PSYCHO-EDUCATIONAL ASSESSMENT REPORT
(CONFIDENTIAL)

NAME: Bxxxxx Gxxxxx

CHRONOLOGICAL AGE: 10-5

DATE OF BIRTH: XX/XX/1999
GRADE: 4th
GENDER: Male
PRIMARY LANGUAGE: Spanish/English
DATES OF ASSESSMENT: 06/01-06/22/2009
DATE OF REPORT: 06/28/2009

SCHOOL YEAR: 2008/2009
CURRENT PROGRAM: General Education
ETHNICITY: Latino
LANG. PROFICIENCY: Fluent
SCHOOL OF ATTENDANCE: Gxxxxx Elementary
SCHOOL PSYCHOLOGIST: Emmanuel Sibrian-Rivera

REASON FOR ASSESSMENT:

A psycho-educational evaluation was conducted to assess Bxxxx’s current cognitive functioning, processing abilities, academic achievement, and social-emotional functioning. This report will assist the IEP team in determining what services are needed. Bxxxx has a medical diagnosis of Autism. Parent requested this evaluation to address some academic and social concerns.

All tests conducted are considered valid for the purposes in which they were used. Bxxxx’s primary language, racial, and ethnic background were considered prior to selection and interpretation of any evaluation procedures and/or measures. All assessment instruments measure a limited sample of a person’s total repertoire. Thus, they are supplemented with other assessment measures such as parent and teacher reports, record reviews, and observations. These selected measures have been interpreted within the limits of their measured validity as recommended by their respective publishers. Therefore, the validity of the test results presented in this report can be considered to be reliable estimates of this student’s general cognitive functioning and expected level of academic achievement. The evaluation procedures were administered in Bxxxx’s primary language or mode of communication and performed in all areas related to the suspected disability by a qualified professional.
BACKGROUND INFORMATION:

General/Family Setting:

Bxxxx is a 10-year-old boy of Latino descent. He lives with his mother and two siblings in Bxxx Pxxx, California. Bxxxx has a fraternal twin bother (Jxxxx) and a younger sister. Bxxxx’s parents are separated. Bxxxx’s mother (Sxxxx Mxxxx) has sole custody. Bxxxx has no contact with his father.

Health History:

Per parent interview, Mother experienced several near miscarriages early in her pregnancy and was put on bed rest during her 2nd and 3rd trimesters. Bxxxx and his twin brother Jxxxx were born at 8 months gestation via C-section. Bxxxx was born after Jxxxx with a birth weight of 7 ½ pounds. Both babies were born with slight jaundice and kept in the hospital for monitoring for an additional three days. No other complications were noted.

Early on, Bxxxx exhibited delays (and regressions) in his speech development and social functioning. Parent reports that Bxxxx knew how to say “mama” and “Agua” at 11 months of age but stopped speaking soon afterwards. Bxxxx used mostly gestures and grunts to communicate his needs until he was almost four years old. Bxxxx also displayed several maladaptive behaviors (sensitivity to smells and tastes, excessive tantrums, playing alone exclusively) and stereotypical movements (i.e. rocking, darting, head banging). Consequently, Mother sought assistance from the Sxx Gxxxx Pxxx Regional Center (XXXRC). Bxxxx was diagnosed with Autism and given speech therapy, behavioral therapy and social skills training. Bxxxx was later qualified for special education services by the Bxxx Pxxx Unified School District (XXUSD). Where he received speech and language services and social skills training. Bxxxx continues to receive social skills training provided by XXXRC once a week for one hour.

Overall, Bxxxx is in good health. He wears prescription glasses for nearsightedness on a full time basis. Per last physical 01/09, Bxxxx’s vision (corrected) and hearing are within normal limits. According to parent, Bxxxx suffers from occasional insomnia (4 to 5 times a month) and will go the whole night without sleeping mostly due to anxiety. Bxxxx is known to be a picky eater and will worry about his food having “a lot of germs.” He has an appropriate height and weight for a boy his age. He is not currently taking any medications. No other serious health concerns were noted. Please see Neurologist report dated (3/25/2009) for more information regarding Bxxxx’s diagnosis of Autism and current health status.

Educational History:

(Per school, parent, and teacher reports) At 3-years of age, Bxxxx was enrolled in a special day class pre-school program at Vxxx Elementary in the Bxxx Pxxx Unified School District (XXUSD). Bxxxx then completed kindergarten through 1st grade at Vxxx Elementary. He then attended Gxxxx Elementary (XXXSD) for 2nd grade and part of 3rd grade before transferring to Vxxx Vxxx Elementary in the Sxxx Uxxxx School District (Vxxxx, California.) At Vxxx Vxxx Elementary, Bxxxx completed the rest of third grade and part of 4th grade. In late 2008, Bxxxx’s family moved back
to Bxxx Pxxx. He was re-enrolled at Gxxxs Elementary School (XXUSD). He is currently a 4th grader in Mrs. Cxxxx’s Classroom. 
For the most part, Bxxx has made academic and social progress since starting services in the school setting. However, Bxxx’s grades and overall functioning have been shown to be very susceptible to changes in his environment and home life. Bxxx’s grades and behavior declined significantly when his family moved to Vxxx and Bxxx began attending Vxxx Vxxx Elementary (XXSD.) According to records, Bxxx went from earning “proficient” grade marks in writing, math, reading and work habits to earning “Below Basic” marks in those same areas. Teacher and parent reported that Bxxx had a very difficult time adapting to his new school. In class, Bxxx stared blankly at his desk gently rocking back & forth in his seat. He did not ask any questions and avoided being called upon by the teacher. He had a difficult time completing classroom assignments on time and needed frequent prompting and supervision to complete tasks. The quality of work he did manage to turn in was in the poor to satisfactory range. Socially, Bxxx had a difficult time integrating himself with the other children. During recess and lunch breaks, Bxxx spent most of his time playing alone and “sprinting back and forth” between two playground fences. At home, Bxxx would throw tantrums refusing to go to school. He also complained that his new school had a lot of “germs” and “other children were out to get him.” Bxxx’s regression prompted parent and teachers to request an IEP team review of Bxxx’s services and supports. However, no action was taken as Bxxx’s difficulties at Vxxx Vxxx Elementary prompted Bxxx’s mother to move back to Bxxx Pxxx and return Bxxx to Gxxxs Elementary.

Since returning to Gxxxs Elementary, Bxxx’s grades and overall behavior have steadily improved. Currently, Bxxx is at grade level in most areas and is eligible for grade promotion. He has academic strengths in the areas of Math and Reading fluency. He has relative weakness in the areas of writing and reading comprehension. Bxxx continues to receive supports and accommodation via 504 plan including: small group instruction, frequent prompts and visual cues, agenda, reminder note cards, graphic organizers and social skills training.

Grades and teacher comments:
Not all previous report cards and/or teacher comments were available on file.

4th grade Gxxxs Elementary

<table>
<thead>
<tr>
<th>Subject</th>
<th>3rd trimester</th>
<th>Subject</th>
<th>3rd trimester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading</td>
<td>4.25</td>
<td>Math</td>
<td>3.80</td>
</tr>
<tr>
<td>Growth</td>
<td>Satisfactory</td>
<td>Growth</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Effort</td>
<td>Satisfactory</td>
<td>Effort</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Writing</td>
<td>3.3</td>
<td>Science</td>
<td>4.0</td>
</tr>
<tr>
<td>Growth</td>
<td>Satisfactory</td>
<td>Growth</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Effort</td>
<td>Satisfactory</td>
<td>Effort</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Listening &amp; Speaking</td>
<td>4</td>
<td>Social Studies</td>
<td>4</td>
</tr>
<tr>
<td>Growth</td>
<td>Satisfactory</td>
<td>Growth</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Effort</td>
<td>Satisfactory</td>
<td>Effort</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Physical Education</td>
<td>Satisfactory</td>
<td>Health and Arts</td>
<td>Satisfactory</td>
</tr>
</tbody>
</table>

Copyright (c) 2008-2009 Children 1st Services, Inc. All rights reserved. No part of this document may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without written permission from Children 1st Services, Inc.
4th grade- (1st and 2nd trimester), “Bxxxx needs to work harder and make sure he listens,” “Needs to practice math facts is currently reading at a second grade level”, “Please read more at home.”(3rd trimester), “fluency words read per minute in August 2010 was 95; words read per minute in June 2009 was 187, good job.”

**Attendance:**
According to parent, Bxxxx has maintained “good” attendance throughout his academic career (less than 5 absences per semester).

**School Discipline:**
Per parent report, Bxxxx has never been disciplined (i.e. suspended) for any serious disciplinary infraction (i.e. hitting others).

**State test scores**

<table>
<thead>
<tr>
<th></th>
<th>Spring 2009</th>
<th>Scale Score</th>
<th>Performance level</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Language Arts</td>
<td>358</td>
<td>Proficient</td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td>391</td>
<td>Proficient</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Spring 2010</th>
<th>Scale Score</th>
<th>Performance level</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Language Arts</td>
<td>327</td>
<td>Basic</td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td>360</td>
<td>Proficient</td>
<td></td>
</tr>
</tbody>
</table>

**Previous Assessments and IEPs:**

- Psycho-educational evaluation Report (Bxxx Uxxx School District (01/26/2005)
- Speech and Language Assessment Report (Bxxx Uxxx School District 11/18/2007)
- Regional Center Individual Program Plan (8/10/2006)
- Neurological Report (Dr. Nxxx 3-25-2009)

**CURRENT ASSESSMENTS ADMINISTERED:**
Records review
Interviews
Observations
Cognitive Assessment System (CAS)
Wide Range Assessment of Memory and Learning-2 (WRAML-2)
Developmental Test of Visual-Motor Integration (VMI)
Developmental Test of Visual Perception Integration (VMI)
Developmental Test of Motor skills (VMI)
Developmental Profile 3 (DP-3)
Conner’s Comprehensive Behavior Rating Scale (CBRS)
Childhood Autism Rating Scale- second edition (CARS-2)
Behavior Assessment Scales for Children – second edition
Gilliam Autism Rating Scale (GARS)

**Observations**

Copyright (c) 2008-2009 Children 1st Services, Inc. All rights reserved. No part of this document may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without written permission from Children 1st Services, Inc.
Test Sessions:
Bxxxx was observed throughout several testing sessions. Upon the initial meeting, Bxxxx appeared quiet and shy. He greeted the examiner with a quick handshake but avoided examiner’s attempts to establish eye contact. During testing, Bxxxx displayed a serious demeanor. He did not initiate any conversation or make any comment as to how he was feeling. At times, Bxxxx appeared anxious or on the verge of crying, especially when working on tasks he found especially difficult or tedious. Most of the time, Bxxxx responded to questions posed by the examiner with one-word sentences or simple gestures (especially when asked questions pertaining to his hobbies, friendships and family life.) Despite Bxxxx’s cautious demeanor, Bxxxx made a concerted effort to do a good job on each given task. He followed all instructions given and worked at a steady pace persevering as test items became increasingly difficult. Towards the end as Bxxxx began to tire, he grew increasingly frustrated and worried. The examiner offered Bxxxx several breaks and praised Bxxxx’s efforts. Bxxxx responded well to the examiner’s encouragement and finished most tasks in a timely manner. Overall, Bxxxx proved to be a capable examinee. All tests conducted were considered to be valid measures of Bxxxx’s ability on the respective day testing.

PRESENT TEST RESULTS AND DISCUSSION:

Description of Ranges:

<table>
<thead>
<tr>
<th>Range</th>
<th>Standard Score</th>
<th>Scaled Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior</td>
<td>130 and above</td>
<td>16 and above</td>
</tr>
<tr>
<td>Well Above Average</td>
<td>120 – 129</td>
<td>14 – 15</td>
</tr>
<tr>
<td>Above Average</td>
<td>110 – 119</td>
<td>11 – 13</td>
</tr>
<tr>
<td>Average</td>
<td>90 – 109</td>
<td>8 – 10</td>
</tr>
<tr>
<td>Low Average</td>
<td>80 – 89</td>
<td>6 – 7</td>
</tr>
<tr>
<td>Low</td>
<td>35 – 79</td>
<td>1 – 5</td>
</tr>
<tr>
<td>Very Low</td>
<td>1 – 34</td>
<td></td>
</tr>
</tbody>
</table>

Cognitive Ability

Wide Range Assessment of Memory and Learning (WRAML2) (Core Subtests)

The WRAML 2 assesses memory in three areas: verbal, visual, and attention/concentration. Verbal memory is the ability to remember auditory information, while visual memory is the ability to remember visual information. Additionally, attention/concentration subtests were administered to measure ability to attend to information presented verbally and visually. The verbal memory, visual memory, and attention/concentration subtests are combined to form the general memory index.

<table>
<thead>
<tr>
<th>Index</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Memory Index:</td>
<td>Average</td>
</tr>
<tr>
<td>Verbal Memory Index:</td>
<td>Average</td>
</tr>
<tr>
<td>Visual Memory Index:</td>
<td>Average</td>
</tr>
<tr>
<td>Attention/Concentration Index:</td>
<td>Low</td>
</tr>
</tbody>
</table>

Copyright (c) 2008-2009 Children 1st Services, Inc. All rights reserved. No part of this document may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without written permission from Children 1st Services, Inc.
Subtests within Indices

<table>
<thead>
<tr>
<th>Subtest</th>
<th>Scaled Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal Memory</td>
<td></td>
</tr>
<tr>
<td>Story Memory</td>
<td>8</td>
</tr>
<tr>
<td>Verbal Learning</td>
<td>12</td>
</tr>
<tr>
<td>Visual Memory</td>
<td></td>
</tr>
<tr>
<td>Design Memory</td>
<td>11</td>
</tr>
<tr>
<td>Picture Memory</td>
<td>7</td>
</tr>
<tr>
<td>Attention/Concentration</td>
<td></td>
</tr>
<tr>
<td>Finger Windows</td>
<td>3</td>
</tr>
<tr>
<td>Number Letter</td>
<td>8</td>
</tr>
</tbody>
</table>

Areas of strength include: Visual Memory and Verbal Memory
Areas of weakness include: Attention/Concentration (Finger Windows)

Cognitive Assessment System (CAS)

The CAS is based on the PASS theory that provides a view of intelligence re-conceptualized as cognitive processes. This theory proposes that human cognitive functioning is based on the four essential activities of Planning, Attention, Simultaneous, and Successive processing. Planning is the process by which the individual determines, selects, applies, and evaluates solutions to problems. Attention processing involves the individual’s ability to selectively focus on particular stimuli while inhibiting responses to competing stimuli presented over time. Simultaneous processing is a mental process by which the individual integrates separate stimuli into a single whole or group. Successive processing is a mental process by which the individual integrates stimuli into a specific serial order that forms a chain progression.

Planning (SS 91): This requires the student to develop a plan of action, evaluate the value of the method, monitor its effectiveness, revise or reject an old plan as the task demands change, and control the impulse to act without careful consideration. Bxxx’s ability to plan and strategize effective problem solving techniques appears to be in the Average range.

Simultaneous (SS 96): requires perception of parts into a single gestalt, understanding of logical-grammatical relationships, and synthesis of parts into integrated groups, which occurs either through examination of stimuli during the activity or through recall of stimuli. Bxxxx demonstrated
the ability to understand spatial, logical and grammatical relationships. Bxxxx performed within the Average Range.

**Attention processing (SS 92):** requires focused attention, selective attention, sustained attention, and effort while resisting distraction. Bxxxx’s ability to attend and focus on activities appeared to be in the Average range.

**Successive processing (SS 96):** requires perception and reproduction of the serial nature of stimuli, understanding of sentences based on syntactic relationships, and the articulation of separate sounds in consecutive series. This measures the student’s ability to integrate stimuli into a specific serial order (“chain-like progression”); however, the stimuli are only related to those precede it (these stimuli are not inter-related.) Bxxxx’s performed within that Average Range.

**Perceptual/Motor Skills**

**Developmental Test of Visual-Motor Skills (VMI)**

| The VMI is a developmental sequence of geometric forms to be copied with paper and pencil. There are 2 versions: The full version includes 27 items and is for ages 3 through 17-11; the short version includes 18 items and is for ages 3 through 7. It provides information about how accurately an individual can copy a series of increasingly complex designs. It is designed to assess the extent to which individuals can integrate their visual and motor abilities. The VMI is a valid measure of sensory-motor skills with respect to visual-motor integration. It is non-discriminatory for gender and ethnicity. The raw scores are converted to normalized standard scores (SS), with a mean of 100 and a standard deviation (SD) of 15. |

| VMI Standard Score: 93 |

Bxxxx's score indicates his overall visual-motor skills to be in the Average range when compared to same-age children. This score represents an area of relative strength in his overall abilities.

**Developmental Test of Motor Coordination (VMI)**

| The Berry VMI Motor test is used in conjunction with the Berry VMI (Developmental Test of Visual Motor Integration) to statistically compare an individual’s VMI results with relatively pure motor performance. This test helps differentiate motor skills from visual skills in visual-motor functioning The Motor Coordination Test measures the ability to grasp, using an opposing thumb and finger, and manipulate a pencil to make precise markings. It is non-discriminatory for gender and ethnicity. The raw scores area converted to normalized standard scores (SS) with a mean of 100 and a standard deviation (SD) of 15. |

| Motor Coordination Test Standard Score: 105 |

Bxxxx’s score estimates his fine motor abilities to be in the Average range when compared to same-age children. This score represents an area of relative strength in his overall abilities.
Developmental Test of Visual Perception (VMI)

The Berry VMI Perception test is used in conjunction with the Berry VMI (Developmental Test of Visual Motor Integration) to statistically compare an individual’s VMI results with relatively pure visual performance. This test helps differentiate visual skills from motor skills in visual-motor functioning. It provides information about how accurate an individual can discern visual differences between patterns. It is a valid measure of visual processing. It is non-discriminatory for gender and ethnicity. The raw scores are converted to normalized standard scores (SS) with a mean of 100 and a standard deviation (SD) of 15.

Visual Perception Test Standard Score: 110

Bxxx’s score estimates his visual perceptual abilities to be in the Above Average range when compared to same-age children. This score represents an area of significant strength in his overall abilities.

Social/Emotional Functioning

Per parent interview (5/27/09), parent considers Bxxx to be a smart, hardworking, and good-natured boy. Bxxx enjoys playing Nintendo Wii and building legos blocks. Bxxx is usually respectful towards adults and gets along reasonably well with his brother and sister. However, Bxxx has a difficult time interacting with peers. He prefers to play alone rather than joining a group. He does not initiate any conversations with others (unless they’re talking about legos or MapQuest) and does not like to be touched, hugged, or kissed. Bxxx has a very difficult time articulating his thoughts and emotions. Mother reports, “It’s hard to know what Bxxx is thinking, he walks around expressionless a lot of the time.” Moreover, Bxxx is easily overwhelmed by difficult tasks or problems in his family life. He has very difficult time adapting to changes in his daily routines and environment. He will often experience bouts of anxiety, sleeplessness, and stereotypical behaviors when dealing with difficult situations. Overall, Bxxx needs a lot of emotional support and encouragement (compared to siblings).
**Behavior Assessment System for Children (BASC-2)**

The Behavior Assessment System for Children (BASC) is an integrated system designed to facilitate the differential diagnosis and classification of a variety of emotional and behavioral disorders of children and to aid in the design of treatment plans. Any score in the clinically significant range suggests a high level of maladjustment. Scores in the at-risk range identify either a significant problem that may not be severe enough to require formal treatment or a potential of developing a problem that needs careful monitoring.

Bxxx’s parent completed the BASC Rating Scales on 6/06/2009

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>54</td>
<td>84</td>
<td>91</td>
<td>101</td>
<td>57</td>
<td>80</td>
<td>87</td>
<td>72</td>
<td>102</td>
<td>85</td>
<td>64</td>
<td>82</td>
<td>25</td>
<td>29</td>
<td>25</td>
<td>16</td>
<td>16</td>
<td>21</td>
</tr>
<tr>
<td>72</td>
<td>91</td>
<td>89</td>
<td>88</td>
<td>77</td>
<td>98</td>
<td>93</td>
<td>97</td>
<td>99</td>
<td>99</td>
<td>89</td>
<td>99</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

* = Indicates At-Risk  
X = Indicates Clinically significant

**Parent report**

X Clinically Significant Areas: Depression, Atypicality, Withdrawal, Adaptability, Social Skill, Activities Of Daily Living, and Functional Communication

*At risk areas: Aggression, Conduct Problems, Somatization, and Attention problems

**Critical Items:**
27. Eats things that are not food. Often
58. Threatens to hurt others. Often
120. Sleeps with parents. Often
137. Falls down. Sometimes

Copyright (c) 2008-2009 Children 1st Services, Inc. All rights reserved. No part of this document may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without written permission from Children 1st Services, Inc.
139. Sees things that are not there. **Often**
146. Eats too little. **Sometimes**

Bxxxx completed the Self BASC Rating Scales on 6/16/2009

<table>
<thead>
<tr>
<th>Attributed to School</th>
<th>Attributed to Teachers</th>
<th>Aggressiveness</th>
<th>Locus of Control</th>
<th>Social Stress</th>
<th>Anxiety</th>
<th>Depression</th>
<th>Sense of Inadequacy</th>
<th>Problem Solving</th>
<th>Hyperactivity</th>
<th>Inhibition/Impulsivity</th>
<th>Emotional Symptoms Index</th>
<th>Interpersonal Relations</th>
<th>Self Esteem</th>
<th>Self Reliance</th>
<th>Personal Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>63</td>
<td>68</td>
<td>68</td>
<td>51</td>
<td>74</td>
<td>57</td>
<td>62</td>
<td>63</td>
<td>60</td>
<td>63</td>
<td>58</td>
<td>56</td>
<td>58</td>
<td>65</td>
<td>29</td>
<td>35</td>
</tr>
<tr>
<td>88</td>
<td>93</td>
<td>94</td>
<td>60</td>
<td>93</td>
<td>78</td>
<td>87</td>
<td>88</td>
<td>85</td>
<td>90</td>
<td>78</td>
<td>74</td>
<td>70</td>
<td>52</td>
<td>4</td>
<td>9</td>
</tr>
</tbody>
</table>

* = Indicates At-Risk
X = Indicates Clinically significant

**Parent report**

**X Clinically Significant Areas:** Locus of Control.

*At risk areas:* Attitude to School, Attitude Towards Teachers, Anxiety, Depression, Sense of Inadequacy, Relations with parents, Interpersonal Relations, and Self Reliance.

**Critical Items:**
27. Eats things that are not food. **Often**
58. Threatens to hurt others. **Often**
120. Sleeps with parents. **Often**
137. Falls down. **Sometimes**
139. Sees things that are not there. **Often**
Conner’s Comprehensive Behavior Rating Scale (CBRS)

The CBRS is a rating scale that measures behaviors such as aggression, emotional distress, and separation fears.

Parent Report - Parent completed the CBRS on 06/04/09.


At Risk: Hyperactivity/Impulsivity and Physical Symptoms.

DSM-IV-TR Symptom Scales:
The Symptom Counts were probably met and the T-scores were elevated or very elevated for the following DSM-IV-TR Symptom scales: Generalized Anxiety Disorder (T = 90), Separation Anxiety Disorder (T = 85), Social Phobia (T = 90), Obsessive-Compulsive Disorder (T = 90), Autistic Disorder (T = 90) and Asperger’s Disorder (T =90).

*These diagnoses should be given strong consideration*

Other Clinical Indicators:
Further investigation is recommended for the following issues: Specific Phobia, Tics (motor & vocal), and Enuresis/Encopresis.

Adaptive Functioning
Adaptively, Bxxxx is able to take care of his personal needs (eating, dressing, hygiene). He knows what city, state, and street he lives on. He is able to look up directions and draw detailed maps of places and streets in his neighborhood.

Copyright (c) 2008-2009 Children 1st Services, Inc. All rights reserved. No part of this document may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without written permission from Children 1st Services, Inc.
Developmental Profile 3 (DP-3)

The DTP-3 is a Standardized developmental screening test that evaluates children’s functioning in five key areas: Physical (Large- and small-muscle coordination,), Adaptive Behavior (Ability to cope independently with the environment) Social-Emotional (Interpersonal abilities, social and emotional understanding, functional performance in social situations), Cognitive (Intellectual abilities), and Communication (Expressive and receptive communication skills). Enables clinicians to identify developmental strengths and weaknesses early in a child’s life, the DP-3 consists of 180 items. A respondent (parent or caregiver) indicates whether or not the child has mastered the skill in question.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Standard Score</th>
<th>Range</th>
<th>Age Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>84</td>
<td>Low Average</td>
<td>6-8</td>
</tr>
<tr>
<td>Adaptive Behavior</td>
<td>67</td>
<td>Low</td>
<td>6-8</td>
</tr>
<tr>
<td>Social-Emotional</td>
<td>77</td>
<td>Low</td>
<td>7-9</td>
</tr>
<tr>
<td>Cognitive</td>
<td>97</td>
<td>Average</td>
<td>10-8</td>
</tr>
<tr>
<td>Communication</td>
<td>77</td>
<td>Low</td>
<td>7-0</td>
</tr>
<tr>
<td>General Development Score</td>
<td>71</td>
<td>Low</td>
<td>-</td>
</tr>
</tbody>
</table>

**Physical.** This scale measures physical development by determining the child’s ability with tasks requiring Large- and small-muscle coordination, strength, stamina, flexibility, and sequential motor skills. Based on endorsed behavior and parent/teacher interviews, Bxxxx is able to move his body with ease in daily activities. However, Bxxxx is unable to do the following age expected tasks:

- P.34 “Catch a bounced tennis ball with one hand.”
- P.35 “Catch a tennis ball with one hand when thrown at least 6 feet away.”

Bxxxx’s Physical Development is considered to be in the Low Average range when compared to same-aged peers.

**Adaptive Behavior.** This scale measures competence, skill, and maturity for coping with the environment. It evaluates the child’s ability with task such as Ability to cope independently with the environment—to eat, dress, work, use modern technology, take care of self/others and handle changes/new environments. Based on endorsed behavior and parent/teacher interviews, Bxxxx is able to wash himself without any help; he is able to communicate with friends over telephone for over 30 minutes. However, Bxxxx is unable to do the following age expected tasks:

- A31. “Order from a restaurant menus.”
- A33. “Prepare at least two of the following foods without help: popcorn, eggs, canned soup sandwich.”

Bxxxx’s Adaptive-Behavior Development is considered to be in the Low range when compared to same-aged peers.

**Cognitive.** This scale measures cognitive in an indirect manner by assessing the development of skills necessary for successful academic and intellectual functioning. According to teacher, parent and examiner observations, Bxxxx can understand and apply the following:

Copyright (c) 2008-2009 Children 1st Services, Inc. All rights reserved. No part of this document may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without written permission from Children 1st Services, Inc.
Bxxxx’s Cognitive Development is considered to be in the Average range when compared to same-aged peers.

Communication. This scale measures expressive and receptive communication skills with both verbal and non-verbal language. The use and understanding of spoken, written, and gestural language areas assessed by this scale, as is the ability to use communication devices (e.g., telephone). Based on teacher/parent interviews and examiner observations, Bxxxx is able to read a simple story aloud for someone listening to follow; is able to write or print at least 20 words with correct spellings. However, Bxxxx is unable to do the following age expected tasks:

M30. “When waiting communicate with someone, can dial a phone number correctly or look up an email address in a computer address.”
M31. “Talk to a peer for at least 1 hour, most days (can be over the phone or on non-school “hang out” days).”

Bxxxx’s Communication Development is considered to be in the Low range when compared to same-aged peers.

Bxxxx’s general development score is in the Low range when compared to same age peers.

Gilliam Autism Rating Scale – Second Edition (GARS-2)

The GARS-2 is a norm-referenced screening instrument used to assess children who exhibit autistic tendencies. The child behavior’s is “rated” through a series of questions and then computed to arrive at the child’s “probability of autism.”

<table>
<thead>
<tr>
<th>Scales</th>
<th>Standard Score</th>
<th>Percentile</th>
<th>Probability of Autism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stereotyped Behavior</td>
<td>8</td>
<td>25%</td>
<td>Very Likely</td>
</tr>
<tr>
<td>Communication</td>
<td>6</td>
<td>9%</td>
<td>Possibly</td>
</tr>
<tr>
<td>Social Interaction</td>
<td>9</td>
<td>37%</td>
<td>Very Likely</td>
</tr>
<tr>
<td><strong>Autism Quotient</strong></td>
<td>85</td>
<td>16%</td>
<td>Very Likely</td>
</tr>
</tbody>
</table>

Unlikely: 2% or less, possibly: 4%-14%, Very likely: 16% or Higher

Samples from GARS questionnaire:

**Stereotyped Behaviors:**
1. “Avoids eye contact”…. “Sometimes Observed”
2. “Licks, tastes, or attempts to eat inedible objects”…. “Sometimes Observed”

**Communication:**
1. “Does not initiate conversations with peers or adults”…. “Frequently Observed”
2. “Looks away or avoids looking at speaker when name is called”…. “Sometimes Observed”

**Social Interaction:**
1. “Resist physical contact from others (e.g., hugs, pats)”... “Frequently Observed”
2. “Becomes upset when routines are changed”.... “Sometimes Observed”

Scores from the Gilliam Autism Rating Scale indicate the probability of autism to be in the Very Likely Range. Bxxxx consistently exhibits autistic characteristics in areas of Social Interaction and Stereotyped Behavior. Moreover, Bxxxx exhibits possibly autistic characteristics in the area of Communication.


<table>
<thead>
<tr>
<th>Category</th>
<th>Standard Score</th>
<th>Category</th>
<th>Standard Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social-Emotional Understanding</td>
<td>2</td>
<td>Taste, Smell, and Touch</td>
<td>2.5</td>
</tr>
<tr>
<td>Emotional Expression</td>
<td>3</td>
<td>Fear or Anxiety</td>
<td>3.0</td>
</tr>
<tr>
<td>Relating to People</td>
<td>2.5</td>
<td>Verbal Communication</td>
<td>2.0</td>
</tr>
<tr>
<td>Body Use</td>
<td>2.5</td>
<td>Nonverbal Communication</td>
<td>2.0</td>
</tr>
<tr>
<td>Objects Use in Play</td>
<td>1.5</td>
<td>Thinking/Cognitive Skills</td>
<td>1.5</td>
</tr>
<tr>
<td>Adaptation to Change</td>
<td>3.0</td>
<td>Level and Consistency of Intellectual Response</td>
<td>1.0</td>
</tr>
<tr>
<td>Visual Response</td>
<td>1</td>
<td>General Impression</td>
<td>2.5</td>
</tr>
<tr>
<td>Listening Response</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Total Score**: 32

*Based on endorsed items, Bxxxx’s scores show symptoms of mild to moderate autism spectrum disorder*

---

Copyright (c) 2008-2009 Children 1st Services, Inc. All rights reserved. No part of this document may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without written permission from Children 1st Services, Inc.
SUMMARY:

Bxxxx is a 10-year-old boy of Hispanic descent. He currently attends Gxxxs Elementary School. Bxxxx has Autism and has been receiving supports and services from the regional center and school district since the age of three. He currently receives school supports and accommodations via 504 plan and social skills via San Gabriel Regional Center. This psycho-educational report was request by Bxxxx’s parents to review his progress and help the IEP team determine what additional support and services are needed at this time. An estimate of Bxxxx’s cognitive abilities was established through alternative assessments that included a review of records, teacher comments, previous reports and the psychologist’s observations in both formal and informal testing sessions. Bxxxx’s cognitive ability is estimated to fall in the average range compared to same aged peers.

Strengths:

Strengths were noted in Bxxxx’s general memory (WRAML-2), Visual-Motor Skills, and Visual Perceptual Skills. Academically, Bxxxx is performing at grade level standards in most areas. Adaptively, Bxxxx is able to take care of his personal needs (eating, dressing, hygiene). He knows what city, state, and street he lives on. He is able to look up directions and draw detailed maps of places and streets in his neighborhood.

Areas of Concerns:

Bxxxx appears to exhibit several social/emotional difficulties (anxiety, nervousness,) that impact Bxxxx’s school and home life. Academically, Bxxxx has relative weaknesses in the areas of writing and reading comprehension. Moreover, Bxxxx continues to exhibit several autistic-like behaviors:

- Per Parent interview, “a lot of the time appears to be in his own world. He does not seem very interested making friends. He usually plays alone and does not show interest in participating in groups or making friends.”
- Scores from the Gilliam Autism Rating Scale indicate the probability of autism to be in the Very Likely Range. Diagnostic counts were met for Autistic Disorder (T = 90) and Asperger’s Disorder (T =90).
- Per parent and school reports, Bxxxx has a very difficult time adapting to changes in his daily routines and environment.
- Results from the CARS-2 show symptoms of Mild to Moderate Autism Spectrum Disorder.
- Per parent CBRS questionnaire, the following areas were rated as Clinically Significant: Emotional Distress, Worrying, Social Problems, Language, Hyperactivity, Separation Fears, Academic Difficulties, Language, Separation Fears, Perfectionist and Violence Potential Indicator.
- Scores from the DP-3 rate indicate that Bxxxx’s overall adaptive skills are in the low range when compare to same-aged peers.
• Per BASC questionnaires, the following areas were found to be in the “Clinically Significant” range: Depression, A-typicality, Withdrawal, Adaptability, Social Skill, Activities Of Daily Living, Locus of Control, and Functional Communication

Impact of Disability:
Based on this report’s findings, Bxxxx meets criteria for placement in special education under the category of autistic like behaviors. Bxxxx requires special education services to access the general curriculum. The IEP team should address social/emotional concerns indicated in this report in a general education or special education setting (see determination of eligibility page for more information).

DETERMINING ELIGIBILITY (AUT):
The results of this psycho-educational assessment indicate that Bxxxx meets the criteria for placement in special education under the category of autistic-like behaviors. This recommendation was made because Bxxxx did not meet following federal guidelines:

1. A written report from a school psychologist that includes all existing information related to any autistic-like behaviors exhibited by the student.
   - Results from the GARS-2 rated Bxxxx’s behavior in the Very Likely Range;
   - Results from the CARS-2 show symptoms of Mild to Moderate Autism Spectrum Disorder.

2. Two or more of the following autistic-like behaviors were documented in the above written reports:
   - Inability to use verbal and nonverbal language for appropriate communication and social interaction.
     - A history of withdrawal or relating to people inappropriately and continued impairment in social interaction form infancy through early childhood
     - An obsession to maintain sameness such as resistance to environmental change or change in daily routines.
   - Extreme preoccupation with objects or inappropriate use of objects or both.
   - Extreme resistance to controls.
   - Display peculiar motorist mannerism and mobility patterns such as repetitive activities and stereotyped movements.
RECOMMENDATIONS:
1. Refer to the IEP team for appropriate eligibility and program placement.
2. Shortened assignments.
3. Allow extra time for completion of assignments and tests.
4. Provide a study area free from distractions.
5. Continue preferential seating near the front of the classroom.
6. Periodically check with Bxxxx to maintain or initiate eye contact with teacher in the classroom.
7. Acknowledge Bxxxx’s academic and behavioral successes.

Emmanuel Sibrian-Rivera M.A ED.s P.P.S. LEP
Bilingual School Psychologist
Children’s First Psychological Services NPA #1A-19-490