. This area was assessed through clinical and classroom observations and consultation to classroom teachers. When

considering all information observed and gathered, it appears that [REDACTED] presents with sensory processing difficulties in all areas.

Vestibular-Proprioceptive Processing: *Vestibular* sensations are received through the inner ear and provide information about movement, balance, and gravity. *Proprioceptive* sensations are received through muscle and joint receptors and provide information about body position, force, direction, and movement of body parts. Together these two systems influence muscle tone, balance, body awareness, motor control, motor planning, coordination, emotional security, academic learning and social skills.

[REDACTED] often uses inappropriate amounts of force with classroom tools (i.e. poor grasp on tools, frequently drops pencil) and seems unaware of where his body is in the space around him. He is observed to be wiggly and shifts his body position in his chair frequently. He struggled coordinating both sides of his body for movements with both sides of his body (i.e. smooth jumping jacks, ball skills). By report and observation, he confuses left and right sides. While he is able to navigate his environment, he exhibits a movement quality and control less than what would be expected for his age. He is observed and reported to have difficulty with motor tasks and transitions slightly awkwardly through different positions.

[REDACTED] is a child who can be observed to seek quantities of movement such as spinning, bouncing, jumping, or wiggling. Seeking this movement can interfere with his ability to complete educational or recreational tasks that are expected of him. Often his movement seeking behaviors interfere with his daily routines (i.e. sitting still at the table, completing classroom work). He presented as slightly impulsive and throughout the duration of testing he sought out movement. He responded well to built in movement trials and firm limits. He was observed to have trouble maintaining a consistent seated position and upright posture without reminders. He frequently leaned into the table, slumped in his chair, kicked his feet, or leaned out of his chair. On one occasion he slipped deliberately down his chair and under the table.

[REDACTED] energy and activity level remained high throughout the evaluation, and he could be described as a child who appears to be in frequent motion, who seeks movement, is “on the go”, fidgets during tasks, gets up and moves around more than his classroom peers, and may find excessive reasons to approach teachers.

Children who have a dampened vestibular system often seek out more movement or sensory input in order to feel regulated, especially in situations where they are expected to be still for longer periods of time. It appears as though [REDACTED] constant need for motion may be his way of trying to regulate his body to support his involvement within the school environment.

Tactile Processing: Tactile sensations are received through the skin receptors and provide information about size, texture, temperature, pressure, vibration, movement, and pain. Efficient tactile processing aids in building the foundations

for visual perception, motor planning, body awareness, emotional security, academic learning and social skills. [REDACTED] tolerated all presented tactile input, including wet, dry, rough, sticky, gooey, vibration etc., however, displays difficulty in this area. He frequently comes too close to others' personal space, excessively plays or fiddles with materials, can be disruptive when close to others, and has difficulty keeping his hands to himself. Tactile processing is an area of need for [REDACTED]

Visual Processing: Good eyesight contributes to good visual skills. Eye contact, eye focusing, tracking, visual discrimination, and depth perception are just some of the important functions of the visual system. Processing of what one sees is integrated with other sensory sensations (particularly vestibular/movement sensations) and contributes to the development of motor skills, reading skills, emotional security, and social skills. While he was able to track in all directions, make and sustain eye contact, and exhibit convergence and divergence, visual processing is also an area where [REDACTED] may need support. He struggled significantly to make meaning of visual information on related testing materials. At school he reportedly has difficulty with puzzles and reverses words, letters, and numbers. He is also reported to have difficulty lining up written work and math problems. Reversals of letters and numbers were observed.

Auditory Processing: Auditory sensations are received through the ear and good hearing contributes to good auditory comprehension. Optimal auditory processing allows one to give meaning to what is heard and for the development of listening skills, speech and language skills, emotional security, social skills and motor coordination. During testing, [REDACTED] frequently required repeated verbal directions for tasks. He was often observed to require a physical prompt to gain attention and could take excessive time respond. [REDACTED] is easily distracted and sometimes has trouble following multiple (2-3) step directions. He is reportedly performing below grade level in terms of reading and comprehension. At times, his teachers believe he struggles to understand or pay attention to what is said. Additionally, he was observed to cover his ears when school announcements were played during the evaluation time period. Auditory processing is felt to be inefficient.

In terms of modulation, or how [REDACTED] combines sensory input for use in his daily life, observations indicate difficulty responding to a range of sensory typically found in the school environment. He can appear on the go all the time, is overly excitable, jumps between activities, is easily frustrated, is impulsive, is easier to handle in a one on one or small group setting, has trouble making his needs known appropriately, and may have difficulty getting along or engaging with other children.

Relative weakness is noted when [REDACTED] is required to use sensory information in terms of his emotional and behavioral responses. He can become easily frustrated, has difficulty getting along with peers, or may be impulsive without the intention of being malicious. [REDACTED] struggles to turn sensory messages into controlled behaviors that match the nature and intensity of the sensory

information around him. Thus, his behavior/emotional responses and attending do not support or compliment his full potential for appropriate interaction and learning.

Moderate to significant sensory processing concerns are noted within the auditory, visual, vestibular (movement), proprioceptive (muscles and joints/body position), tactile (touch), and behavior systems. These factors should be considered and built into a positive behavioral support plan.

Difficulty integrating all sensory information from his environment can impact upon home/classroom functioning, his social skill development and his ability to develop necessary foundations to achieve higher level learning. Such difficulties can impact ability to meet specific environmental demands and perform on appropriate school activities. These outcomes can also contribute to struggles with learning and may require external supports.

- **Gross Motor Skills:** Gross motor skills (movements of the large muscles) were informally assessed through the use of clinical observations. general gross motor movement quality and willingness to participate is appropriate. presented with good protective reactions (ability to place hands out if he felt he was falling) when challenged. When required to maintain a variety of positions his movements, body control, balance, and strength were fair to good. He was able to complete ball skills within the average range in terms of testing, but with poor quality and control. He was able to roll, crawl, and transition as needed. When asked to jump in place, he erratically jumped around the area with decreasing control. He struggled to balance on one foot and stay in one place. He was able to ascend and descend stairs and navigate hallways. His gross motor skills are functional for the school environment, however, are largely impacted by difficulty with motor control, coordination, and his need for movement. He will benefit from continued opportunities to engage in ball and balance games and play on playground and climbing equipment to promote increased overall body strength and stability, coordinated movement patterns, endurance, sensory processing, and age appropriate play skills.

- **Fine Motor Functioning:** 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 Control composite has two subtests. The first subtest is fine motor precision which consists of activities that require precise control of finger and hand movements. The next subtest is called fine motor integration which requires the examinee to reproduce drawings of various geometric shapes that range in complexity. The overall Manual Coordination composite includes a manual dexterity subtest which involves goal-directed activities such as reaching, grasping, and bimanual coordination of small objects within a given time frame and an upper limb coordination subtest that looks at tracking, basic ball skills, and eye hand coordination tasks. When compared to other students his age, achieved the following scores:

Bruininks-Oseretsky Test of Motor Proficiency (BOT 2)

SUBTEST	SCALED SCORE <i>Mean=15, SD = 5</i>	STANDARD SCORE	PERCENTILE RANK	AGE EQUIVALENT	DESCRIPTION
Fine Motor Precision	8			5.2-5.3	Below Average
Fine Motor Integration	8			5.2-5.3	Below Average
	Overall Fine Manual Control	35	7		Below Average
Manual Dexterity	11			6.0-6.2	Average
Upper Limb Coordination	11			6.0-6.2	Average
	Overall Manual Coordination	41	18		Average

Interpretation: As indicated through the BOT2, [REDACTED] presents with variable fine motor skills. He is functioning in the below average range in overall Fine Manual Control. 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] attempted to fill in shapes, however, his accuracy decreased as he proceeded. He struggled to stay within borders and stated he “always colors out the lines”. When asked to trace through the varied paths that change direction, [REDACTED] attempted to shift his body frequently with limited dynamic hand movement. While tracing, he repeatedly said, “my hand hurts”. For most fine motor and pencil/paper tasks, he led with his right hand. When holding the pencil, he used an awkward grasping pattern with his index and middle finger tucked and wrapped around the pencil and the shaft of the pencil in between the middle and ring fingers, significantly limiting his control and causing fatigue. Most of [REDACTED] writing control was observed to come from his shoulder, versus his fingers, wrist and hand which impacts his overall accuracy and efficiency. [REDACTED] exhibited a loose scissors grasp with proper positioning yet poor strength and control. He repeatedly said, “I don’t like cutting”. He was unable to cut out a circle with ease. His approach was very choppy resulting in a circle cut out with jagged, sharp sided edges. In the classroom, [REDACTED] was working on a word sort cutting activity. On this task, he also shifted his body frequently, dropped the scissor repeatedly, worked very slowly, and produced poorly cut rectangles with jagged edges, occasionally with parts of the word snipped off. [REDACTED] scores in this area were considered below average .

Fine motor integration tasks involved copying a series of increasingly complex shapes with attention to details such as the basic shape, closure, edges, orientation, overall, and size. [REDACTED] had a difficult time copying shapes that would be expected for his age. He struggled with size, space, angles, closure, edges, and sometimes, orientation of the shapes. [REDACTED] seemed to use more shoulder movements versus refined finger, wrists and hand motions which largely affects his control. His scores were found to be below average.

[REDACTED] *combined fine motor precision and fine motor integration performance provided a standard score of 35 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 7 indicates that he performs better than 7% of his peers in the testing sample. His overall scores are considered below average.

scored in the average range on the manual dexterity subtest, which included tasks that required him to use a pencil quickly and to manipulate small objects such as pennies, pegs, beads, and cards with speed and precision. did a nice job attempting these tasks and was motivated by being timed. However, the quality of his movement was less than what would be expected of children his age. In particular he seemed to have notable difficulty using both sides of his body together for refined movement such as passing pennies between hands. However, his scores were found to be average.

On the upper limb coordination subtest, tried his hardest and was eager to perform however he was challenged by keeping his body calm and ready to complete the basic ball and eye hand coordination tasks. His scores were found to be within the average range. He was observed to become increasingly silly and his body became less controlled. He often crawled on the floor trying to corral the ball. He hopped around through most ball activities and struggled to truly control his body in between tasks and verbal directions. However, he was able to meet basic criteria for catching, tossing, and dribbling when compared to children his age.

combined manual dexterity and upper limb coordination performance provided a standard score of 41 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 18 indicates that he performs better than 18% of his peers in the testing sample. His scores are considered below average.

Functionally, struggled to use basic materials. He often dropped small items, his pencils, or the scissors. His overall pencil and paper work is below what would be expected of children his age and shared as a concern by both his general and special education teacher. Per his teacher, in the classroom, has a poor pencil grasp, inconsistent pencil pressure, and may drop his pencil often. He is also reported to sometimes have difficulty performing on classroom fine motor tasks such as glue sticks, scissors, or a mouse. Overall, difficulties with fine motor skills are impacting his ability to perform on tasks, showcase his knowledge, organize his materials, keep pace with peers, and feel confident about his work.

- **Organizational Skills:** organizational skills are a reported area of difficulty. struggles to maintain his personal space and desk area. His desk area seemed to be filled with excessive papers and had items that seemed to have fallen around him. He has difficulty following directions, recalling directions of assignments, often forgets homework, and can be characterized as sometimes unable to finish tasks. seems to have difficulty maintaining materials and work, organizing ideas for writing, managing work time, making transitions, and turning in completed assignments. The DCPS psychological

evaluation indicated difficulties with executive functioning. This seems to continue to be an area of need for [REDACTED]

- **Visual Motor Integration** Visual Motor Integration was assessed using The Developmental Test of Visual Motor Integration 6th Edition (VMI). The VMI is used to help identify difficulties that some children have in integrating, or coordinating, their visual perceptual (information processed with eyes) and motor (finger and hand movement) abilities. [REDACTED] scores are below.

The Developmental Test of Visual-Motor Integration

Category	VMI Overall	Visual Perception Section	Motor Section
Standard Scores (Avg 90-109)	73	85	79
Scaled Scores	5	7	6
Percentiles	4	16	8
Age Equivalents	4 Years, 10 Months	5 Years, 8 Months	4 Years, 11 Months
Performance Range	Low	Below Average	Low

Interpretation: As revealed in [REDACTED] scores, he exhibits overall visual motor skills within the low range. He achieved an overall standard score of 73. His visual perception skills are within the below average range while his motor coordination skills are within the low range. The visual component required [REDACTED] to choose one geometric form among competing forms to match the initial stimulus. The motor component required him to trace the stimulus forms accurately, without going outside double-lined paths. The overall piece required integration of both visual and motor information.

According to the testing data, [REDACTED] motor abilities appear to lag behind his visual perceptual skills and when required to integrate the visual and motor areas, his performance declines substantially. When presented with the tasks, [REDACTED] attempted to shift his body frequently and required prompts to work from left to right. On the visual motor integration tasks, he struggled with items that required him to attend to corner and angles, integrate two or more parts into a whole, overlap shapes, and produce correct size, space, and orientation. He also tended to overshoot lines. These findings are consistent with [REDACTED] performance on the Fine Motor Integration Subtest of the BOT-2 which measures similar skills and where [REDACTED] skills were also below average.

[REDACTED] struggled to attend to specific details and required reminders to review all of his choices on the visual perceptual section where he had to attend to visual differences around size, space, and orientation. On the motor subtest, [REDACTED] worked very slowly. His accuracy was significantly compromised as the items got smaller in size, requiring more refined control. Additionally, he required excessive time to complete each item and was unable to complete the task in the allotted time.

When asked to draw a person, [REDACTED] drawing was immature for his age including limited details and missing parts. Difficulties in visual motor integration could impact his performance on tasks related to reading, handwriting, and further development of math skills. Extended writing time, near-point copies to work from, adapted worksheets, graphic organizers, and practice on writing and drawing skills will assist in improving [REDACTED] functional performance in this area.

VMI standard scores have a mean of 100 and a standard deviation of 15. The standard score of 73 yields a percentile of 4 and indicates that he performs better than 4% of his peers in the testing sample. His scores are considered to be in the low range.

- **Handwriting:** [REDACTED] handwriting was evaluated through informal writing and drawing samples and review of classroom work samples. [REDACTED] is right handed. When holding the pencil, he used an awkward grasping pattern with his index and middle finger tucked and wrapped around the pencil and the shaft of the pencil in between the middle and ring fingers, significantly limiting his control and causing fatigue. This is not an efficient grasping pattern and can impact overall speed and endurance for tasks. Most of [REDACTED] writing control was observed to come from his shoulder, versus his fingers, wrist and hand which impacts his overall accuracy and efficiency. With writing, [REDACTED] made statements like, "my hand hurts."

[REDACTED] began with good posture, however, as basic demands increased, posture and paper stabilization decreased. [REDACTED] frequently tilted his head and paper excessively and sometimes held his head close to the paper. When tracing through tracks, he shifted her entire body. When asked to write A-Z, his letters were of mixed case, with heavy pressure, poor legibility, difficulty with proper order. [REDACTED] omitted U and V and reversed Z. He wrote his capital letters with about 19% accuracy. He was unable to proceed with lowercase letters. Numbers 1-10 were also very illegible. The number 1 was clear, but the remaining numbers would be considered illegible. He also reversed 7 and 9. When writing his first and last name, poor capitalization, formation, and alignment are noted. His teachers report difficulty with classroom based writing. In general, [REDACTED] writing lacks maturity and is significantly below what would be expected for students his age. He would benefit from support to encourage proper habits, developing an improved writing foundation, teaching of mechanics, and improved posture and overall task endurance.

- **Visual Perceptual Skills:** The TVPS – 3rd Edition was administered to assess possible visual perceptual deficits. Good visual perception is the ability to visually perceive, process, and respond to objects. It is the capacity to interpret or give meaning to what is seen. [REDACTED] was asked to look at several pictures, listen to specific directions, and choose the appropriate answer. The results are as follows:

The Test of Visual Perceptual Skills – 3rd Edition

Category	Scaled Scores	Percentile Ranks	Category Description	Age Equivalent
Visual Discrimination	5	5	The ability to discriminate dominant features of objects (i.e. position, shape, form, color).	<4-0
Visual Memory	17	99	The ability to recognize one stimulus item after a brief interval.	12-0
Visual Spatial Relationships	10	50	The ability to perceive position of objects in relation to self and/or other objects (i.e. reversals or rotations).	6-2
Visual Form Constancy	<1	<1	The ability to identify a form regardless of different size, orientation, or when hidden within another form.	<4-0
Visual Sequential Memory	10	10	The ability to remember a series of forms for immediate recall and to find among competing series.	6-8
Visual Figure Ground	2	<1	The ability to identify an object from a complex background or surrounding objects.	<4-0
Visual Closure	3	1	The ability to identify a whole figure when only a part is presented.	<4-0
	Index Scores	Standard Scores Avg = 85-115	Percentile Ranks	Age Equivalent
	Overall	84	14	4-7
	Basic Processes	91	27	5-1
	Sequencing	100	50	6-8
	Complex Processes	62	1	<4-0

Interpretation: According to the TVPS, [REDACTED] presents with overall visual perceptual skills just below the average range. He answered the practice question correctly indicating an understanding of the directions. Responses to this test were not timed but [REDACTED] required a high level of support to ensure he looked at all choices before making his selections. He also was fidgety and required maximal verbal prompts to sit up “tall” in his chair. He required one break between subtests. Greatest areas of difficulty were found in the areas of visual discrimination, visual form constancy, visual figure ground, and visual closure. Deficits in these areas can significantly impact upon tasks such as planning motor tasks, sequencing letters or numbers, calculating, reading, writing, sound and symbol association, completing puzzles, lining up math problems, letter orientation, or organization.

TVPS standard scores have a mean of 100 and a standard deviation of 15. The standard score of 84 yields a percentile of 14 and indicates that he performs better than 14% of his peers in the normative population. His scores are considered to be in the below average range.

- **Summary:** [REDACTED] and his teachers were a pleasure to work with. He presents as an adorable, busy, active, 7 year old youngster who is struggling with functional classroom performance and developmental skill acquisition. [REDACTED]

responded well to praise, encouragement, structured, routine, built in movement breaks, and positive reinforcement.

A recently developed behavior plan asks whether [REDACTED] behaviors could be related to educational or skills deficits (academic, communications, social or sensory processing) and the answer provided was No. This examiner believes that [REDACTED] requires a high level of structure and differentiated instruction. Additionally, it appears as though he has some sensory deficits impacting his availability to learning. Moderate to significant sensory processing concerns are noted within the auditory, visual, vestibular (movement), proprioceptive (muscles and joints/body position), tactile (touch), and behavior systems. These factors should be considered and built into a positive behavioral support plan.

Gross motor skills are functional for the school environment however, [REDACTED] will benefit from continued opportunities to engage in ball and balance games and play on playground and climbing equipment to promote increased overall body strength and stability, coordinated movement patterns, endurance, sensory processing, and age appropriate play skills.

According to the BOT2, fine manual control is below average and manual coordination is average. Functional classroom skills such as writing, cutting, and tool manipulation were observed and reported to be delayed. Consistent with the BOT2, the VMI, reveals overall visual motor integration in the low range. Not surprisingly, given [REDACTED] difficulties with fine motor skills and visual motor integration, his handwriting is below age expectation in terms of size, space, alignment, formation, reversals, general fluency, and overall mechanics. According to the TVPS, visual perceptual skills are also found to be below average. At this time, it is recommended that [REDACTED] be exposed to frequent and repeated sensory activities, movement games, ball and balance skills, and fine motor, table top tasks to strengthen his motor skills, general coordination, and sensory processing.

Given [REDACTED] needs in the areas of fine motor skill development, visual motor integration, visual perceptual skills, and sensory processing, it is recommended that he receive occupational therapy services 60 minutes per week. This should include both direct service and consultation to classroom and family to promote carryover of skills. Incorporating routine, sensory experiences will help [REDACTED] to be able to better regulate himself and respond to behavioral expectations.

- **Recommendations:**

1. Review of this report by caregivers and school personnel.
2. Direct Occupational Therapy Services once per week for 60 minutes per week. Focus of treatment should be on sensory preparation, classroom accommodations, and development of fine motor, visual motor, writing skills, visual perceptual skills, and consultation with classroom staff and family.

3. Given [REDACTED] difficulties with attention to task and impulsivity, those working with [REDACTED] may want to consider developing a visual behavior plan to assist in shaping appropriate behaviors and assisting with navigating social situations. Positive reinforcement and rewards (i.e. movement breaks, stickers, bubbles etc) could be used.
4. Given [REDACTED] impulsive nature, school and home may want to consider the use of a timer to assist in attention and focus. One good option can be found at www.timetimer.com. This provides a nice, quiet visual cue for children who need assistance self regulating.
5. Use “heavy work” activities to help [REDACTED] with self-regulation when he appears to be over-aroused or “over stimulated”, or when he seems to be having trouble focusing. These activities should help with touch-seeking behaviors [REDACTED] is exhibiting as well. See attached.
6. [REDACTED] should be able to play outside on a daily basis. He should be encouraged to use all playground equipment, especially equipment requiring climbing and hanging. Recess and P.E. should never be taken away as a form of discipline.
7. Consider consistently using a “hands ready” verbal cue to help [REDACTED] to get his hands ready, avoid overly touching environmental objects, and self regulating. A placement made with handprints may also be helpful as a visual reminder to have hands down and ready as [REDACTED] waits for tasks to be presented.
8. Body movement activities can help with regulation. Some games to play at home or school can be found here:

<http://www.sensoryprocessingdisorders.com/heavy-work-games.html>

9. Explore and introduce sensory and movement accommodations to increase self regulation skills and ability to attend to classroom environment. [REDACTED] may benefit from the following:
 - a. Taking movement breaks during challenging classroom work. Breaks may include: 2 minutes of jumping or marching in the hallway or on small trampoline, earned playground swing time or basketball shots (outside or with inside hoop), being the teachers helper to run errands, erasing the board, doing “heavy work” (i.e. moving furniture), or routinely passing out materials to prepare for activities.
 - b. [REDACTED] may benefit from the use of sitting on a Small Disco Sit or Move-n-Sit cushion for the chair. These allow slight amounts of movement while seated at desk or table during activities and may encourage increased attention/arousal to task. All can be ordered from www.pfot.com or at www.sammonspreston.com.
 - c. [REDACTED] may respond to the use of fidgets at his desk/table/during circle time. Some fidget options include, silly putty, koosh balls,

textured materials, weighted animals, small stress balls, tennis ball to squish, or theraband or tubing to pull. Many of these or similar items can be found in dollar stores, toy stores or various options can also be ordered from at www.sammonspreston.com or www.pfot.com.

10. Simple, consistent behavior management expectations using well organized, clearly presented information including visual cues/pictures will be helpful in assisting [REDACTED] to organize himself, modulating his behavior, and understanding his classroom routine/expectations.
11. The SET-BC website has PictureSET, a collection of free downloadable visual supports that can be downloaded and incorporated in plans, charts, stories or lessons. They can be used by students for both receptive and expressive communication as well as behavior regulation in the classroom, at home, and in the community. They may also help [REDACTED] with self-regulation, task initiation/sequence/completion, and serve a visual behavior plan to decrease impulsivity. Most items do not require Boardmaker software to open. Available at:

<http://www.setbc.org/>.

12. Implement a structured classroom based handwriting program. *Handwriting Without Tears* is one good option available at www.hwtears.com.
 - a. The pre-k and kindergarten items would be highly beneficial for [REDACTED]. This program includes a great workbook as well as other sensory activities to work on developing a variety of necessary skill sets.
 - b. Using an easel or slant board will assist in developing proper grasp placement and pre-writing skills. Slant boards can be ordered from www.integrationscatalog.com or www.pfot.com.
13. Provide [REDACTED] with a multi-sensory approach to learning including a variety of hands on activities, manipulatives, and movement breaks to encourage learning and pre-academic development.
14. Provide [REDACTED] with the opportunities to practice pre-handwriting skills allowing for accommodations such as:
 - a. Allowing him to practice imitating and copying varied shapes, and increasingly complex designs.
 - b. Using thick pens, pencils, markers, and crayons to encourage strong, efficient, consistent grasp.
 - c. Using small pieces of crayon, chalk and pencils to encourage proper grasp placement and strong grip.
 - d. Use glue-outlined coloring pages to promote coloring within the lines.
15. Provide [REDACTED] with opportunities to complete paperwork in various positions such as:

- a. Lying on the floor, propped up on elbows to encourage upper body strength and stability for efficient writing pattern and increased attention to task.
 - b. Standing or kneeling at the board or an easel to promote task endurance and facilitate proper grasping patterns and movement.
 - c. Seated facing the back of the chair and leaning into the back facing the desk to give more input when required to sit.
16. [REDACTED] will benefit from overall coordination, fine motor and manipulative activities. For example:
- a. Making and playing with playdoh, modeling clay, orange or blue resistive therapy putty (www.abilitations.com) Try tearing, rolling, pinching, cutting, and finding hidden objects within.
 - b. Baking cookies or bread and stirring thick resistive batter.
 - c. Tearing various types of paper (construction paper, tissue paper, thin cardboard) and rolling into small balls, gluing onto paper to create pictures helps to prepare hands for pre-writing and pre-scissor skills and activities.
 - d. Manipulating a wide variety of small objects such as coins, keys, button, snaps, zippers, laces, pegs, tweezers, tongs, small balls.
 - e. Climbing equipment such as jungle gym bars increase overall hand and upper body strength.
 - f. Climbing through homemade obstacle courses over and under furniture, pillow, blankets, up/down stairs.
 - g. Squeeze bottles for cleaning, watering plants etc.
 - h. Practice with buttons, snaps, and zippers on himself or his family members.
 - i. Basic building blocks, legos, Knex, Lincoln Logs, various styles of puzzles,
 - j. Practice with serving and pouring.
 - k. Consider having meals 'family style' with large containers of food that needs to be served/scooped onto each plate.
 - l. Encourage eye hand coordination through lacing activities. [REDACTED] can lace large and small beads, dry cereal, or dry pasta onto a variety of string, yarn, or pipe cleaners. Grade level of difficulty by providing more objects to lace, timing speed to lace, or by creating patterns.
17. Limit excessive materials in [REDACTED] activity or working area.
18. Provide continual verbal praise, encouragement and positive reinforcement of good behaviors and appropriate participation to enhance consistency and confidence and willingness to attend or participate in tasks.
19. [REDACTED] will benefit from frequent exposure to playground activities and ball games to increase overall sensory processing skills, coordination, and task endurance.

OTHER EVALUATIONS/MEDICAL/FOLLOW-UP:

1. Formal or informal re-evaluation in one year to assess [REDACTED] progress, update goals and objectives, and to determine the need for any change in intervention.
2. [REDACTED] should have regular vision and hearing screenings. Reports should be provided to school personnel to keep on file.
3. Helpful Websites for Sensory Processing, Visual Motor, Fine Motor and Handwriting :

www.alertprogram.com

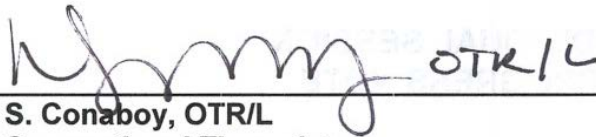
www.pfot.com

www.otideas.com

www.hwtears.com

www.sensory-processing-disorder.com

It has been a pleasure working with [REDACTED] Ms. Erline, his teachers and the Plummer ES staff. If we can be of further assistance please do not hesitate to contact us at 202.544.2320.

Handwritten signature of Kristin S. Conaboy in cursive, followed by the initials "OTR/L" written in a simple, blocky font.

Kristin S. Conaboy, OTR/L
Senior Occupational Therapist
Board Certified Disability Analyst
Evaluator

HEAVY WORK ACTIVITIES FOR DAILY ROUTINES

The following are activities teams can use to provide heavy work activities for a child at home or school. All the activities on this handout are "naturally occurring activities." This means they can be provided as part of the child's daily routine.

- Carry heavy items (baskets with cardboard blocks, groceries for adult, etc.).
- Chew gum, eat chewy or crunchy foods, or sip water from a water bottle with a straw while doing homework.
- Push or pull boxes with toys or a few books in it (more resistance is provided if boxes are pushed/pulled across a carpeted floor).
- Pull other children around on a sheet or blanket.
- Pull a heavy trashcan.
- Be a teachers helper and open doors, pass papers, collect materials
- Pull a friend or heavy items in a wagon.
- Drink thick liquids (as in milkshake, applesauce, or slurpy) through a straw. The thickness of the straw and the thickness of the liquid can be varied to change the degree of heavy work (sucking) required.
- Carry heavy cushions.
- Play in sandbox with damp heavy sand.
- Push chairs into the table after a meal.
- Fill up a child's suitcase or backpack with heavy items (such as books) and push/pull the suitcase across the room.
- Pull a small suitcase or backpack on wheels.
- Go "shopping" with a child's shopping cart filled with items, or have the child push the shopping cart when you go shopping.
- Go "camping" by pulling a heavy blanket across a few chairs.
- Have the child help rearrange classroom furniture.
- Have child put large toys and equipment away.
- Participate in climbing activities (such as playground equipment).
- Push against a wall.
- Fill up big toy trucks with heavy blocks, push with both hands to knock things down.
- Participate in sports activities involving running and jumping.
- On hands and knees, color a "rainbow" with large paper on the floor or with sidewalk chalk outside.
- Play "cars" under the table where the child pushes the car with one hand while creeping and weight bearing on the other hand.
- Walk up a ramp or incline.
- Make wood projects requiring sanding and hammering.
- Two children sit on the floor, back to back, with knees bent and feet flat on the floor. Interlock arms, and then try to stand up at the same time.
- Two children play "Row, Row, Row Your Boat" sitting on the floor, holding hands, pushing and pulling each other.
- Do chair push-ups.
- Play jumping games such as hopscotch and jump rope.
- Jump on a mini trampoline.
- Bounce on a Hippy Hop Ball.
- Play catch with a heavy ball, or bounce and roll a heavy ball.
- Do animal walks (crab walk, bear walk, army crawl).
- Stack chairs



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PHYSICAL THERAPY EVALUATION

NAME: [REDACTED]
DOB: 06-26-1996
STUDENT ID #: [REDACTED]
DOE: 02-26-2009
CHRONOLOGICAL AGE: 12 yrs. 8 mo.
SCHOOL: Mamie D. Lee
THERAPIST: Shenaz Hussain, MPT

Reason for Referral:

[REDACTED] was referred for a Physical Therapy observation/screen upon request of the Multidisciplinary team to determine her gross motor status, and to assess the need for school-based Physical Therapy services.

Background Information:

[REDACTED] is a 12 ½ year-old African American female attending Mamie D. Lee School. She has a diagnosis of Down's Syndrome and Mental Retardation. When [REDACTED] was younger, she received PT services through the Easter Seals Children's Center and then also through DCPS until the age of 5. She was then discharged from school based PT services due to her functional mobility status.

Test Administered/Observations:

1. Classroom/General Observations.
2. Clinical testing.
3. Record Review.
4. Teacher/School Staff Interviews.

Standardized testing was unable to be performed due to distractibility, and cognitive status.

Behavior during Testing:

[REDACTED] required several verbal cues/prompting to come with the examiner for this observation/screening. The teacher had to bribe her with food in order for her to go with the examiner. A dedicated aide was present as well. [REDACTED] performed some of the tasks with verbal cues/demonstrations, but was not able to perform most of the tasks due to inability to follow commands and decreased attention span. She was observed in the hallway as well as the gymnasium with and without other students present. She is highly distractible, and unable to stay on task for more than a few minutes. She was observed to get upset very easily when she didn't get her way. She also displays constant movement, and vestibular rocking movements. She has a hard time following directions, and requires almost constant verbal cues and redirection to tasks. Formalized testing was not able to be done due to decreased cognitive skills and decreased ability to follow



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directions. Based on the results of record review: [REDACTED] has scored extremely low in communication, daily living, socialization, and motor skills on the Vineland evaluation.

MUSCULOSKELETAL ASSESSMENT:

Strength/ROM/Tone: Unable to be formally assessed, but based on observation, [REDACTED] appears to have decreased tone in throughout her extremities as well as in her trunk musculature. Her strength and ROM appear within functional limits. Decreased tone in her trunk is likely the primary reason for her slouching and decreased ability to maintain an upright sitting posture.

GROSS MOTOR SKILLS:

Ambulation:

[REDACTED] is an independent ambulator in the school environment. She is able to walk on various surfaces with fair balance but tends to look for external support (wall, people) due to decreased tone/endurance. She is unable to walk on a straight line due to decreased attention span and decreased cognitive ability to look down at the line while walking.

Stair skills:

[REDACTED] is able to ascend/descend stairs with a railing, using inconsistent alternating pattern and step to step pattern with supervision. She has decreased safety awareness due to decreased attention.

Running Speed and Agility:

[REDACTED] is able to run for short distances with fair speed, on her own. She did not run on command, or for testing purposes. She has decreased coordination, decreased reciprocal arm swing, and increased base of support.

Balance:

[REDACTED] has poor sitting and standing dynamic balance. She is unable to demonstrate single leg stance, or hopping due to decreased ability to follow commands. She plops forward when sitting at a table due to poor trunk control/decreased tone.

Summary and Impressions:

[REDACTED] is a 12 ½ yr. old girl, attending Mamie D. Lee School. She was evaluated using clinical observations to determine her gross motor skill status, and to determine the need for school based Physical Therapy. [REDACTED] is fairly independent with functional mobility in the school setting. She can walk and do stairs with minimal assistance. She demonstrated inconsistent skills in the areas of dynamic balance, coordination, and gross motor skills, but was unable to be fully tested due to decreased cognitive status, and inability to follow directions. She is not a candidate for direct school based PT services at this time due to her functional mobility status and her cognitive status. However, she



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will benefit from Consultative services once a month for 30 minutes to monitor her status, and to provide training for her teachers/staff/dedicated aide for increased postural awareness, safety awareness and improved functional mobility in the school environment.

Recommendations:

1. Consultative Physical Therapy services, 1x/month for 30 minutes.

A handwritten signature in black ink, appearing to read "Shenaz Hussain", written over a horizontal line.

Shenaz Hussain, MPT

SCHOOL-BASED PHYSICAL THERAPY:

In medical clinics, Physical Therapists typically assess their client's impairments which might influence movement behavior, such as pain, muscle strength, endurance, etc. Treatment objectives focus on reducing impairments and improving function in the schools. Physical Therapists identify impairments and functional limitations which interfere with student's ability to participate fully in the educational program.

School-based Physical Therapy as an educational support service focuses on removing barriers from the student's ability to learn. It helps students develop skills which increase their independence in the school environment and improves student's performance in school classrooms, hallways, playground, physical education, and other areas that may be a part of their educational program. The PT works to help students function better in the classroom, lunchroom or restrooms and may work with school personnel on adapting or modifying the seating and other equipment/materials.

Therapists work in a supportive role working closely with teachers to promote the highest level of function possible for students pursuing educational goals. The PT plans and implements programs that will help the student meet educational goals and objectives and benefit from Special Education services. The therapist is concerned with facilitating the child's overall performance in the classroom considering the students developmental level and physical disability. Services are provided to enhance independent functioning and may include positioning, strengthening, modifications and adaptations to the environment. Although medical concerns are significant, rehabilitation is not the focus of school based PT.

School-based PTs assess student's functional performance during the school day rather than conduct impairment specific examinations. School-based therapy intends to help students and teachers compensate and accommodate for students impairments.

an increase in the numbers and types of messages, within more activities, with an increased number of communication partners.

Specific short term goals fall into two categories.

1. Identify specific characteristics and messaging approaches needed in a speech generating aid. For example, utilization within an activity to expand Jane's participation.
2. Identify any additional assistive technology that will support Jane's communication needs.

Evaluation Process:

Jane immediately responded positively to the various speech generating devices provided within different activities. She was able to access the various size keys with her index finger using both left and right hands. She demonstrated that she understood messages by returning to a favorite within the activity e.g. "blow bubbles HIGH." This frequently required Jane to discriminate between several graphic symbols in various locations. Very soon Jane was able to do this with approximately 80 – 90% accuracy requiring minimal cueing on occasion.

The following speech generating devices were demonstrated and discussed with Jane's Father: Go-Talk, Tech Talker 8, 7 Level Communication Builder, Springboard, and Vantage. Considerations included the importance of offering a variety of messages in a failure proof organization, durability, portability and ease of programming.

CLINICAL OBSERVATIONS:

Jane used her index finger on her left and right hand to access the keys on all the various speech generating devices. During all of these activities Jane's engagement and attention was inconsistent but she was readily re-engaged with positive structure and direction to participate. With that type of support, she was able to remain involved in a single activity for approximately 10 - 12 minutes. Jane appeared to enjoy the messages provided by the various speech generating devices but did not appear to consider them a supplement for her own communication.

Throughout all the activities with the various speech generating devices, Jane would also comment verbally. She asked questions and requested

items verbally. She used 3- 4 word utterances with good intelligibility. Jane's speech skills exceeded expectations of the evaluators.

In discussion with Jane's Father, it was reported that Jane's communication skills vary depending upon the familiarity of the partner, Jane's comfort level with the individual and the demands of the situation.

Unique AAC Issues: The above dilemma presented by Jane (some verbal skills but insufficient for all her communicative needs) is a very common one for persons with Down Syndrome. It is also common to encounter approaches that require highly structured settings using some arbitrary criterion to be reached using a variety of augmentative supports (signing, symbols, speech generating messaging.) Even when the individual meets the criterion, the skill does not transfer to functional, social communication needs.

There has been considerable research on AAC system design and instruction for persons with Down Syndrome. Results indicate that a combination of the above approaches, very skillfully designed specifically for the individual's functioning are the most effective. These also must be taught and carried out within a variety of contexts in which the individual will use the supports. Calculator and Bedrosian (1988, p. 104) also state, "*there is little justification for conducting communication intervention as an isolated activity because communication is neither any more nor less than a TOOL (emphasis supplied here) that facilitates individuals' abilities to function in the various activities of daily living.*"

Thus, AAC system designers should begin by learning strengths and overall developmental patterns used by the individual and designing supports that are readily appropriate to supplementing that individual's needs.

IMPRESSIONS: It is our impression that for communication, it will be important to work with Jane determining the specific parts of an AAC system (symbols, gestures, and possibly durable, portable speech generating device) that will augment her present verbal abilities. To accomplish this it is recommended Jane receive individual speech therapy that customizes a variety of AAC items for trial use e.g. picture schedules, low tech symbol boards, contingency maps, social stories, and implementation of speech generating messages within activities. Once the

individualized trials have identified those items that Jane finds useful, recommendations will be provided for obtaining and implementing into her daily activities.

RECOMMENDATIONS:

1. Develop an outline of Jane's current activities and projected expansions of her participation in additional activities or new ways to communicate in her present activities. Analyze these activities for communication opportunities and needs and determine if she will use her present vocalizations/gestures, certain provided symbols, and/or speech generating messages. (It is very important to remember that within many activities a combination will be used.) When determining the specific messages for her communication system, vocabulary that is age appropriate and reflects peer relationship awareness will be incorporated.
2. A plan for providing Jane with receptive as well as expressive language supports in a number of different modes is recommended. It also is recommended that a complete record of Jane's symbols, pictures, verbal words and sounds, as well as the messages in her speech generating aids be maintained. This will assure that everyone involved in planning for progress in her communication has the same information.
3. As Jane continues to develop communicative interactions, she should be encouraged to use her AAC items spontaneously and naturally, but not be drilled or excluded if she does not do so in the manner imagined by the designers. The overall goal will be to provide Jane with methods of communication within each and every aspect of her daily life and to encourage and facilitate expanding her means of communication opportunities. Further, as Jane utilizes the various communicative methods, it will be necessary to continually assess for expanding communicative opportunities.
4. It is recommended that Jane be involved in activities and educational programming that will focus on integrating her into activities with learning opportunities and interest areas. For example the speech generating device can be utilized for her participation in specially scripted play activities, short personal narratives, and commentary.

5. It is recommended that Jane receive individual therapy services to address her verbal needs, and assist in the manifestation of an AAC system, and expand her receptive and expressive language development.

It was a pleasure working with Jane. If you require assistance or information, please contact us at the Hearing and Speech Center, Children's National Medical Center, 202-884-5407.

Respectfully submitted,

Sheela Stuart, Ph.D., CCC-SLP
Speech-Language Pathologist

Emily Quinn, M.S., C.F. SLP
Speech-Language Pathologist

Functional Behavior Assessment for [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:
Sarah 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.



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 _____ 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 _____'s inability to cope under moments of distress. _____ 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?

_____ 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?

_____ 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 Sarah feels challenged by a peer or inadequate, Sarah will respond by inappropriately to peer or teacher redirection (usually by yelling), which results in Sarah 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). Sarah's current IEP addresses and lists supports in place for Sarah (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).

LX. 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.



STAY PROGRAM
Functional Behavioral Assessment
and Behavioral Intervention Plan

Student Name: ██████████

School Year: 2011-2012

Grade: 2

Case Manager: Ms. Wagner

Behavior of Concern:

Off-task behavior/Fails to make an appropriate choice when prompted by staff.

*For the purposes of data collection "off-task" will be operationally defined as any incident within the classroom that ██████████ displays poor impulse control or is easily distracted/inattentive. "Fails to make an appropriate choice" will be defined as any incident of off-task behavior that results in the use of exclusion, seclusion, and/or restraint.

Probable Function of Behavior:

Self-Stimulation
Avoid task/person/etc.

Alternative Pro-social Behavior:

Increase on-task behavior --make an appropriate choice when prompted by staff.

*For purposes of data collection. "On-task" will be operationally defined as an absence of the off-task behavior noted above. "Make an appropriate choice" will be operationally defined as any incident of off-task behavior that ██████████ successfully refocuses within the classroom setting (steps 1 and 2 on behavior plan)

Baseline Data:

Results of data collection from 8/29/11 to 10/31/11 (37 days) indicate that ██████████ made an appropriate choice 100% of the time when prompted by staff during off-task incidents (82/82 incidents). During the same time period, Saiquan failed to make an appropriate choice on 0 occasions. He was able to successfully refocus with either a redirection at his desk (77 times) or with a "step-out" with staff (5 times). "Step-Out" indicates he successfully problem solved one-on-one with his teacher regarding the off-task behavior. An inappropriate choice indicates he did not return to the classroom until he was able to demonstrate improved self-control. Staff observations and data indicates he experiences difficulty controlling his impulses (stopping an action or behavior), with focusing/working memory (easily distracted, inattentive), and at times regulating his emotions (controlling frustration or excitement). Though inconsistent, he has begun demonstrating an emerging ability to appropriately regulate his behavior.

Student Name: ██████████

Summary of Behavioral Intervention Plan:

Goals:

- Develop ██████████ ability to self-regulate and make appropriate choices when prompted by staff.
- Increase ██████████'s feelings of competency, mastery, and success.

Over the course of the day:

- Provide ██████████ with a context/meaning for developing his abilities to make appropriate choices.
- Help ██████████ to identify options/choices when he is redirected.
- Provide ██████████ with praise/encouragement when he is observed making good choices.

* If ██████████ is observed engaging in off-task behavior during class:

1. Gain ██████████'s attention and provide him with a cue/prompt to help him refocus to task. Disengage and allow ██████████ time to demonstrate his choice/decision (1-2 minutes). Ignore inappropriate behavior.
2. If ██████████ is unable to make an appropriate choice in classroom, ask him to problem solve with staff or step into a predetermined break location (e.g., hallway, thinking chair, refocusing table) and verbally define your expectations (e.g., "I need you to remain calm and take a good break to help you refocus/stay under control/pay attention. I will check on you in two minutes to see if you are ready to return to my class."). Disengage. If successful and makes a commitment, he reenters class.
3. If unable to make an appropriate choice, escort ██████████ to an available space outside of the classroom. Provide ██████████ with a brief explanation of the behavior that resulted in his removal from class and instructions on what he would need to do in order to return to class (exclusion) (e.g., ██████████ protocol: Demonstrate appropriate behavior - calm, responsive, able to follow directions + Successful completion of problem-solving steps + Work completion, if appropriate).

* If ██████████ has not returned to class by the end of the period, he moves to his next scheduled class when he is ready (see above) (██████████ has the opportunity to attend all of his classes).

* If ██████████ refuses to complete his assigned work or does not finish it within expected time limits, work will either be sent home to complete for homework or made up at lunchtime (teacher discretion).

* During class, in light of ██████████ difficulties in the school setting, employ a variety of techniques, in addition to those listed above, to maximize his availability for learning. Examples may include proximity control, opportunities for a short break, verbal prompts or reminders of approaching transitions, visual schedules, and the division of large tasks into smaller ones.

* If ██████████ behavior is deemed unsafe at any point, intervene to ensure his safety and/or that of others. Exclusion, seclusion, and/or restraint may be necessary to ensure this outcome and to help ██████████ regain self-control.

Outcome Data:

Results of data collection from 11/1/11 to 12/20/11 (28 days) indicate that ██████████ made an appropriate choice 100% of the time when prompted by staff during off-task incidents (58/58 incidents). During the same time period, ██████████ failed to make an appropriate choice on 0 occasions. He was able to successfully refocus with either a redirection at his desk (54 times) or with a "step-out" with staff (4 times).

STAY PROGRAM
Functional Behavioral Assessment
and Behavioral Intervention Plan

Student Name: ██████████

School Year: 2011-2012

Grade: 2

Case Manager: Ms. Wagner

Behavior of Concern:

Off-task behavior/Fails to make an appropriate choice when prompted by staff

*For the purposes of data collection "off-task" will be operationally defined as any incident within the classroom that ██████████ displays poor impulse control or is easily distracted/innattentive. "Fails to make an appropriate choice" will be defined as any incident of off-task behavior that results in the use of exclusion, seclusion, and/or restraint.

Probable Function of Behavior:

Self-Stimulation
Avoid task/person/etc.

Alternative Pro-social Behavior:

Increase on-task behavior --make an appropriate choice when prompted by staff.

*For purposes of data collection: "On-task" will be operationally defined as an absence of the off-task behavior noted above. "Make an appropriate choice" will be operationally defined as any incident of off-task behavior that ██████████ successfully refocuses within the classroom setting (steps 1 and 2 on behavior plan).

Baseline Data:

Results of data collection from 8/29/11 to 10/31/11 (37 days) indicate that ██████████ made an appropriate choice 100% of the time when prompted by staff during off-task incidents (82/82 incidents). During the same time period, ██████████ failed to make an appropriate choice on 0 occasions. He was able to successfully refocus with either a redirection at his desk (77 times) or with a "step-out" with staff (5 times). "Step-Out" indicates he successfully problem solved one-on-one with his teacher regarding the off-task behavior. An inappropriate choice indicates he did not return to the classroom until he was able to demonstrate improved self-control. Staff observations and data indicates he experiences difficulty controlling his impulses (stopping an action or behavior), with focusing/working memory (easily distracted, inattentive), and at times regulating his emotions (controlling frustration or excitement). Though inconsisnt, he has begun demonstrating an emerging ability to appropriately regulate his behavior.

Student Name: ██████████

Summary of Behavioral Intervention Plan:

Goals:

- Develop ██████████ ability to self-regulate and make appropriate choices when prompted by staff.
- Increase ██████████ feelings of competency, mastery, and success.

Over the course of the day:

- Provide ██████████ with a context/meaning for developing his abilities to make appropriate choices.
- Help ██████████ to identify options/choices when he is redirected.
- Provide ██████████ with praise/encouragement when he is observed making good choices.

* If Salquan is observed engaging in off-task behavior during class:

1. Gain ██████████ attention and provide him with a cue/prompt to help him refocus to task. Disengage and allow ██████████ time to demonstrate his choice/decision (1-2 minutes). Ignore inappropriate behavior.
 2. If ██████████ is unable to make an appropriate choice in classroom, ask him to problem solve with staff or step into a predetermined break location (e.g., hallway, thinking chair, refocusing table) and verbally define your expectations (e.g., "I need you to remain calm and take a good break to help you refocus/stay under control/pay attention. I will check on you in two minutes to see if you are ready to return to my class."). Disengage. If successful and makes a commitment, he reenters class.
 3. If unable to make an appropriate choice, escort ██████████ to an available space outside of the classroom. Provide ██████████ with a brief explanation of the behavior that resulted in his removal from class and instructions on what he would need to do in order to return to class (exclusion) (e.g., ██████████ protocol: Demonstrate appropriate behavior - calm, responsive, able to follow directions + Successful completion of problem-solving steps + Work completion, if appropriate).
- * If ██████████ has not returned to class by the end of the period, he moves to his next scheduled class when he is ready (see above) (██████████ has the opportunity to attend all of his classes).
- * If ██████████ refuses to complete his assigned work or does not finish it within expected time limits, work will either be sent home to complete for homework or made up at lunchtime (teacher discretion).
- * During class, in light of ██████████ difficulties in the school setting, employ a variety of techniques, in addition to those listed above, to maximize his availability for learning. Examples may include proximity control, opportunities for a short break, verbal prompts or reminders of approaching transitions, visual schedules, and the division of large tasks into smaller ones.

* If ██████████ behavior is deemed unsafe at any point, intervene to ensure his safety and/or that of others. Exclusion, seclusion, and/or restraint may be necessary to ensure this outcome and to help ██████████ regain self-control.

Outcome Data:

Results of data collection from 11/1/11 to 12/20/11 (28 days) indicate that ██████████ made an appropriate choice 100% of the time when prompted by staff during off-task incidents (58/58 incidents). During the same time period, ██████████ failed to make an appropriate choice on 0 occasions. He was able to successfully refocus with either a redirection at his desk (54 times) or with a "step-out" with staff (4 times).

STAY PROGRAM

██████████
2011/2012 SY

The following is a list of positive behavior supports that are embedded within ██████████ daily routines at the STAY Program:

Consistent/positive classroom routines and expectations: Examples include, but are not limited to: *AM arrival* (██████████ enters classroom, unpacks, turns in home communication folder, hangs up belongings, picks up Morning Journal and completes morning work, and awaits teacher check-in; *transitions* (sitting quietly, facing forward, materials organized on desk and awaiting transition); *PM departure* (organizes home/school folder-transfers homework from binder to home /school-folder, organizes/packs book-bag, quietly waits for bus departure); Clear rules and expectations for emotional control (e.g., ██████████ may ask to take a break if he is feeling overexcited/unfocused) and impulse control (e.g., raising hand to speak with teacher, no calling out); Home/school folder (organizational tool to assist transfer of important materials between home and school); Check-out with teacher (review school day and behavior).

Functional Behavior Assessment (FBA)/Behavior Intervention Plan (BIP): Staff consistently responds to ██████████'s off-task behavior by using positively stated directions or requests. Directions/requests are stated in positive terms in order to avoid confusion (e.g., ██████████, I need you to follow directions). Staff encourage ██████████ to "take responsibility" by making appropriate choices when prompted by them during incidents of off-task behavior. ██████████ learns that he is responsible for his own outcomes—good, bad, or otherwise (see FBA/BIP).

Check-in/Check-up/Check-out: Each morning a staff member speaks with ██████████ about his evening/morning and his individual behavior goal(s). These goals are identified and agreed upon by the teacher and student. The teacher works with ██████████ to develop a plan to be successful and discuss strategies with him that can assist him in reaching his goal(s). ██████████ is responsible for using his IBGs and adhering to his plan throughout the school day; however, school staff members cue or prompt him when needed. At the midway point and end of each school day, ██████████ conferences with the teacher and class to "check-up"/"check-out" and review his day. Successes and/or problems and difficulties are discussed: successes are reinforced and plans are discussed to address problems. ██████████ also works with his teacher to prepare himself for the next day.

Individual Behavior Goal(s)(IBG(s)): ██████████'s daily Individual Behavior Goals during the current school year have generally involved self-control and working memory/focus—"I will listen and follow directions" and "I will stay in my area." To ensure ██████████ has understood directions or is listening, staff will have him repeat back directions. His plan for listening and following directions may include elements of his preparedness or self-control charts such as keeping his eyes on the teacher—charts are

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either on his desk or in his binder. The charts have visual representations of the desired behaviors. His plan for staying in his area may include referring to the self-control chart (i.e., *Stay in my seat, Raise my hand, Wait and listen*).

Organization-Strategy Binder: ██████ maintains an organized binder. The binder contains his daily home note, class schedule, 100s chart for math, list of the days of the week, social story regarding friends, and a preparedness chart (i.e., "*Show me you're ready....sitting facing forward, eyes on the teacher, etc.*"). Students are encouraged to periodically review/inspect their binders to ensure that they have the appropriate materials and are in good working order. ██████ also has an alphabet chart on his desk; he experiences difficulty recalling what certain letters look like.

Strategic Thinking terminology: Staff uses specific terminology to facilitate self-reflection and encourage ██████ to plan or think strategically. Examples include, but are not limited to: "*How are you supposed to ?*," "*What are you supposed to do if... ?*"

Other supports:

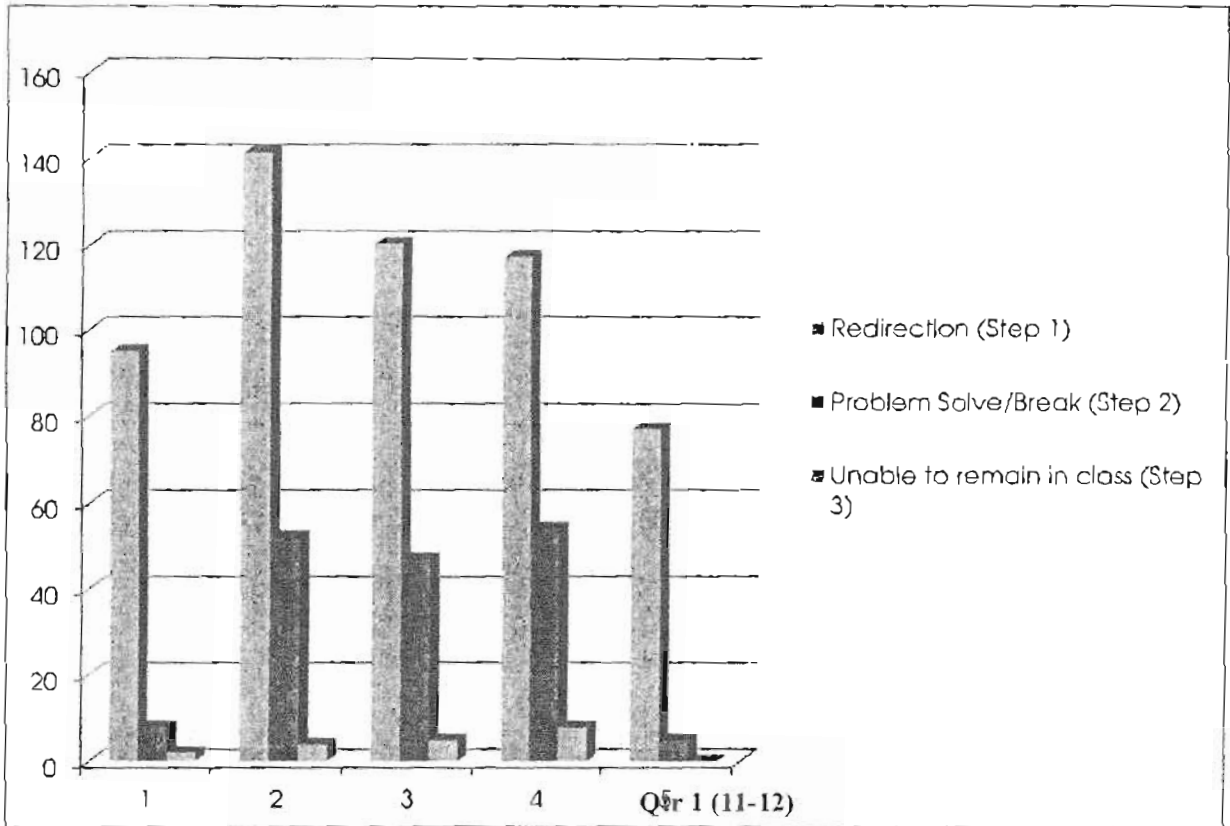
Behavior

- Daily Home note
- Individual/Group Therapy
- Calming choices chart
- Visual Timers to support shifting
- Transition charts
- Preparedness chart
- Visual Schedule for school day
- Self-Control chart
- Verbal cuing
- Proximity Control

Academic

- One-on-one/small group instruction
- Instruction and testing accommodations—see IEP

Behavioral Data 10-11 and 11-12 School Yrs By Quarter





DISTRICT OF COLUMBIA

Department of Education

Parent/Guardian Information

Parent/Guardian: [REDACTED]	Relationship: [REDACTED]
Home Address: [REDACTED] Washington DC 20011	Home Phone: 2027224701 Work Phone: Cell Phone:

Background Information:

Reason for Referral:

[REDACTED] was referred for a Functional Behavior Assessment to identify behaviors that interfere with his academic achievement and to offer recommendations concerning the management of his behavior in the school setting.

Educationally Relevant Background Information: concentration depends upon activity, activity level is hyperactive, currently not taking medications, generally off-task, short concentration, difficulty following directions, highly distractible, does not follow rules, immature for his/her age, unfocused attention level, aggressive, appears to be purposely inattentive, relates poorly with others, lives in foster care.

Additional educationally relevant background information:

[REDACTED] many times exhibits oppositional/defiant behavior, throws temper tantrums and is verbally and physically aggressive with peers.

Provide relevant information about the student's home environment which may impact this FBA:

[REDACTED] presently lives with his foster parents and his half sister. The foster mother reports that [REDACTED] exhibits out of control/acting out behavior at home. Reports state that R [REDACTED]'s biological mother had a mental disorder and that she abused drugs when she was pregnant with [REDACTED]



DISTRICT OF COLUMBIA

Department of Education

I. Describe the Behavior of Concern:

Specifically describe what the behavior looks like in observable, measurable terms. You must include baseline data that includes frequency (how often behavior occurs - hour, day, etc.) and duration (how long does the behavior last - each occurrence).

1. **Behavior of Concern:** Being out of seat, Defiance, Physical aggression, Social skills, Bossiness, Noncompliance, Picks on others, Bullying, Fighting, Off task, Talking out, Hyperactivity, Crying, Distracting others, Seeks attention
If you chose "Other", describe:
2. **Location of Target Behavior:** Occurs in all settings.
3. **Time of Day:** continuously.
4. **Describe the duration of the behavior:**
The behavior can last from a few minutes up until over 30 minutes.
5. **Describe the frequency of the behavior:**
The behavior occurs multiple times a day, throughout the course of the school 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? Yes**
Describe:
The behavior allow [redacted] to gain personal attention and to get his own way.
2. **Are there circumstances in which the behavior NEVER or ALWAYS occurs? No**
Describe:
3. **Does the behavior occur LESS or MORE often during particular activities, with certain people, or during specific times of the day? Yes**
Describe:
The behavior is less likely to occur in one on one sessions, small group sessions, computer time or when [redacted] is able to do what he pleases. The behavior is more likely to occur when [redacted] is doing a full classroom activity.
4. **Does the behavior occur in response to demands, termination of preferred activities, tone of voice, change in routine, transitions or the number of other people in the room? Yes**
Describe:
The behavior many times occurs when [redacted] is asked to do something he does not want to do or when he is not allowed to do something that he wants to do.





DISTRICT OF COLUMBIA

Department of Education

- 5. **Could the behavior be related to educational or skills deficits (academic, communications, social or sensory processing)?** Yes

Describe:

The behaviors maybe related to social skills deficits. [redacted] has deficits with problem solving skills, coping skills, anger management skills and interpersonal relationship skills.

III. Reinforcers (Consequences) That Maintain the Behavior of Concern:

- 1. **Does the behavior allow the student to gain activities, items, personal attention and/or sensory stimulation?** Yes

Describe:

The behavior allows [redacted] to gain personal attention and get activities that he prefers to do.

- 2. **Does the behavior allow the student to postpone, avoid, escape or delay activities, items, personal attention and/or sensory stimulation?** Yes

Describe:

The behavior allows [redacted] to avoid, escape and/or delay group work, taking turns, following directions and staying on task.

- 3. **The negative ramifications of these behaviors are:** disruption, impedes educational progress, interferes with social interactions, dangerous to others, impacts interpersonal relationships with peers, interferes with instruction, intimidates others.

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? What does the student avoid, postpone or escape from? Why?

[redacted] has weaknesses with his hyperactivity, attention deficits, impulsivity and interpersonal relationship skills. It is hard for [redacted] to remain focused and on task in large group settings and when he is not the center of attention. [redacted]'s behaviors are many times attempts to gain personal attention and avoid, postpone and/or delay following rules or doing tasks that he does not want to do.

V. Summary of Assessments:

Date: 09/02/2010	Assessment: Batelle Development Inventory 2nd Edition
Date: 09/02/2010	Assessment: Behavioral Assessment System for Children-Second Edition (BASC-II)
Date: 09/02/2010	Assessment: Vineland Adaptive Behavior Scales



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Date: 09/02/2010**Assessment:** Weschler Preschool and Primary Scales of Intelligence Third Edition (WPPSI-III)**Additional Information from Previous Assessments:****Direct/Indirect Assessments:**

Interviews were done with 2 of [REDACTED]'s teachers, observations were done during 2 of his classroom activities, a data triangulation chart was done. A psychological report dated 9/7/2010, a speech/language report dated 9/2/2010, and an occupational therapy report dated 6/10/2010 were reviewed for information.

VI. Observations:**Observation 1 Date:** 03/29/2011**Observation Setting:** Self-Contained

Observed Behaviors: did not work cooperatively with others, distracted others verbally, did not follow teacher directions, did not relate well to others, hyperactive, off-task most of the observation

Additional Observation Detail:

[REDACTED] was observed for 30 minutes during one of his classroom group activities. The teacher had to ask Rashawn to wait his turn, go back to his seat on the rug and come back to the group a number of the times during the observation period. He sat in his assigned spot for only a few minutes then went to another area of the room to get a book. He refused to come back to the group near the end of the observation period.

Observation 2 Date: 04/27/2011**Observation Setting:** Self-Contained

Observed Behaviors: inconsistently followed teacher directions, distracted others verbally, invested little effort, hyperactive, off-task most of the observation

Additional Observation Detail:

[REDACTED] was observed for 30 minutes during one of his classroom activities. [REDACTED] had a hard time consistently following the teachers directives. He kept getting out of his seat, he pushed one of his classmates. He got up and left the group and refused to return when requested by teacher a number of times.

VII. Summary Statement Including Antecedents, Behavior and Function:

The Team should carefully develop one or more statements using the following format that summarizes the information in this FBA. *When (antecedents to the behavior) occurs, the student does (specific behavior of concern), in order to get (the perceived function of the behavior):*

When [REDACTED] is asked to do something he doesn't want to do or when he is not allowed to do something that he wants to do, many times [REDACTED] will refuse to cooperate. He many times throws temper tantrums, walks away from the group, becomes aggressive with his peers or refuses to follow group rules. This behavior appears to be [REDACTED] way of attempting to gaining personal attention, have his own way, and deal with the trouble he has staying focused and on task.



DISTRICT OF COLUMBIA

TRUESDELL ELEMENTARY SCHOOL

VIII. Educational or Skill Deficit(s) Related to the Behavior of Concern:

The Team should consider and carefully describe any specific deficits the student may have and that may be serving as an antecedent to the behavior of concern:

[REDACTED] has weaknesses in his hyperactivity, attention skills, adaptive/daily living skills, motor skills, problem solving skills, coping skills, anger management skills, and interpersonal relationship skills.

The Team should indicate how the student's IEP through his/her special education program, supports and related services can address the identified deficit(s):

[REDACTED] should receive plenty of praise/encouragement for efforts made and task completed. He should be given positive feedback which indicates that he is important, respected and successful. He should be given plenty of small group activities. He should be given plenty of one on one attention when possible. He should be given structured breaks when necessary. He should be given consistent rewards and consequences. He should be given many opportunities for social and academic success. He should be given options toward appropriate behavior Rashawn should continue to receive counseling services to work on his problem solving skills, coping skills, anger management skills, interpersonal relationship skills and his in seat/on task behavior. He should continue to receive occupational services to address his motor skills/physical development needs.

IX. Other Information:

The Team should indicate any other information that may assist in developing a Behavioral Support Plan for [REDACTED]:



DISTRICT OF COLUMBIA

Department of Education

Date: 06/06/2011

Step 1: List what we want the student to do instead of the old behavior.(Define the new or replacement behavior.)

██████████ will remain in his assigned area and stay on task consistently. ██████████ will display listening skills and follow teacher/staff directives consistently. ██████████ will utilize appropriate interpersonal relationship skills with his peers and staff at all times.

Step 2: List what the teacher/staff do that is different than what is normally/usually done? How/when will the teacher/staff help the student practice the new behaviors?(Arrange context and intervention strategies. Positive Behavior Supports)

Context and Intervention Strategies - Positive Behavior Supports - Actions	Person Responsible
-School/classroom rules and classroom behavior plan should be reviewed with Rashawn regularly and implemented consistently. ██████████ should receive plenty of verbal praise and encouragement for efforts made and task completed. ██████████ should receive plenty of positive feedback showing him that he is important, respected and successful. Rewards and consequences should be implemented consistently. -If ██████████ exhibits off task behavior, he should be verbally reminded to refocus and stay on task. - ██████████ should be provided with optional courses of action to prevent total refusal to obey classroom rules. -Make sure that ██████████ has many opportunities for social and academic success. -Give ██████████ leadership roles in the classroom. -Give ██████████ structured breaks when they are necessary. -Provide many small group activities for ██████████ - Provide one on one assistance for ██████████ when possible. -Give ██████████ clear and concise verbal instruction for each assignment. - Give ██████████ short directions, explanations and instructions to follow. Rashawn will receive weekly counseling to work on his problem solving skills, coping skills, anger management skills, character building skills, in seat/on task behavior and interpersonal relationship skills.	Special ed. teacher, general ed. teacher, special ed. teacher, mental health team

Step 3: List rewards/reinforcement.

(Be sure to ask student what he/she would like to earn. Try to include their interests and enthusiasms.)

Rewards/Reinforcements	Person Responsible
-Plenty of praise/encouragement. -Extra computer time and free time. -Leadership roles. - Classroom honors/recognition. -Positive notes/calls home.	Special ed. teacher, general ed. teacher, social worker, mental health

Step 4: Consequences.

(Clear concise enforceable related to target behavior.)

Consequences	Person Responsible
-Verbal warnings/redirection. -Loss of computer and free time privileges. -Referrals to support team (Mental Health Team, Administration) -Progress notes/call between teacher/parent. MDT/Parent meetings.	Special ed. teacher, General ed. teacher, Social worker, Mental Health Team

Set time for review of plan (3-6 weeks): 12/16/2011

Truesdell EC

Functional Behavioral Assessment

Background Information

Reason for Referral:

Educationally Relevant Background Information:

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> activity level is calm | <input type="checkbox"/> chronic health condition(s) | <input type="checkbox"/> frequent change in schools | <input type="checkbox"/> lives with guardians | <input type="checkbox"/> relates well with others |
| <input type="checkbox"/> activity level is high | <input type="checkbox"/> concentration depends upon activity | <input type="checkbox"/> general health is good | <input type="checkbox"/> lives with parents | <input type="checkbox"/> restarts tasks without cues |
| <input type="checkbox"/> activity level is hyperactive | <input type="checkbox"/> currently not taking medications | <input type="checkbox"/> general health is not good | <input type="checkbox"/> mature for his/her age | <input type="checkbox"/> restless |
| <input type="checkbox"/> activity level is hypoactive | <input type="checkbox"/> currently on probation | <input type="checkbox"/> generally off-task | <input type="checkbox"/> needs cues to restart tasks | <input type="checkbox"/> satisfactory attendance |
| <input type="checkbox"/> activity level is low | <input type="checkbox"/> currently taking medications | <input type="checkbox"/> good attention level | <input type="checkbox"/> no chronic health condition(s) | <input type="checkbox"/> short concentration |
| <input type="checkbox"/> activity level is typical | <input type="checkbox"/> did not attend preschool program | <input type="checkbox"/> good concentration | <input type="checkbox"/> no prior court history | <input type="checkbox"/> somewhat distractible |
| <input type="checkbox"/> activity level normal | <input type="checkbox"/> difficulty following directions | <input type="checkbox"/> highly distractible | <input type="checkbox"/> peer relationships are atypical | <input type="checkbox"/> stable educational career |
| <input type="checkbox"/> age-appropriate friendships | <input type="checkbox"/> does not follow rules | <input type="checkbox"/> immature for his/her age | <input type="checkbox"/> peer relationships are typical | <input type="checkbox"/> unable to sit correctly |
| <input type="checkbox"/> age-inappropriate friendships | <input type="checkbox"/> fidgets | <input type="checkbox"/> inconsistent concentration | <input type="checkbox"/> previously on probation | <input type="checkbox"/> unfocused attention level |
| <input type="checkbox"/> aggressive | <input type="checkbox"/> focused attention level | <input type="checkbox"/> is disorganized | <input type="checkbox"/> prior court history | <input type="checkbox"/> unsatisfactory attendance |
| <input type="checkbox"/> appears to be purposely | <input type="checkbox"/> follows directions | <input type="checkbox"/> is haphazard in organization | <input type="checkbox"/> relates fair with others | <input type="checkbox"/> unstable educational |

inattentive appears young for his/her age attended preschool program follows rules with cues follows rules without cues is organized lives in foster care relates poorly with others works to completion of tasks career

Additional educationally relevant background information:

Provide relevant information about the student's home environment which may impact this FBA:

I. Describe the Behavior of Concern:

1. Select the Behavior of Concern:

Being out of seat Defiance Encopresis Immature talking Moodiness Physical aggression Social skills Truancy
 Bossiness Dependence on others Enuresis Late assignments Noncompliance Picks on others Substance abuse Verbal aggression
 Bullying Depression Fighting Losing materials Off task Poor hygiene Talking out Withdrawal
 Cheating Disorganization Hyperactivity Making excuses Other Poor motivation Tattling Yelling
 Crying Distracting others Illegal activity Minding other's business Passivity Seeks attention Theft

If you chose "Other", describe:

2. Location of Target Behavior:

Reading Social Art Community Bus
 English/Language Arts Physical Education Music Free Time Before School
 Math Vocational Ed Resource Lunchroom After School
 Science Job Site Self-Contained Hallways Occurs in all settings

3. Time of Day:

- before school midday afternoon after school continuously
 morning lunch period

4. Describe the duration of the behavior:

5. Describe the frequency of the behavior:

II. Antecedents to the Behavior of Concern:

1. Does the behavior allow the student to gain activities, items, personal attention and/or sensory stimulation?

2. Are there circumstances in which the behavior NEVER or ALWAYS occurs?

3. Does the behavior occur LESS or MORE often during particular activities, with certain people, or during specific times of the day?

4. Does the behavior occur in response to demands, termination of preferred activities, tone of voice, change in routine, transition or the number of people in the room?

5. Could the behavior be related to educational or skills deficits (academic, communications, social or sensory processing)?

III. Motivators for the Continuation of the Behavior:

1. Does the behavior allow the student to gain activities, items, personal attention and/or sensory stimulation?

2. Does the behavior allow the student to postpone, avoid, escape or delay activities, items, personal attention and/or sensory stimulation?

3. The negative consequences of these behaviors are:

- disruption interferes with safe transport dangerous to self impedes educational progress impacts interpersonal relationships with adults
 interferes with social interactions interferes with before/after school activities dangerous to others impacts interpersonal relationships with peers property damage

interferes with instruction intimidates others

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? What does the student avoid, postpone or escape from? Why?

V. Summary of Assessments:

Previous Assessments - Select the "Assessment Areas" from which assessments conducted previously and present at the "Assessments" tab, should display in the FBA:

<input type="checkbox"/> Academic-Mathematics	<input type="checkbox"/> Adaptive/Daily Living Skills	<input type="checkbox"/> Post-secondary Education and Training	<input type="checkbox"/> Communication/ Speech and Language	<input type="checkbox"/> Health/ Physical
<input type="checkbox"/> Academic-Reading	<input type="checkbox"/> Hearing	<input type="checkbox"/> Employment	<input type="checkbox"/> Emotional, Social, and Behavioral Development	<input type="checkbox"/> Motor Skills/ Physical Development
<input type="checkbox"/> Academic-Written Expression	<input type="checkbox"/> Vision	<input type="checkbox"/> Independent Living		

Enter the begin date of assessments to be displayed in the FBA:

Enter the end date of assessments to be displayed in the FBA:

Additional information from previous assessments:

Direct/Indirect Assessments:

VI. Observations:

Observation 1

Observation 1 Date:

Observation 1 Setting:

Selected Observed Behaviors:

<input type="checkbox"/> calm activity level	<input type="checkbox"/> came unprepared	<input type="checkbox"/> focused	<input type="checkbox"/> intermittently followed teacher directions	<input type="checkbox"/> use of profanity
<input type="checkbox"/> typical activity level	<input type="checkbox"/> related well to others	<input type="checkbox"/> unfocused	<input type="checkbox"/> did not follow teacher directions	<input type="checkbox"/> taunting
<input type="checkbox"/> hyperactive	<input type="checkbox"/> did not relate well to others	<input type="checkbox"/> distracted others verbally	<input type="checkbox"/> responded when called	<input type="checkbox"/> teasing

<input type="checkbox"/> fidgety	<input type="checkbox"/> related well to some but not others	<input type="checkbox"/> distracted others physically	<input type="checkbox"/> upon	<input type="checkbox"/> did not respond when called upon	<input type="checkbox"/> name calling
<input type="checkbox"/> excited	<input type="checkbox"/> invested effort	<input type="checkbox"/> assisted others	<input type="checkbox"/> volunteered answers	<input type="checkbox"/> striking	
<input type="checkbox"/> restless	<input type="checkbox"/> invested little effort	<input type="checkbox"/> on-task most of the observation	<input type="checkbox"/> volunteered to assist in tasks	<input type="checkbox"/> spitting	
<input type="checkbox"/> hypoactive	<input type="checkbox"/> invested no effort	<input type="checkbox"/> intermittently on task during the observation	<input type="checkbox"/> worked cooperatively with others	<input type="checkbox"/> fighting	
<input type="checkbox"/> aggressive	<input type="checkbox"/> was organized	<input type="checkbox"/> off-task most of the observation	<input type="checkbox"/> did not work cooperatively with others	<input type="checkbox"/> posturing	
<input type="checkbox"/> unable to sit correctly	<input type="checkbox"/> was disorganized	<input type="checkbox"/> followed teacher directions consistently	<input type="checkbox"/> was controlling of others	<input type="checkbox"/> mimicking	
<input type="checkbox"/> came prepared	<input type="checkbox"/> was haphazard in organization	<input type="checkbox"/> inconsistently followed teacher directions	<input type="checkbox"/> was shy when working with others	<input type="checkbox"/> staring	

Additional Observation Detail:

Observation 2

Observation 2 Date:

Observation 2 Setting:

Selected Observed Behaviors:

<input type="checkbox"/> calm activity level	<input type="checkbox"/> came unprepared	<input type="checkbox"/> focused	<input type="checkbox"/> intermittently followed teacher directions	<input type="checkbox"/> use of profanity
<input type="checkbox"/> typical activity level	<input type="checkbox"/> related well to others	<input type="checkbox"/> unfocused	<input type="checkbox"/> did not follow teacher directions	<input type="checkbox"/> taunting
<input type="checkbox"/> hyperactive	<input type="checkbox"/> did not relate well to others	<input type="checkbox"/> distracted others verbally	<input type="checkbox"/> responded when called upon	<input type="checkbox"/> teasing
<input type="checkbox"/> fidgety	<input type="checkbox"/> related well to some but not others	<input type="checkbox"/> distracted others physically	<input type="checkbox"/> did not respond when called upon	<input type="checkbox"/> name calling
<input type="checkbox"/> excited	<input type="checkbox"/> invested effort	<input type="checkbox"/> assisted others	<input type="checkbox"/> volunteered answers	<input type="checkbox"/> striking

- | | | | | |
|--|--|--|---|------------------------------------|
| <input type="checkbox"/> restless | <input type="checkbox"/> invested little effort | <input type="checkbox"/> on-task most of the observation | <input type="checkbox"/> volunteered to assist in tasks | <input type="checkbox"/> spitting |
| <input type="checkbox"/> hypoactive | <input type="checkbox"/> invested no effort | <input type="checkbox"/> intermittently on task during the observation | <input type="checkbox"/> worked cooperatively with others | <input type="checkbox"/> fighting |
| <input type="checkbox"/> aggressive | <input type="checkbox"/> was organized | <input type="checkbox"/> off-task most of the observation | <input type="checkbox"/> did not work cooperatively with others | <input type="checkbox"/> posturing |
| <input type="checkbox"/> unable to sit correctly | <input type="checkbox"/> was disorganized | <input type="checkbox"/> followed teacher directions consistently | <input type="checkbox"/> was controlling of others | <input type="checkbox"/> mimicking |
| <input type="checkbox"/> came prepared | <input type="checkbox"/> was haphazard in organization | <input type="checkbox"/> inconsistently followed teacher directions | <input type="checkbox"/> was shy when working with others | <input type="checkbox"/> staring |

Additional Observation Detail:

VII. Summary Statement Including Antecedents, Behavior and Function:

The Team should carefully develop one or more statements using the following format that summarizes the information in this FBA. When (antecedents to the behavior) occurs, the student does (specific behavior of concern), in order to get (the perceived function of the behavior):

VIII. Educational or Skill Deficit(s) Related to the Behavior of Concern:

The Team should consider and carefully describe any specific deficits the student may have and that may be serving as an antecedent to the behavior of concern:

The Team should indicate how the student's IEP through his/her special education program, supports and related services can address the identified deficit(s):

IX. Other Information:

The Team should indicate any other information that may assist in developing a Behavioral Support Plan for this student:

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Save & Continue >>

Speech and Language Therapy Eligibility Criteria Checklist

Page 1 of 2

Student Name: _____	Student ID: _____
Date of Birth: _____	Date of IEP: _____
Attending School: _____	SLP: Delisa L. Green, MS, CCC-SLP

A standardized language and vocabulary battery must be administered.

I. LANGUAGE (one box must be checked)

- The student scores at or below 1.50 standard deviations on a minimum of one standardized language assessment measure.

-OR-

- Formal testing is not appropriate. As an alternative method, a minimum of two informal measures were used to document the communication deficit. Describe the types of alternative assessment measures used and why formal testing is not appropriate:

II. ARTICULATION (all boxes must be checked)

- There is documentation of deficits articulation and/or phonology and a mild to severe rating on a standardized articulation/phonology measure that yields a severity rating.
- There is documentation that this deficit in articulation and/or phonology significantly affects the intelligibility of the student's oral communication.
- The student has consistent speech sound errors or disordered phonological processes that do not occur in typically developing students of similar ages or due dialectal differences. These errors persist beyond the age at which maturation alone might be expected to correct the deviation.

III. VOICE

- The student demonstrates a vocal deficit resulting from pathological conditions of abnormal use of the vocal mechanism that interferes with communication. Medical information is necessary to rule out upper respiratory infection or allergies or to determine the contribution of vocal pathology to the voice symptoms.

IV. FLUENCY

- The student demonstrates speaking behaviors characteristic of a fluency deficit. There is documentation of impaired fluency and a mild to severe rating on a standardized fluency measure. Disruptions in the normal flow of verbal expression frequently occur and are markedly noticeable, and are not readily controlled by the student.

V. PRAGMATICS (two boxes must be checked)

- The student scores at or below 1.50 standard deviations on one pragmatic measure (TOPL2, CASL Pragmatic Judgment, PLSI, etc).
- The student did not meet criterion on the CELF4 Pragmatic Profile.
- Based on two informal measures, the student demonstrates deficits in communicating and understanding needs / interactions with others in various contexts.

Speech and Language Therapy Eligibility Criteria Checklist

Page 2 of 2

ADVERSE EDUCATIONAL IMPACT

Must check both boxes below for eligibility for speech therapy services.

- There is documentation that the communication deficits affects oral communication in the student's academic environment and that this delay has an adverse affect on the student's educational performance, social and/or vocational development.

Method of Documentation

- Communication Samples
 Checklist
 Interview
 Observation
 Curriculum based assessments (e.g. portfolios, class tests)
 Other: _____

Explain the adverse affect:

- The student requires speech and language intervention to address oral language deficits that cannot reasonably be provided solely through her/her current educational setting. Accommodations and modifications that can be made in the student's regular education program do not, on their own, meet the communication needs of the student.

Explain why:

EXCLUSIONS / RULING OUT OTHER FACTORS

In order for the child to qualify under IDEA, ALL of the following factors must be ruled out:

- 1) Is the communication developmentally appropriate? Yes or **No**
- 2) Is the communication deficit related primarily to the normal process of acquiring English as a second language? Yes or **No**
- 3) Is the communication deficit related primarily to dialectal differences? Yes or **No**
- 4) Is the relative contribution of behavioral factors greater than communication factors? Yes or **No**



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: 4/22/03

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 educational 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

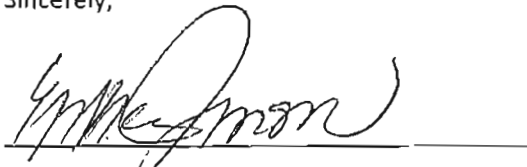
The billing address for this agency can be found in the *IEE Parent Guide*.

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, Section III.d.).

Updated 6.15.12

Parent Guide

A DCPS Office of Special Education Guide

1200 1st Street, NE

Washington, DC 20002

Obtaining an Independent Educational Evaluation (IEE) For Your Child

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Introduction

Who is this guide designed to support?

- Parents and Guardians of children who have been approved for a funded Independent Educational Evaluation (IEE).
- Providers who conduct the evaluations by providing information on submitting evaluations to DCPS and receiving payment.

What information is included in this guide?

- For the parent: Step by step guidelines for obtaining an independent educational evaluation, which includes your responsibilities, understanding the recommended evaluation (s) for your child, and selecting a provider.
- For the provider: Step by step guidelines for DCPS established vendors, which includes requirements of all IEEs, submissions procedures, and process to receive payment.
- Appendix I: SY 09-10 DCPS/Chancellors Approved Rates

What are the steps to getting a funded Independent Educational Evaluation?

- Receive DCPS approval for a funded Independent Educational Evaluation (IEE)
- Return IEE Acceptance Form to the DCPS representative who authorized the IEE
- Understand what costs are covered
- Understand the type of evaluation recommended for your child
- Select and contact a provider
- Locate a provider convenient to you and your child
- Attend the evaluation
- Give the provider the enclosed invoicing information (For the Provider and Appendix I)
- DCPS follow-up and parent expectations after your child receives an IE

Section 1 - For the Parent

Step 1 - Receive approval for a funded independent educational evaluation

- If you are receiving this guide, you have also received an approval letter from DCPS to obtain an Independent Educational Evaluation (IEE) for your child at the expense of DCPS. Please retain this approval letter.
- To obtain the evaluation specified in your approval letter, complete the steps in this guide, with special attention paid to Part B as 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 staff person associated with your student (e.g. the Special Education Coordinator, Progress Monitor, or Compliance Case Manager)

Step 2 - Understand what costs are covered

- A provider conducting a funded Independent Educational Evaluation (IEE) will bill DCPS directly, not you the parent. The provider should bill within the DCPS Assessment Rate Guidelines listed in Appendix I. If you choose a provider not on the IEE vendor list, the cost of your assessment may not be covered by DCPS.
- For low incidence evaluations such as Assistive Technology, Adaptive Physical Education, and Vocational assessments not addressed by the Rate Guidelines in Appendix 1, payment will be rendered 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 - Understand the 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, 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, collecting information from teachers and parent or guardian.	To assess the way in which the student cognitively processes the things they hear.
Psychology	Psychological: Adaptive Functioning component	Interview and observations of student. Administering questionnaires from teachers and parent or guardian	Evaluates 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	Evaluates social, emotional, and behavior functioning including mood, coping skills, social interaction, and acting out behaviors, amongst other mental and behavioral health concerns.
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.	Evaluates intellectual functioning and cognitive ability. Tests can include, visual-motor processing, cognitive processing, decision-making, planning & organization skills.
Psychology	Psychological: Educational	Interview, observation and testing of student. Gathering of questionnaires from teachers and parent or guardian, review of work samples and education	Assesses academic achievement. Includes reading, math, and written expression abilities.

DISCIPLINE	EVALUATION	WHAT'S INVOLVED	WHY IT'S DONE
		records.	
Psychology	Psychological: Comprehensive	Any combination of: Clinical Cognitive Educational	Evaluation in all areas of concern requires a comprehensive assessment of the student.
Psychology	Neurological	Medical exam	Measures neurological function, including muscle strength, how autonomic nerves are functioning, and primary neurological function
Psychology	Neuropsychological	Testing of student and review of education and medical history. Gathering of feedback from teachers and parent or guardian as well as medical caregivers.	Evaluates processing of visual and auditory material. Includes evaluation of profound attention deficits, problem solving, organization, motor functioning, and others 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 and parent or guardian as well as 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.	Observation and modification to environment and structure to effect change in behavior
Social	Social History	Interview with parent or guardian, and also potentially the student or other relevant persons in the student's life	Evaluates the current and past factors contributing to the student's ability to be successful at school

DISCIPLINE	EVALUATION	WHAT'S INVOLVED	WHY IT'S DONE
Speech & Language	Speech & Language	Testing of student, review of education and developmental history, observation and gathering feedback from teachers and parent or guardian.	Assesses articulation, speech intelligibility, voice, fluency, pragmatics, vocabulary, receptive and expressive language
Occupational Therapy	Occupational Therapy	Testing of the student, In-classroom observation, interview of teachers, caregivers, parent/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, 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've reviewed the type of evaluation recommended for your child (Step 4) you will need to contact one or more potential providers 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 your provider willing to accept DCPS rates for services? Please see Appendix I for rates information for evaluations. If you have any comments, please contact Gregory Hall at Gregory.Hall@dc.gov or (202) 442-5490.

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. If your provider has any questions or concerns have them contact Gregory Hall. (Gregory.Hall@dc.gov)
- Confirm the specific evaluation the provider will perform
- Schedule a time and date for the evaluation
- Verify that you know where the evaluation will be conducted

Step 5 - Attend the Evaluation

Be sure to arrive on time for your scheduled evaluation. When you attend your scheduled evaluation, your provider will interact 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.

For a summary of what's involved for the specific evaluations recommended for your child, see Step 4 of this guide.

Step 6 - What follow up to expect from DCPS

When we receive the completed evaluation report from your selected provider, the DCPS Local Education Agency LEA representative (e.g. the Special Education Coordinator, Progress Monitor, or Compliance Case Manager) assigned to your child will contact you to schedule a review meeting. Please also follow up with your DCPS LEA 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 Individual Education Plan (IEP) for your child may also be created or updated.

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.

Psychology

Provider Name	Type of Assessments Conducted
Outreach Solutions, Inc. 14760 Main Street, #117 Upper Marlboro, MD 20772 240-274-1056 (Transportation provided)	Psychological, Educational, Comprehensive
Psychological Group of Washington 2141 K Street, NW Washington, DC 20037 202-223-9844	Psycho-Educational Clinical
Transatlantic Professional Group, LLC 1220 L Street, NW Ste 100-152 Washington, DC 20005 301-910-2758 Fax: 240-554-2445 Transatlanticprogroup@gmail.com	Psychological
St. John's Community Services 2201 Wisconsin Ave., NW Suite 120 Washington, DC 20007 301.274.3461	Psychological
The Mecca Group, LLC 1629 K Street NW, Suite 300 Washington, DC 20006 202-529-3117	Neuropsychological

Speech Language Pathology

<p>Chesapeake Children’s Therapy Center 6506 Loisdale Road, Suite 302 Springfield, VA 22150 703-924-4148 Fax: 703-922-5048</p>	<p>Speech & Language</p>
<p>The Foundation School 1330 McCormick Drive Largo, MD 20774 301.773.3500</p>	<p>Speech & Language</p>
<p>The Foundation School of Montgomery County 220 Girard Street Suite 300 Gaithersburg, MD 20877 301.740.7807</p>	<p>Speech & Language</p>
<p>The Katherine Thomas School 9975 Medical Center Drive Rockville, MD 20850 301-738-9691 (T) 301-738-8997 (F)</p>	<p>Speech & Language</p>
<p>Multicultural Rehab, Inc. 9801 Georgia Avenue Suite 229 Silver Spring, MD 20902 301-754-2200 Fax: 301-754-2226</p>	<p>Speech & Language</p>
<p>Outreach Solutions, Inc. 14760 Main Street, #117 Upper Marlboro, MD 20772 240-274-1056 (Transportation provided)</p>	<p>Speech & Language</p>
<p>Riley Bridgeforth, LLC 3817 A 14th Street NW Washington, DC 20011 202-291-0222 Fax: 202-291-5155</p>	<p>Speech & Language</p>

<p>St. John's Community Services 2201 Wisconsin Ave., NW Suite 120 Washington, DC 20007 301.274.3461</p>	<p>Speech & Language</p>
<p>The Treatment and Learning Centers, Inc. 2092 Gaither Road, Suite 100 Rockville, MD 20850 301.424.5200 Fax: 301.424.8063</p>	<p>Speech & Language</p>

Physical Therapy

<p>Chesapeake Children's Therapy Center 6506 Loisdale Road, Suite 302 Springfield, VA 22150 703-924-4148 Fax: 703-922-5048</p>	<p>Physical Therapy</p>
<p>The Katherine Thomas School 9975 Medical Center Drive Rockville, MD 20850 301-738-9691 (T) 301-738-8997 (F)</p>	<p>Physical Therapy</p>
<p>St. John's Community Services 2201 Wisconsin Ave., NW Suite 120 Washington, DC 20007 301.274.3461</p>	<p>Physical Therapy</p>
<p>The Treatment and Learning Centers, Inc. 2092 Gaither Road, Suite 100 Rockville, MD 20850 301.424.5200 Fax: 301.424.8063</p>	<p>Physical Therapy</p>

Educational Evaluation

<p>The Foundation School 1330 McCormick Drive Largo, MD 20774 301.773.3500</p>	<p>Educational Evaluation</p>
<p>The Foundation School of Montgomery County 220 Girard Street Suite 300 Gaithersburg, MD 20877 301.740.7807</p>	<p>Educational Evaluation</p>
<p>The Katherine Thomas School 9975 Medical Center Drive Rockville, MD 20850 301-738-9691 (T) 301-738-8997 (F)</p>	<p>Educational Evaluation</p>
<p>The Treatment and Learning Centers, Inc. 2092 Gaither Road, Suite 100 Rockville, MD 20850 301.424.5200 Fax: 301.424.8063</p>	<p>Educational Evaluation</p>

Occupational Therapy

<p>Riley Bridgeforth, LLC 3817 A 14th Street NW Washington, DC 20011 202-291-0222 Fax: 202-291-5155</p>	<p>Occupational Therapy</p>
<p>Chesapeake Children's Therapy Center 6506 Loisdale Road, Suite 302 Springfield, VA 22150 703-924-4148 Fax: 703-922-5048</p>	<p>Occupational Therapy</p>

<p>The Katherine Thomas School 9975 Medical Center Drive Rockville, MD 20850 301-738-9691 (T) 301-738-8997 (F)</p>	<p>Occupational Therapy</p>
<p>Multicultural Rehab, Inc. 9801 Georgia Avenue Suite 229 Silver Spring, MD 20902 301-754-2200 Fax: 301-754-2226</p>	<p>Occupational Therapy (fine motor only)</p>
<p>St. John's Community Services 2201 Wisconsin Ave., NW Suite 120 Washington, DC 20007 301.274.3461</p>	<p>Occupational Therapy</p>
<p>The Treatment and Learning Centers, Inc. 2092 Gaither Road, Suite 100 Rockville, MD 20850 301.424.5200 Fax: 301.424.8063</p>	<p>Occupational Therapy</p>

Social Work

<p>The Mecca Group, LLC 1629 K Street NW, Suite 300 Washington, DC 20006 202-529-3117</p>	<p>Social History Functional Behavioral Assessment (FBA)</p>
<p>The Foundation School 1330 McCormick Drive Largo, MD 20744 301.773.3500</p>	<p>Social History Functional Behavioral Assessment (FBA)</p>
<p>The Foundation School of Montgomery County 220 Girard Street Suite 300 Gaithersburg, MD 20877 301.740.7807</p>	<p>Social History Functional Behavioral Assessment (FBA)</p>

<p>The Katherine Thomas School 9975 Medical Center Drive Rockville, MD 20850 301-738-9691 (T) 301-738-8997 (F)</p>	<p>Social History Functional Behavioral Assessment (FBA)</p>
<p>Khalida T. Smalls 9617 Woodyard Circle Upper Malboro, MD 20772 301-233-7223</p>	<p>Social History Functional Behavioral Assessment (FBA)</p>
<p>The Treatment and Learning Centers, Inc. 2092 Gaither Road, Suite 100 Rockville, MD 20850 301.424.5200 Fax: 301.424.8063</p>	<p>Social History Functional Behavioral Assessment (FBA)</p>

Assistive Technology

<p>Columbia Lighthouse for the Blind 1825 K Street NW Washington, DC 20006 202-454-6400 Fax: 202-454-6401</p>	<p>Assistive Technology</p>
<p>Weinfield Education Group 104 Northwood Avenue Silver Spring, Maryland, 20901 (301) 681-6233</p>	<p>Assistive Technology</p>

Section 2 - 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.

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 disabled students between the ages of three and twenty-one. States and school districts must ensure that each student receiving special education services must have an Individual 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 assessments 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 does meet these criteria.

For providers working in Washington, DC, these criteria are listed below:

Discipline	Assessments can conduct	Credentials required
Psychologist	Psychological Assessment, Functional Behavior Assessment	DC Department of Health licensure as a psychologist
Social Worker	Social History Assessment, Functional Behavior Assessment	DC Board of Social Work licensure as a social worker
Speech Language Pathologist	Speech Language Assessment, Assessment, Assistive Technology Assessment (depending on referral questions)	1) MA/MS in Communication Sciences and Disorders or Speech Language Pathology, and 2) Eligible for American Speech Hearing Association Certificate of Clinical Competency in Speech Language Pathology

Occupational Therapist	Occupational Therapy Assessment, Assistive Technology Assessment (depending on referral questions)	Licensed by DC Occupational Therapy Board of Licensure
Physical Therapy	Physical Therapy Assessment, Assessment, Assistive Technology Assessment (depending on referral questions)	License by DC Physical Therapy Board of Licensure

All funded IEE reports must be signed, dated, and on appropriate letterhead.

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 below in order to receive payment.

Step 2 - Billing Information and Invoicing Process

- Please work with DCPS LEA representative of the DCPS student you’ve evaluated to determine whether the student attends a Non Public, DCPS-LEA Charter, or DCPS school.
- Per the court order issued in *Petties v. District of Columbia*, civ. Action 95-0148, all payment invoices for DCPS students placed in Non Public schools will be processed by the Office of the State Superintendent of Education (OSSE).
- All payment invoices for students in DCPS schools or DCPS-LEA Charter schools 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.

For students attending DCPS schools and DCPS-LEA Charter Schools

- Please send a complete invoice, a copy of the authorizing letter, and a copy of the evaluation report to DCPS for processing. The invoice must include the student's name, date of birth, attending school, and DCPS student ID #. If you have any questions prior, please contact Greg Hall (gregory.hall@dc.gov) or at (202) 442-5490.
 - Billing address for DCPS (Postmarked Invoices via U.S. Mail)
District of Columbia Public Schools
Office of the Chief Financial Officer
P.O. Box 75047
Washington, DC 20013
Attn: Special Education Payment Unit
 - Billing address for DCPS (Hand Deliveries/Express Mail)
District of Columbia Public Schools
Office of the Chief Financial Officer
1200 1st Street, NE
11th Floor
Washington, DC 20002
Attn: Special Education Payment Unit

For students attending Non Public schools

- Please send a complete invoice, a copy of the authorizing letter, 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 #. If you have any questions prior, please contact Yvonne Smith (yvones.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

Chancellor's Evaluation Rates

- Please see below the approved maximum hourly rates and maximum total rates DCPS or the OSSE will pay for any assessment (*source: July 2011 5 §DCMR A-2853 OSSE*). The specific rate cap for an assessment may also be stipulated on the IEE letter itself 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): maximum hourly rate: \$99.50, maximum total amount: \$1293.50
 - **Neuropsychological** (cognitive, achievement and comprehensive neuropsychological battery): maximum hourly rate: \$99.50, maximum total amount: \$2,288.50
 - **Psychiatric**: maximum hourly rate: \$163.40, maximum total amount: \$1,634.00
 - **Educational**: maximum hourly rate: \$140.00, maximum total amount: \$980.00
 - **Occupational Therapy**: maximum hourly rate: \$105.57, maximum total amount: \$633.42
 - **Physical Therapy**: maximum hourly rate: \$98.90, maximum total amount: \$395.60
 - **Speech and Language**: maximum hourly rate: \$100.90, maximum total amount: \$807.20
 - **Audiological**: maximum hourly rate: \$88.35, maximum total amount: \$353.40
 - **Social History**: maximum hourly rate: \$80.00, maximum total amount: \$160.00

Updated 6.15.12

Compensatory Education Service Provider List

A DCPS Office of Special Education Guide
1200 1st Street, NE
Washington, DC 20002

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 Compliance Case Manager 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 are rendered outside of the school day and provided at no cost to you.

Below, you will find a list of some local independent related 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 and works within the guidelines contained in the authorization letter. DCPS does not endorse any related service provider or tutor and this guide is merely intended to assist you in locating a provider. You are also able to change providers if you not satisfied with the vendor's services.

In addition to the list of service providers, we have also provided the billing guidelines that your provider must use to receive payment for these services. Providers should bill DCPS directly.

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 CASE MANAGER NAME at PHONE NUMBER or EMAIL.

Regards,

Name

Case Manager

Updated 6.15.12

Provider Directory

Individual Tutoring

Tutoring is one to one instruction provided by a qualified educator. Unlike traditional tutoring services which support students in completing assignments, individual tutoring services should help a student develop and fine tune his or her basic skills in the core academic areas of reading, math, and written expression.

Maximum Hourly Rate: \$65

Providers

1. Advent Educational Specialists, Inc.: Ron Mills-202-787-0036
 - Hours of Operation: Sun-Fri 8:30am-6:30pm
 - Language(s): English
 - Services can be provided at the student's home

2. Capitol Region Children's Center: (202) 596-5951 www.dccrcc.com
 - Hours of Operation: Based on student's availability 7 days a week
 - Language(s): English
 - Services provided at home to students in DC, PG, Montgomery and Anne Arundel and Fairfax

3. Club Z tutoring: Ron Joiner, (202) 269-2718 www.clubztutoring.com
 - Hours of Operation: 9:00am-5:00pm
 - Language(s): English, Spanish, French and German
 - Services can be provided at the student's home

4. C-3 Solutions: Charles Thomas, (443) 404-5101
 - Hours of Operation: 8:00am-6:00pm
 - Language(s): English
 - Services provided at home, closest library or at the school

5. Educational Outreach Solutions: (703) 312-5300
 - Hours of Operations: Hours based on student's availability, including weekends

- Language(s): English and Spanish
 - Services can be provided in the home
6. Future Leaders of America: (240) 770-7153 www.leadersfirst.us
- Hours of Operation: Based on student's availability
 - English
7. H.E.L.P/ Educational Support Services: Shawn Strader, (202) 232-1137
- Hours of Operation: M-F; school hours and after school, last client seen at 7pm.
 - Language(s): Spanish, Amharic and French
8. Magari: Mr. Fernandez, (202) 416-1663
- Hours of Operation: M-F 9:00am-5:00pm (office) weekends and evenings available outside office
 - Language(s): English and Spanish
 - Services provided in home; Office two blocks from Foggy Bottom Metro Station
9. Newlen Educational Services: (301) 599-1673
- Hours of Operation: M-F and weekends if requested
 - Language(s): English and Spanish
 - Services can be provided in the student's home
10. Pathway to Success: Terrance Jackson, (202) 469-0944
- Hours of Operation: Monday-Sat. Flexible Hours
 - Language(s): English and Spanish
 - Services can be provided in the student's home; DC and PG County
11. Riley Bridgeforth: (202) 291-0222 www.rileybridgeforth.com
- Hour of Operation: M-F 7:30am-5:00pm; Saturdays depending on need and library hours
 - Language(s): English
 - Services at the student's school or library
12. Charmaine Ravizee, M.A.: 202-497-5003 charrav@gmail.com
- Hours of Operation: M-F 9:00am-5:00pm
 - Language(s): English

- Services can be provided at the student's home

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 the acquisition of functional skills;
- Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

In order to perform Occupational Therapy services, a provider must be licensed by the DC Occupational Therapy Board of Licensure.

Maximum hourly rate: \$105.57/hour

Providers

1. Advent Educational Specialists, Inc: Ron Mills, (202) 787-0036
 - Hours of Operation: Sun-Fri 8:30am-6:30pm
 - Language(s): English
 - Services can be provided at the student's home
2. BHI: Dr. Cephas, (301) 908-0642
 - Hours of Operation: M-F 7:00am-6:00pm
 - Language(s): English
 - Services provided in office 13 months-4 years old; Minnesota Ave. metro, take the U8 bus
3. Conaboy and Associates: (202) 544-2320 www.conaboy.com
 - Hours of Operation: M-F 9:00am-6:00pm, weekends by request
 - Language(s): English
 - Services provided in the office; Union Station metro

4. Future Leaders of America: (240) 770-7153 www.leadersfirst.us
 - Hours of Operation: Based on student's availability
 - English

5. Jewel Therapy: Winfield White and Diana Davenport, (301) 520-9376
 - Hours of Operation: 3:30pm-5:30pm; Saturdays on request
 - Language(s): English and Spanish (if interpreter is provided)
 - Services provided in student's home

6. The Katherine Thomas School: (301) 738.9691 Hours of Operation: M & F 8:00 a.m.-6:30 p.m. T, W, TH 8:00 a.m.-7:30 p.m., Sat 8:00 a.m.-2:00 p.m

7. Multicultural Rehab, Inc: (301) 754-2003 www.mrehab.com
 - Hours of Operation: M-F 9:00am-5:00pm
 - Language(s): English and Spanish
 - Services can be provided in the student's home

8. Skills on the Hill: Kristen Masci, (202) 544-5439
 - Hours of Operation: based on student's availability

9. St. John's Community Services: (202) 274.3461

10. The Treatment and Learning Centers, Inc. (301)424.5200

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.

In order to perform physical therapy, the clinician must be licensed by DC Physical Therapy Board of Licensure

Maximum hourly rate: \$98.90/hour

Providers

1. Advent Educational Specialists, Inc: Ron Mills, (202) 787-0036
 - Hours of Operation: Sun-Fri 8:30am-6:30pm
 - Language(s): English
 - Services can be provided at the student's home

2. BHI: Dr. Cephas, (301) 908-0642
 - Hours of Operation: M-F 7:00am-6:00pm
 - Language(s): English
 - Services provided in office 13 months-4 years old; Minnesota Ave. metro, take the U8 bus

3. Conaboy and Associates: (202) 544-2320 www.conaboy.com
 - Hours of Operation: M-F 9:00am-6:00pm, weekends by request
 - Language(s): English
 - Services provided in the office; Union Station metro

4. Future Leaders of America: (240) 770-7153 www.leadersfirst.us
 - Hours of Operation: Based on student's availability
 - English

5. Jewel Therapy: Winfield White and Diana Davenport, (301) 520-9376
 - Hours of Operation: 3:30pm-5:30pm; Saturdays on request
 - Language(s): English and Spanish (if interpreter is provided)
 - Services provided in student's home

6. The Katherine Thomas School: (301) 738.9691 Hours of Operation: M & F 8:00 a.m.-6:30 p.m. T, W, TH 8:00 a.m.-7:30 p.m., Sat 8:00 a.m.-2:00 p.m

7. Multicultural Rehab, Inc. : (301) 754-2003 www.mrehab.com
 - Hours of Operation: M-F 9:00am-5:00pm
 - Language(s): English and Spanish
 - Services can be provided in the student's home

8. St. John's Community Services: (202) 274-3461
9. The Treatment and Learning Centers, Inc. (301)424.5200

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/hour

Providers

1. Advent Educational Specialists, Inc.: Ron Mills, (202) 787-0036
 - Hours of Operation: Sun-Fri 8:30am-6:30pm
 - Language(s): English
 - Services can be provided at the student's home
2. Capitol Region Children's Center: (202) 596-5951 www.dccrcc.com
 - Hours of Operation: Based on student's availability 7 days a week
 - Language(s): English
 - Services provided at home to students in DC, PG, Montgomery and Anne Arundel and Fairfax
3. Conaboy and Associates: (202) 544-2320 www.conaboy.com
 - Hours of Operation: M-F 9:00am-6:00pm, weekends by request
 - Language(s): English
 - Services provided in the office; Union Station metro
4. Crawford Consulting and Mental Health Services: Patrick A. Crawford, (301) 341-5111 www.crawfordconsulting.org
 - Hours of Operation: M-F 9:00am-8:30pm; Sat. 9:00am-3:00pm
 - Language(s): English
 - Services provided in office (DC: Anacostia Metro; MD: Cheverly metro)

5. Future Leaders of America: (240) 770-7153 www.leadersfirst.us
 - Hours of Operation: Based on student's availability
 - English

6. The Katherine Thomas School: (301) 738.9691 Hours of Operation: M & F 8:00 a.m.-6:30 p.m. T, W, TH 8:00 a.m.-7:30 p.m., Sat 8:00 a.m.-2:00 p.m.

7. Outreach Solutions, Inc. (240) 274.1056 www.wereachpeople.com
 - Hours of Operation: Based on student's availability 7 days a week
 - Language: English
 - Services provided in home and office (transportation provided)

8. The Treatment and Learning Centers, Inc. (301)424.5200

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 license by the DC Board of Audiology and Speech Language Pathology and both of the following credentials:

- A Speech Language Pathologist with a M.Ed., M.S. or M.A. in Communication Sciences Disorders
- A Speech Language Pathologist who holds the Certificate of Clinical Competence (CCC) from the American Speech Language Hearing Association (ASHA) or Clinical Fellow (CF) SLP who is in the process of acquiring their ASHA certification with supervision by a CCC-SLP per ASHA guidelines

Maximum Hourly Rate: \$100.90

Providers

1. Advent Educational Specialists, Inc.: Ron Mills, (202) 787-0036
 - Hours of Operation: Sun-Fri 8:30am-6:30pm
 - Language(s): English
 - Services can be provided at the student's home

2. BHI: Dr. Cephas, (301) 908-0642
 - Hours of Operation: M-F 7:00am-6:00pm
 - Language(s): English

- Services provided in office 13 months-4 years old; Minnesota Ave. metro, take the U8 bus
3. The Katherine Thomas School: (301) 738.9691
Hours of Operation: M & F 8:00 a.m.-6:30 p.m. T, W, TH 8:00 a.m.-7:30 p.m.,
Sat 8:00 a.m.- 2:00 p.m.
 4. On Target Speech and Language Consulting, Bradley M. Zambanini, (888) 291-7840 or (202) 421-6604 www.ontargetspeech.com
 - Hours of Operation: M-F 8:00am-8:00pm, by appointment
 - Language(s): English
 - Services can be provided in the student's home or school
 5. Riley Bridgeforth: (202) 291-0222 www.rileybridgeforth.com
 - Hour of Operation: M-F 7:30am-5:00pm; Saturdays depending on need and library hours
 - Language(s): English
 - Services at the student's school or library
 6. St. John's Community Services: (202) 274.3461
 7. The Treatment and Learning Centers, Inc.: (301)424.5200

Applied Behavior Analysis (ABA) Providers

ABA is a research-based methodology that has proven to be effective for children with autism. It is a behavioral based therapy that teaches children basic skills, using discrete trial methods and it can also be used to help children learn language. It can also be effective in decreasing behaviors for children with autism. It 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.

The way that ABA is provided is that there is typically a consultant, who is usually certified in Behavior Analysis and then there are therapists, either college students or graduate students who provide the therapy and work one on one with the kids.

Maximum Hourly Rate-Direct ABA Therapy: \$65

Maximum Hourly Rate-ABA Consultation: \$135

Providers

1. Autism Outreach Inc.: Leslie Smith and Kelli O'Donnell, (703) 789-0019 www.autismoutreach.org

- Hours of Operation: M-F 8:00am-7:00pm, Sat. by appointment
- Language(s): English
- Services can be provided at the student's home

2. Center for Autism Related Disorders, (703) 229-0202

- Hours of Operation: M-F 9:00am-5:00pm; Sat. 8:30-6:30pm; Sat. and Sun. based on student's need
- Language(s): English and Spanish
- Services can be provided in the student's home or school

Billing guidance

Submitting invoices

Vendors should submit the following information when requesting payments or reimbursements from the District of Columbia Public School (DCPS), Office of Special Education:

Authorization for completion of service

- Copy the authorization for services such as 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 Office of Special Education.

A detailed invoice that includes:

- Student's full name, date of birth (DOB), and DCPS ID number
- The total cost and time period covered
- The date (s) and hour(s) when the service was provided
- Itemization of the services provided including
 - The unit of service (typically hour).
 - The frequency of service, e.g. number of hours, days, weeks, etc.
 - The rate per unit of service, e.g. cost per hour, day, week
- Your W-9 (Corporations or individuals conducting business with the Government of the District of Columbia should submit their fiscal identity with the first invoice.) with 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. The W-9 form should be submitted once with the first invoice.

All invoices should be submitted to the following address.

By Mail:

DCPS Office of the Chief Financial Officer,

P.O. Box 75047

Washington, DC 20013

Attn: Special Education Payment Unit

By Hand delivery

DCPS Office of the Chief Financial Officer,

1200 1ST Street, 11th Floor

Washington, D.C. 20002

Attn: Special Education Payment Unit



DISTRICT OF COLUMBIA PUBLIC SCHOOLS
Individual Educational Evaluation Policy

DIRECTIVE
Blackman-Jones 1

<p>RESPONSIBLE OFFICE:</p> <p>Office of the Special Assistant to the Chancellor - Blackman/Jones Compliance</p>	<p>AUTHORITY: 20 USC §§ 1400 et seq. Title 34 C.F.R. § 300.502 and 300.30</p> <p><i>[Signature]</i> 7/18/08 Chancellor's Signature Date:</p>
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I. Definitions

A. Parent

For purposes of this directive, the term "parent" has the meaning prescribed in 34 C.F.R. § 300.30 and includes a biological parent, adoptive parent, foster parent, a person acting in the place of a biological or adoptive parent with whom the child lives, a person legally responsible for the child's welfare, an appointed surrogate parent, or a person identified by judicial order to act as a parent.

B. Evaluation

An evaluation is an assessment conducted by a DCPS employee to determine if a student is a student with a disability. For the purposes of this directive, the terms "assessment," "evaluation" and "reevaluation" are synonymous.

C. Independent Educational Evaluation (IEE)

An Independent Educational Evaluation (IEE) is an assessment conducted by a qualified examiner who is not employed by DCPS to assess whether a child is eligible for special education. There are two kinds of IEEs: ones at public expense and ones at private expense. IDEA gives parents the right to obtain an IEE at their own expense at any time, and it provides for IEEs at public expense when a parent disputes an evaluation conducted by school system personnel.

II. Procedures

A. COMMITMENT TO EVALUATE

1. If a student is suspected of having a disability by DCPS personnel, the Special Education Coordinator (SEC) at the student's school will contact the parent and request a written consent to evaluate. When parental consent to evaluate is given, DCPS will conduct the necessary evaluation(s) within 120 days of receipt of consent. If the parent refuses to consent to the evaluation, the SEC will contact his or her supervisor to initiate filing a due process complaint.
2. When a parent makes a request for an evaluation, the request must be in writing and the parent must sign a written assessment plan before the evaluation will occur.

Blackman-Jones 1**District of Columbia Public Schools****Blackman-Jones 1**

3. Subject to paragraph II. A. 4 below, if a parent disputes an evaluation conducted by a DCPS employee or contractor and requests an IEE, the parent will be given a letter authorizing the IEE (Exhibit A) along with a list of independent evaluators (Exhibit B).
4. If DCPS denies a request for an IEE, then DCPS will file a due process claim with the State Student Hearing Office to challenge the request. DCPS may never deny a request for an IEE without filing a due process complaint with the State Student Hearing Office.

B. INDEPENDENT EDUCATIONAL EVALUATIONS AT PARENT'S EXPENSE

A parent may obtain an IEE at his or her own expense at any time. If a parent obtains an IEE at his or her own expense, the results of the evaluation:

1. Must be considered by DCPS at an individualized education program (IEP) meeting or multi-disciplinary team (MDT) meeting regarding the student, and
2. May be presented as evidence at a due process hearing.

C. INDEPENDENT EDUCATIONAL EVALUATIONS AT PUBLIC EXPENSE

1. A parent may request an IEE at public expense if:
 - a. The parent disputes an evaluation conducted by a DCPS employee or contractor.
 - b. The parent previously requested an evaluation and the school refused to conduct it or failed to conduct it within 90 days of receiving written consent.
 - c. DCPS is unable to locate the current evaluation.
2. A parent's request for an IEE should be made in writing. If a parent requests an IEE at public expense, DCPS may ask why the parent disputes the evaluation conducted by a DCPS employee or contractor. The parent need not provide an explanation, however, and DCPS may not delay in either providing the IEE at public expense or initiating a due process hearing to defend the DCPS evaluation. 34 C.F.R. § 300.502(b)(4) (Exhibit C).
3. The determination of whether to authorize a requested IEE or initiate a due process claim must be made within 5 days of receipt of the request for an IEE. DCPS will notify the parent within 24 hours of making its decision.
4. If the parent requests assistance, DCPS will help the parent arrange the IEE. Alternatively, DCPS will provide information that enables the parent to arrange for the IEE. In every case, DCPS will provide the following information in writing to a parent who requests an IEE:

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- a. A letter authorizing the IEE that the parent will provide to the evaluator the parent selects. (Exhibit A)
 - b. A listing of the names and addresses of IEE evaluators located within the DC Metropolitan Area and the types of assessments they provide. The list will identify those IEE evaluators who, in DCPS's judgment, are qualified to perform the evaluation requested by the parents. (Exhibit B)
5. The IEE may be performed by an evaluator who is not on the list described in paragraph II. C. 4. b above if the evaluator meets DCPS criteria. 34 C.F.R. § 300.502(e)(1), (Exhibit C). If an evaluator is not on the list, the evaluator must provide proof of expertise in the type of evaluation performed and of certification or license in the relevant field before DCPS will pay for the IEE.
 6. All evaluators must use accepted professional practices. If formal test instruments are used, they must be validated for the specific purpose for which they are used and administered by trained personnel. Any test utilized shall not be discriminatory on a racial or cultural basis. Testing materials must be provided or administered in the child's native language or other mode of communication unless it is clearly not feasible to do so. 34 C.F.R. § 532(a)(1), (Exhibit C).

D. PAYING THE INDEPENDENT EVALUATOR

1. DCPS has researched prevailing costs in the DC metropolitan area and created a new cost table (Exhibit D). DCPS agrees to pay up to these limits for IEEs at public expense.
2. Exceptions to the rate schedule may be allowed when the requesting party can demonstrate circumstances justifying the payment of costs in excess of the established maximum rates.
3. The types of evaluations included in Exhibit D are not exhaustive but are the evaluations most commonly used for determining an educational disability and identifying needs for special education and related services. Other evaluations that are reasonably necessary to determine whether a child has a disability and/or to identify the child's instructional and related services needs will be considered on an individual basis and the evaluation(s) will be paid for at prevailing rates.
4. DCPS will reimburse Independent evaluators directly. Independent evaluators need to submit the authorization letter (or hearing officer determination or settlement agreement authorizing the independent evaluation), the evaluation results, and an invoice to: DCPS, Office of the Chief Financial Officer, Attn: Special Education Payment Unit, P.O. Box 75047, Washington, DC 20002. If all necessary documentation is included with the invoice, then reimbursement will be made within 30 days of receipt of the invoice.

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5. If DCPS disputes an amount claimed in an invoice, DCPS will provide the evaluator with a written dispute notice including the reasons for disputing the amount claimed within 20 calendar days of receipt of the invoice. Any amount not disputed by DCPS will be paid within 30 days. If the evaluator does not agree with DCPS's disputed amount, then the evaluator must state the objection in writing within 14 calendar days of receipt of DCPS's notice of dispute. DCPS then has 10 business days to respond to the evaluator's objection by either agreeing to pay the disputed amount within 10 business days, or by providing a final rejection in writing including the reasons for the rejection and a description of the evaluator's further rights should he or she wish to appeal DCPS's final decision.

E. REPORTING RESULTS

1. Whenever possible, the evaluator will complete the IEE and submit a written report to the parent and DCPS no later than 14 days after the date the IEE was authorized by DCPS.
2. The report will summarize in writing the procedures used, assessments used, results, and diagnostic impressions as well as relevant recommendations for meeting identified needs of the student.

F. ACTING ON IEEs

1. Within 10 school days from the time DCPS receives the IEE, the IEP Team will convene and consider the IEE when creating the student's IEP.
2. If an IEP was already created for the student, the IEP Team will reconvene within 10 school days from the time DCPS receives an IEE, and the team will consider the IEE to determine whether a new or amended IEP is appropriate.

Individual Educational Evaluation Policy - Exhibit A



District of Columbia Public Schools
Authorization for Independent Evaluation

This letter serves as authorization for an independent evaluator to provide a

_____ evaluation for _____
(Type of Evaluation(s)) (Student's Name)

_____ was given (an) evaluation(s) for
(Student's Name)

_____ by a DCPS evaluator on _____
(Type of DCPS Administered Evaluation(s)) (Date of DCPS Evaluation)

The parent, _____, of the student disputes the findings of
(Name of Parent or Parent Representative)

the evaluation(s) conducted by DCPS and requests an independent evaluation at public expense.

Pursuant to 34 C.F.R. § 300.502(b), the federal regulations implementing the Individuals with Disabilities Education Improvement Act, parents are entitled to an independent evaluation at public expense if they dispute the evaluation conducted by a school system employee or contractor. Because the parent disputes the evaluation conducted by DCPS, and DCPS has not filed a due process complaint against the parent challenging the request, an independent evaluation at public expense is hereby authorized.

34 C.F.R. § 300.502(e)(1) requires independent evaluators to meet certain requirements. A list of independent evaluators who, in the opinion of DCPS, meet the requirements is attached to this letter. Parents may choose an evaluator from this list or another evaluator that meets the qualifications and evaluation procedures requirements.

To be reimbursed the evaluator must send the evaluation report, this letter, and an invoice to the address below. We ask that assessments be completed as soon as possible and preferably within 14 days.

DCPS, Office of the Chief Financial Officer
Attn: Special Education Payment Unit
P.O. Box 75047
Washington, DC 20002

(Name and Title of Authorizer) and (Date)

cc: Office of Special Education
Special Education Reform Team

Individual Educational Evaluation Policy - Exhibit B Independent Evaluators

Organization	Address	City	State	Phone	Facsimile
Atlantic Health Services	600 Jefferson Plaza Suite 430	Rockville	MD 20832	Garth Brown	301-838-3430
Chesapeake Center Inc.	6506 Loisdate 3rd Floor	Springfield	VA 22150	Clarence Miller	703-924-4148
EBS	P.O.Box 911	Concordville	PA 19331	Laurie Nixon	800-578-7906
Hospital for Sick Children	1731 Bunker Hill Road NE	Washington	DC 20017	Anne Ruecktenwald	
Jewel Therapeutic	601 Pennsylvania Ave SE	Washington	DC 20004	Winfield White	202-434-8281
Physio-Therapy	207 Interstate Park Dr	Montgomery	AL 36109	Cynthia Lambert	
Futures Healthcare	136 Williams	Springfield	MA 01109	Amy Guay	413-788-2171
Rehab Plus	7474 Greenway Ctr.	Greenbelt	MD 20770	Monica Titus	301-220-0580
A&M Rehab Medical	1050 Connecticut Ave. NW 10th Floor	Washington	DC 20036	Ron Mills	202-772-4152
Children's Hospital	111 Michigan Avenue, NW	Washington	DC 20020	Dr. Tommie Robinson	202-939-6680
ProCare Therapy	1740 Ridge Ave., Suite 101	Evanston	IL 60201	Monique Feagin	866-842-6289
Comprehensive Speech & Language Services	12411 Alamance Way	Upper Marlboro	MD 20772	Malika Matthews	301-455-9261
Creative Therapy Solutions	2500 Clarendon Blvd. #734	Arlington	VA 22201	Jennifer Bilyew	202-486-0845
Riley Bridgeforth, LLC	3817A 14th Street, NW	Washington	DC 20011	Stephanie Bridgeforth	202-291-0222
Progressus Therapy	1001 Fleet Street	Baltimore	MD 21202		800-627-4276
Psychological Assessment Solutions	1801 Columbia Rd., NW, Suite 101	Washington	DC 20009	Richard Fleitas, Psy.D.	202-237-5452
Mental Health Resources Plus	6192 Oxon Hill Rd # 412	Oxon Hill	MD 20745	Brenda Williams	301-749-2003

- If you learn of a provider that would like to be listed, please contact Vielka Scott.
- If you would like to let us know about your experience with one of these providers or update contact information let us know. Vielka.Scott@dc.gov

Individual Educational Evaluation Policy - Exhibit C

Legal Citations

34 C.F.R. § 300.502 (b) (4) If a parent requests an independent educational evaluation, the public agency may ask for the parent's reason why he or she objects to the public evaluation. However, the explanation by the parent may not be required and the public agency may not unreasonably delay either providing the independent educational evaluation at public expense or initiating a due process hearing to defend the public evaluation.

34 C.F.R. § 300.502 (e) (1) If an independent educational evaluation is at public expense, the criteria under which the evaluation is obtained, including the location of the evaluation and the qualifications of the examiner, must be the same as the criteria that the public agency uses when it initiates an evaluation, to the extent those criteria are consistent with the parent's right to an independent educational evaluation.

34 C.F.R. § 532 (a) (1) Tests and other evaluation materials used to assess a child under Part B of the Act—

(i) Are selected and administered so as not to be discriminatory on a racial or cultural basis; and

(ii) Are provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so[.]

Individual Educational Evaluation Policy - Exhibit D

Interim Rate Schedule for Independent Educational Evaluations

Evaluation Type	Maximum Hourly Rate	Maximum Total Amount
Comprehensive Psychological (cognitive, achievement, social-emotional, possible depression/anxiety)	\$145.00	\$2,030.00
Neuropsychological (cognitive, achievement and comprehensive neuropsychological battery)	\$200.00	\$3,000.00
Psychiatric	\$145.00	\$1,015.00
Educational	\$140.00	\$980.00
Occupational Therapy	\$90.00	\$630.00
Physical Therapy	\$90.00	\$630.00
Speech & Language	\$90.00	\$900.00
Audiological	\$135.00	\$270.00
Social History	\$80.00	\$160.00
Rate Information Updated on July 18, 2008		



Analysis of Existing Data

Date Sent: 02/16/2011

Student Information		
Student Name: [REDACTED]	Student ID: [REDACTED]	Date of Birth: 02/06/2001 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. India 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



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Office of Special Education

Analysis of Information Revealed by State or Local Assessments: An analysis of information reveal that student initially 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 percentage wise academically. The test is administered quarterly and continues to decline as her absentee rate continues to incline.

Summary Information for Academic-Mathematics

Summary of Strengths for Academic-Mathematics: Geometry is strength.

Summary of Concerns for Academic-Mathematics: 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, was low risk and by January her scores reflects high risk.

Summary Information for Academic-Reading

Summary of Strengths for Academic-Reading: can oral read fluently and answer questions orally.

Summary of Concerns for Academic-Reading: 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. 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 lacks the ability to write without errors. Her sentences often contain grammar, capitalization and punctuation errors. Also, she is unable to identify supporting details, affixes and root words.

Summary Information for Academic-Written Expression

Summary of Strengths for Academic-Written Expression: knows to capitalize the beginning of a sentence with a capital letter.



DISTRICT OF COLUMBIA
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Office of Special Education

Summary of Concerns for Academic-Written Expression: ~~_____~~ 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.



Prior Written Notice-Evaluation

Date of Notice: 02/16/2011

Student Information			
Student Name: ██████████	Student ID: 9220250	Date of Birth: 02/06/2001	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 Ina Christian:

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.

<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>Description of other factors related to the proposal or refusal: No additional factors apply.</p>



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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,

(Signature)

Name: Phyllis Teel

Title: Special Education Coordinator

Contact Number:

Email: phyllis.teel@dc.gov

Procedural safeguards enclosed with prior written notice (Required for referral and initial evaluation)