
CONFIDENTIAL NEUROPSYCHOLOGICAL EVALUATION

Child's Name: Desire Wilson (Not Her Real Name)
Grade: Starting Tenth Grade

Date of Birth: XX/XX/20XX
Date of Testing: XX/XX/20XX

SUMMARY AND IMPRESSIONS

Desire is a 15 year-old girl with a complex and traumatic psychosocial history. Desire's grandmother requested this evaluation because Desire is experiencing severe challenges with emotional regulation and attachment to others. Her grandmother worries Desire's "past trauma is causing the effects we are seeing now." Desire's recent history includes serious legal difficulties, school suspensions, and substance abuse. She is currently on probation. Last year, she was expelled from her high school due to posing a significant risk to the educational process. Desire is also having a hard time keeping friendships. She is aggressive and defiant at home, at school, and in the community. Desire is also aggressive towards herself. She has had two hospitalizations for self-harm. Desire is currently in therapy, but she is not receiving specific, trauma-informed treatment. The results of this evaluation show Desire's difficulties are directly related to her traumatic upbringing. Desire's full profile of strengths and weaknesses is described in more detail in the following paragraphs.

Diagnoses

- ICD 10 Code F94.1: Reactive Attachment Disorder
- At risk for Attention-Deficit/Hyperactivity Disorder

Cognitive and Academic Strengths

Desire's verbal problem-solving skills are right "on target" for her age. She has good ability to define vocabulary words and answer factual questions. That means Desire should be able to keep pace with her peers on a wide variety of verbal tasks. Desire can also complete tasks as quickly as other students her age. She also has a good short-term memory. That means she can keep information in mind while using that info to complete a task.

Desire's language skills are also developing nicely. She can understand others and express her ideas. Desire also has solid phonological awareness skills and rapid naming skills. These are foundational academic skills that help students read. Desire's memory for verbal information, like a list or a story, is also solid. Looking at all these scores together, we can see that Desire is a **verbal learner**. She best takes in information through listening or talking about a subject. Like other verbal learners, Desire does best on tasks that are familiar to her. Her grandmother and teachers say she is most successful with clear, step-by-step instructions. Desire also does well on tasks that are literal and logical.

Desire's overall problem-solving skills are at the upper end of the low average range (WAIS-IV Full Scale IQ = 89, 23rd percentile). Her academic skills generally average to low average for her grade level. This is consistent with her problem-solving skills. That means that Desire probably does not have a learning disorder. However, Desire does do best in subjects that interest her, like creative writing. Her writing skills are at grade level. Her basic reading, spelling, reading comprehension, and math skills are low average.

Cognitive and Academic Vulnerabilities

Desire's nonverbal problem-solving skills are not as strong as her verbal problem-solving skills. She has more difficulty solving puzzles and hands-on problems. Desire's hand-eye coordination is also low average for her age. Desire may appreciate more support on visual, hands-on, or open-ended tasks. She may want more support and practice when a task is focused on the "big picture." Desire will also do best when she has more time to get used to a new task or situation.

Desire's ability to remember pictures is not as strong as her memory for lists and stories. This pattern of stronger verbal than nonverbal memory fits with her profile as a verbal learner. Desire does best with multiple

presentations of material to solidify her learning. However, once Desire has learned a new piece of information, she can hold on to it over the long term.

We call the skills students use to plan and organize their thoughts, feelings, and behaviors **executive functions**. Desire struggles with multiple executive functions. She has some good executive functions she can rely on, like her solid short-term memory and processing speed. However, based on her grandmother's ratings and her test results, Desire struggles with:

- **Sustained Attention:** Concentrating during long or less engaging tasks
- **Selective Attention:** Focusing on the most important information and ignoring distractions
- **Impulse Control:** Thinking carefully before choosing an option or acting
- **Planning and Organization:** Working through multistep tasks and organizing her ideas and belongings
- **Self-Monitoring:** Noticing if she has made an error and following through on tasks
- **Shifting:** Adjusting to changing circumstances or new info

Desire's significant executive functioning difficulties affect her ability to reach her goals. Her scores could mean she has an attentional disorder like ADHD. However, there are many other reasons a student might have executive functioning problems. Some of the most common are trauma, mood disorders, sleep disorders, and active substance use. All of these are concerns for Desire.

Emotional and Behavioral Profile

Desire's personal strengths are her outgoing demeanor, her lively personality, and her bravery. She also does not have many symptoms of anxiety or depression right now. However, Desire is struggling with several trauma-related behavioral problems. These are limiting her ability to form positive relationships and reach her goals. Desire's grandmother reported significant concerns about her irritable mood, aggressiveness when upset, and rule-breaking behavior. She is unable to comply with adults, even when those adults are kind and empathic with her. Desire's challenges have had substantial legal and educational implications. These challenges have also threatened her health and safety.

Desire challenges are directly related to her chaotic and traumatic upbringing. Desire's needs were often neglected when she was a young child. Her basic physical and emotional safety were severely jeopardized on multiple occasions. As a result, Desire was not able to form secure attachments to her unstable caregivers. This has deeply affected Desire's view of herself and others. Her lack of safety during this critical time still affects her ability to regulate herself and her relationships.

Because of her traumatic upbringing, Desire learned to devalue and mistrust others. She suspects others of hostile intentions. She is always on the lookout for abuse. While she is superficially friendly and may even go above and beyond to try to curry favor, she does not trust others. She does not feel safe enough to form secure, rewarding relationships with other people. As a result, she is edgily defensive. She is quick to feel she must protect herself from mistreatment. She loses her temper quickly with others. She also often misinterprets others' actions because she assumes they are going to be hostile and frightening to her.

Because she did not have safe relationships with trustworthy caregivers as a young child, Desire does not see herself as needing to be trustworthy. She feels that following rules means submitting to others' authority. She worries that submission will lead inevitably to her being hurt, disappointed, or taken advantage of by others. To keep herself safe from the mistreatment she expects, she acts to limit others' control over her. She does this through rebellious or defiant actions that push others away. She even seems to completely disregard other people when she is very stressed. While she is likely to present a strong, carefree façade, deep down, Desire is worried others will find out how insecure and scared she really is. This reflects her lack of basic safety and feelings of trust in others.

Diagnostic Impressions

Desire's early childhood trauma deeply impacted her ability to regulate herself and her relationships. Her diagnosis is **Reactive Attachment Disorder (RAD)**. Reactive attachment disorder occurs when a child is not able to form a secure attachment to a primary caregiver before the age of 5. During those early years, Desire's basic needs for food, safety, a stable living situation, emotional warmth, trust, and nurturing were not met. This caused her to be unable to form a secure sense of herself. This trauma also prevented her from learning that other people are basically good and trustworthy.

Because Desire was not able to trust adults to take care of her, she learned to care for herself. She did this by always looking out for her own needs and learning not to care about others' needs. She learned several savvy but aggressive methods for keeping herself safe and getting her needs met. These including lying, manipulating others, stealing, impulsivity, aggression, or controlling behaviors. Like other children with RAD, Desire has also learned how to use superficial charm and charisma to get what she needs. When she was younger, these behaviors were the only way Desire could get the food, safety, control, and attention she needed.

As Desire has grown older, the coping mechanisms she had to develop when she was small are no longer helping her. Her behaviors are now preventing her from forming close, nurturing relationships with the adults and peers who want to get to know her. Because of her upbringing, Desire struggles with showing empathy and trust in relationships. Those who try to get to know her say she seem to lack remorse and compassion for them. They are concerned she struggles with personal responsibility. They are worried that she is continuing to use the aggressive and manipulative behaviors she learned as child. Desire's treatment team is especially worried that her behaviors are causing legal problems, school trouble, and problems with authority. They are also concerned she is struggling with addictive behavior like substance abuse. For her part, Desire often feels frustrated and misinterpreted. She resents what she feels is others trying to control her.

Adolescents with RAD are often misunderstood. Many adults underestimate the devastating impact that early trauma has on the brain. Adults also underestimate the lifelong impact early trauma has on a child's ability to form relationships. Because of this, adolescents with RAD are often misdiagnosed as having a behavior problem. Their needs for attachment-based, trauma-informed treatment can be more difficult to see.

Adolescents with RAD can also be misdiagnosed as having a learning disorder or ADHD. This issue is complicated, as adolescents with RAD often have other challenges. Based on her current test results, I am concerned about the possibility of ADHD for Desire. I would like her to be carefully monitored for this as she matures. I also want to make sure that the Desire's school staff understand her problem-solving profile. This will make sure she is challenged at school without being overwhelmed.

Most of all, I want to encourage Desire's grandmother and treatment team to continue to work together to address her attachment needs. Adolescents with RAD are at risk for developing significant coping problems or even a personality disorder as an adult. They are also at risk for a variety of other negative life outcomes stemming from legal difficulties, educational failure, and substance use. Adults with RAD are at high risk for being victimized by others. They are also at risk for feeling chronically stressed, helpless, isolated, and angry. Fully supporting Desire's current needs will hopefully help her overcome or avoid some of these potential risks.

RECOMMENDATIONS

Therapeutic

1. I am concerned that Desire requires a higher level of care to maintain her physical safety and emotional well-being. She needs intensive therapeutic environment that is sensitive to her attachment needs and that can help her develop more adaptive coping skills. While she develops stronger coping skills, it will be essential to keep her physically and emotionally safe, and to prevent physical and emotional harm to herself and others. More specifically, Desire needs to be protected from further legal difficulties, substance use, and educational failure. She also needs to be protected from harming others, harming herself, and being exploited, victimized, or re-traumatized. This will be best accomplished in a residential care facility that can provide the intensive level of

support and safety that she needs. If residential treatment cannot be obtained, a partial hospitalization program or intensive outpatient family and individual support could be considered.

2. In any setting that she is in, Desire requires therapeutic support provided by individuals with training and expertise in working with adolescents with RAD. Treatment for RAD usually involves a combination of individual therapy, environmental modifications, and group therapy. These services in combination will allow her to learn new skill while staying safe. These services will also provide her with clear, safe, constructive feedback from safe and supportive adults and peers that will help her develop better ability to regulate herself and her relationships.
3. Desire is at risk for self-harm and has a history of suicide attempts, self-destructive behavior, and impulsive behavior. A safety plan is therefore essential for her in any setting that she is in. Basic safety planning was discussed with Desire and her grandmother when the results of this evaluation were reviewed on XX/XX/20XX.

Educational/Vocational

4. Desire also needs educational support. Ideally, this would be accomplished through a residential setting with an on-site school. If she remains in the public school setting, she requires an Individualized Education Program (IEP) under the category of Emotional/Behavioral Disorder (EBD). Her school staff need to be fully aware of her emotional and cognitive needs. They also need to be committed to supporting her educational success through positive behavior modification methods rather than use of suspensions, punishments, or expulsions. Desire's profile also suggests she will benefit from support for her verbal learning style and for her executive functioning weaknesses in the classroom.
5. Desire's learning style shows she will be best motivated by immediate external rewards. She will like opportunities to choose a preferred task if she completes an obligation. She will relate best to teachers who take a personal interest in her. She will appreciate praise for the 'style' and grace with which she completed a task. She will also enjoy praise for her social skills. A behavior plan is likely to be most helpful if it specifically helps her understand that being responsible and fulfilling her obligations are ways to gain more freedom.
6. Desire will benefit from vocational support that helps her identify her strengths, interests, and aspirations. Helping her to select and work towards post-secondary options will keep Desire engaged and motivated to participate in her educational and therapeutic programming.

Medical

7. Desire may benefit from medication support for her executive functioning or emotional challenges. Careful consultation with her treatment team will help determine if she would benefit from medication.
8. Ensuring that Desire is not actively using substances will also be an important component of her treatment plan.

Follow Up

9. Desire does not necessarily need repeat evaluation unless her treatment team would like to re-evaluate her attention and executive functioning once she has received more support for her attachment needs. However, I am happy to answer questions about Desire's profile and these recommendations if that would be helpful with treatment planning.

If you have questions, feel free to contact me at (360) 334-6156.



Stephanie Nelson, Ph.D., ABPdN, ABPP-CN
Board Certified Pediatric and Clinical Neuropsychologist

RELEVANT HISTORY

- Past Social History:** Desire lives her grandmother, Brenda Wilson (not her real name), in Washington state. She has some contact with her biological mother, stepfather, and maternal half-siblings (approximate ages 15, 11, 9, 8, and 3) who live in another state. She does not have any current contact with her biological father, who also lives in another state. Both parents have substance abuse addictions and mental health challenges. Ms. Wilson reported Desire had a “really turbulent” upbringing, with multiple changes in living situation, lapses in appropriate care, and exposure to physical, emotional, and sexual abuse. Desire’s records say she lived with her mother until around 20XX, at which time she went to live with her father. Ms. Wilson reported that Desire’s basic needs, emotional needs, and educational needs were especially severely neglected during those 2-3 years. She “wasn’t getting enough food” and “stopped going to school sometimes.” She also had legal issues and substance use problems during that period. Desire attempted suicide in Month 20XX. She was discharged from the hospital into her grandmother’s care later that month.
- Current Social History:** Ms. Wilson reported Desire has had a “stable home” since being placed in her care one year ago. However, Desire continues to struggle with the impacts of her traumatic childhood on her current functioning. Ms. Wilson said Desire can be angry and defiant and has trouble accepting authority. She makes risky decisions and blames others for her difficulties. Desire has also continued to have legal problems and is currently on probation. She has had multiple school suspensions and was withdrawn from high school in Month 20XX due to 30 consecutive days of absence. Desire completed a partial hospitalization program in Month 20XX. She currently sees an individual therapist. Ms. Wilson reported Desire “wants a better life than what she has seen with her parents,” but she is concerned Desire is “making bad decisions.” Ms. Wilson reported Desire is “always in survival mode.” She stated, “I believe she is heartbroken and angry that no one was there for her” during her childhood.
- Family Medical History:** Extended family medical history includes anxiety, depression, schizophrenia, bipolar disorder, some unrelated physical health problems, and substance use.
- Medical History:** Desire was born at 38 weeks gestation weighing 5 pounds 4 ounces following a pregnancy notable for exposure to substances (nicotine, marijuana). Delivery required forceps assist and was complicated by excessive maternal bleeding. Desire met early her developmental motor milestones early. She was on time in meeting her language milestones. Her medical history is notable for appendectomy at age 9 and a broken orbital bone from intimate partner violence last year.
- Current Medical Info:** Current medical concerns include sleep difficulties and possible thyroid problems (medical work up has so far been normal). She has been treated for a sexual-transmitted infection. She wears contacts for vision correction. Desire receives regular pediatric care from her pediatrician. She does not take any prescription medications.
- Treatment History:** Desire is in court-ordered individual therapy. She also meets monthly with her probation officer. Desire’s grandmother reported “we have tried several family counseling, programs through probation.” However, her behaviors are “more elevated now than ever.” Ms. Wilson expressed concern Desire may “need residential care” or other form of “structured help to overcome all of this.”

School History & Services: Desire attended Local High School for half of her freshman year before transitioning to Far Away High School for the remainder of the year. Her school records document multiple suspensions, ultimately resulting in her being withdrawn from Far Away High in Month 2019. Per Ms. Wilson's report, Desire does not receive Special Educations services. She reported, "this year we wanted to do an IEP as Desire has trouble testing and focusing." While she has not had formal services, she has had informal accommodations. Her teachers allow her to turn in work late. She is also able to go to the main office or a quiet room if she feels overwhelmed or agitated.

Learning History: Ms. Wilson described Desire as a capable student. She said "when she shows up and works, Desire does well." However, "the school feels Desire poses 'an immediate threat of substantial disruption of the educational process' because she does not listen or follow direction and pushes back." She also "can't regulate herself and needs impulse control." Ms. Wilson noted astutely that "she feels Desire's behavior is a result of her need to defend herself or other students." Desire "doesn't like to study" and often refuses help from adults. However, she "takes decent notes" and "is an excellent writer." Her grandmother thinks she could catch up with the work she has missed and be able to graduate high school with some support.

Legal History: A review of her legal records shows Desire has had multiple legal difficulties. Her record includes simple assault, fourth degree assault, theft, minor in possession of liquor, minor in possession of marijuana, public intoxication, taking a vehicle without permission, driving a stolen vehicle, and escape from a monitoring bracelet. Desire is currently serving 12 months of probation with possible deferment if the probation is successfully completed. The terms of Desire's probation include community service, letters of apology, drug and alcohol testing, substance use treatment, and a suspended drivers' license.

Social/Friendships: Desire is very outgoing and makes friends easily. However, she struggles with keeping the friendships she makes. She tends to befriend peers by "being nice and doing things others ask whether it is in her best interest or not." She holds high standards for "how others should respond" to her and can become accusing and demanding if she is not treated as well as she believes she deserves. According to her grandmother, Desire's relationships with other girls "don't last for some reason." Desire prefers befriending boys, but her grandmother expressed concern that she "uses her sexuality to get them to like her." With all her peers, Desire "has limited boundaries and does things for instant gratification." She has been involved in physical altercations with peers. She has also been in trouble many times at school and with the legal system for actions taken while with her peers (e.g., drug possession; theft). Nevertheless, Desire is extroverted and loves spending time with peers. She "gravitates towards those she thinks 'need her' or that she relates to."

Strengths & Interests: Desire's grandmother described her as "smart, funny, and very outgoing." She expressed admiration for Desire's resilience and her "street smarts." She also said Desire is good with children and animals and "can be patient" with students who need more time to learn than she does. Desire has participated in volleyball, basketball, softball, and choir. Currently, she loves to dance, listen to music, write poetry and songs, and do hair and makeup.

BEHAVIOR OBSERVATIONS AND INTERVIEW

- Mood & Affect:** Desire came to the evaluation in casual dress and wearing her usual contacts. She looks several years older than her stated age. Desire wears her hair in a bright blue mohawk style and has multiple visible piercings and tattoos. Desire transitioned easily to begin testing. During the first test session, she was in an upbeat mood. She seemed slightly more fatigued during the second test session and reported she had not slept well the night before. Desire and I established rapport early and easily in the assessment process. She enjoyed telling me about her interests in cosmetology and hair braiding. She was witty and animated during this discussion.
- Interview Information:** During an interview, Desire willingly answered questions. She shared eagerly, though her judgment and insight were reduced. She presented as optimistic and relatively unconcerned about her current challenges including her legal difficulties. She said her main priorities are to (1) get a job, (2) get boyfriend who will buy things for her, and (3) go back to school. She said she does not have other major concerns at this time. She reported heavy use of alcohol and marijuana. She said she is not currently suicidal or homicidal, though she acknowledged her past suicide attempt and her frequent physical fights with peers. She endorsed a history of being the victim of intimate partner violence. She also endorsed a history of being the victim of inappropriate sexual behavior from an adult. She did not report any sexual assaults or intimate partner violence that are not documented in her records. She said she is not currently in a relationship that is unsafe. She said she is not currently engaging in any risky behavior. However, she did not appear to be a reliable reporter about this question, as she frequently minimized her role in past situations, or the danger associated with past events she has been involved in. Desire reported she likes her therapist but does not find individual therapy that helpful. She expressed concern that she might have ADHD and "anger issues."
- Social Presentation:** Desire's speech was easy to understand. She did not have any trouble expressing her ideas or understanding what was being said to her. Socially, Desire was friendly. She showed a range of nice social skills, in the context of generally impaired insight into her role in social situations. For example, she was able to make casual conversation and used dynamic facial expressions and gestures. Her eye contact was excellent. She regularly shared information, asked about my feelings and opinions, and responded well to humor.
- Executive Functioning:** Desire's focus, short-term memory, and organization skills were acceptable for testing. She was impulsive, often self-correcting her responses and frequently starting tasks before all instructions were given. Desire displayed a typical level of activity for her age. Her pencil-grip and handwriting seemed normal for her age. Although her long acrylic nails sometimes affected her speed with fine motor tasks, I did not see any major motor problems or unusual motor movements.
- Validity of Test Results:** Desire was very cooperative. She completed all tasks presented to her and appeared motivated to work to the best of her ability. Desire did not appear particularly curious the testing process and what the results might reveal. She was a pleasure to interact with due to her clear enjoyment of the social elements of the test session. She also passed both freestanding and embedded validity tests, suggesting she gave adequate effort and motivation. The test results obtained are believed to be accurate estimates of the level at which Desire is currently functioning.

TEST RESULTS AND INTERPRETATIONS

Cognitive Functioning

Wechsler Adult Intelligence Scale, Fourth Edition

Index	Standard Score	Percentile	Interpretation of Desire's Performance
Verbal Comprehension	93	32	Desire's verbal problem-solving skills are in the average range for her age. She will be able to take in verbal info, use words to compare ideas, and explain what she knows.
Perceptual Reasoning	84	14	Desire's visual-spatial skills are in the low average range for her age. Desire will benefit from modest support when she needs to design, draw, build, and navigate her environment.
Working Memory	92	30	Desire's short-term memory for verbal and visual info is in the average range. She can easily keep info in mind while following directions or performing some task with that info.
Processing Speed	97	45	Desire's processing speed is solidly developed, falling in the average range. When she understands what to do, Desire should be able to complete tasks quickly and efficiently.
Full Scale IQ	89	23	Desire's overall cognitive development is within the broad average range for her age. While she may benefit from mild support on visually-based tasks, she should be able to keep pace with her peers on most other tasks.
Subtest	Scaled Score	Percentile	What the Test Involves
Similarities	9	37	Explaining how 2 words are alike. E.g., flower and tree are both <i>plants</i> .
Vocabulary	9	37	Defining what words mean. E.g., to <i>confess</i> means to <i>tell a secret</i> .
Information	8	25	Answering factual questions, such as "What is the capital of the US?"
Block Design	7	16	Putting together designs using three-dimensional blocks.
Matrix Reasoning	9	37	Determining the next element in a pattern or sequence.
Visual Puzzles	6	9	Solving visual puzzles by seeing how parts relate to an overall whole.
Digit Span	9	37	Repeating strings of numbers forward and backward.
Arithmetic	8	25	Solving mental math problems, e.g., "If you have 5 books and sell 2..."
Coding	12	75	Transcribing symbols using a key, e.g., 5 = ^ and 9 = &.
Symbol Search	7	16	Scanning visual information to quickly find a match.

Executive Functioning

Rey-Osterrieth Complex Figure Drawing Test

Task	Standard Score	Percentile	Interpretation of Desire's Performance
Copy	75	5	Desire approached this task in a piecemeal, disorganized manner. Her below average range score indicates organization and planning weaknesses. She will benefit from more support breaking down complex tasks into steps.

Delis-Kaplan Executive Function System, Verbal Fluency

Measure	Scaled Score	Percentile	Interpretation of Desire's Performance
Letter Fluency	10	50	Desire was able to come up with ideas under pressure on this task. She performed best when the task was structured but was also able to complete the task with less structure. She is likely to be easily able to think of things to say or write about.
Category Fluency	10	50	
Switching	9	37	
Switching Accuracy	8	25	

Delis-Kaplan Executive Function System, Color-Word Identification Test

Measure	Scaled Score	Percentile	Interpretation of Desire's Performance
Color Naming	11	63	Desire was able to name colors and read single words with average to above average speed and accuracy. She performed in the low average range when she needed to inhibit her "automatic" response to complete the task a different way.
Word Reading	12	75	
Inhibition	7	16	
Inhibition/Switching	10	50	

Conners' Continuous Performance Test, Third Edition

Measure	T-Score	Range	Interpretation of Desire's Performance
Detectability (d')	59		Desire found it a bit difficult to sustain her engagement with this computerized attention task over the entire 14 minutes. She showed difficulty with selective attention (trouble paying attention to the important information while "tuning out" distractions). She also had a high rate of errors and random, repetitive, or anticipatory ("too soon") answers. However, Desire processed the info presented at an average rate. She had two atypical scores on this test, which is associated with a moderate risk of an attention problem.
Omissions	61	Elevated	
Commissions	51		
Perseverations	63	Elevated	
Hit Response Time	53		
Hit Response Time SD	52		
Variability	50		
Hit RT Block Change	58		
Hit RT ISI Change	51		

Behavior Rating Inventory of Executive Function, Second Edition (Parent Rating Scale)

Scale	Parent T-Score	Range	Interpretation of Parent Ratings
Inhibit	73	Elevated	Ms. Wilson rated Desire as demonstrating age-appropriate planning and organizational skills on this rating scale. However, she reported mild concerns about Desire's short-term memory, ability to "get started" on tasks, and ability to transition or "shift gears" as needed. She also reported significant concerns about Desire's impulse control and emotional self-control. Ms. Wilson also reported challenges with Desire's ability to follow through on tasks and to notice if she has made a mistake or needs to change her approach to a task.
Self-Monitor	70	Elevated	
Shift	61	At Risk	
Emotional Control	75	Elevated	
Initiate	61	At Risk	
Working Memory	64	At Risk	
Plan/Organize	58		
Task Monitor	65	Elevated	
Org. of Materials	57		

LANGUAGE DEVELOPMENT

Peabody Picture Vocabulary Test, Fifth Edition

Form	Standard Score	Percentile	Interpretation of Desire's Performance
Form B	91	27	Desire's single-word expressive vocabulary fell in the average range. This score and her score on the WAIS-IV verbal subtests suggest her language skills are developing nicely.

LANGUAGE-BASED LEARNING

Comprehensive Test of Phonological Processing, Second Edition

Composites	Standard Score	Percentile	Interpretation of Desire's Performance
Phonological Awareness	92	30	Desire's phonological awareness is in the average range. She can rely on these skills to help her decode and sound out unfamiliar words when reading and spelling.
Phonological Memory	90	25	Desire's short-term memory for brief amounts of info is in the average range. She can immediately repeat back what she hears, which will help her learn new words.
Rapid Naming	98	45	Desire's rapid naming skills are average. Students with solid skills in this area typically develop good reading and writing fluency that helps them complete academic tasks efficiently.

MEMORY AND LEARNING

Child and Adolescent Memory Profile

Index	Standard Score	Percentile	Interpretation of Desire's Performance
Verbal Memory Index	93	32	Desire's overall verbal memory score is in the average range. She can effectively recall info she has heard, whether that info is presented as a story or a list. She can also retain it over time.
Visual Memory Index	84	14	Desire's visual memory is in the low average range and consistent with her WAIS-IV Perceptual Reasoning score. She will benefit from seeing new visual material multiple times.
Immediate Memory	92	30	Desire's immediate recall of info is in the average range overall. She can recall and use info she has just seen or heard about as well as other students her age.
Delayed Memory	97	45	Desire's long-term memory is solidly average for her age. When she has had multiple presentations of material to help her learn it, she can easily recall that info at a later time.
Total Memory	89	23	Desire's overall memory score is at the upper end of the low average range, and at the 23 rd percentile for her age. This is consistent with her overall performance on the WAIS-IV.
Subtest	Scaled Score	Percentile	What the Test Involves
Lists	10	50	Recalling a list of 16 related words read aloud over three trials.
Objects	9	37	Recalling visual objects that are difficult to describe verbally.
Instructions	8	25	Recalling steps from a lengthy list of instructions read aloud.
Places	7	16	Recalling details of places shown in pictures shown briefly.
Lists Delayed	8	25	Remembering the list of words presented during the Lists subtest.
Lists Recognition	13	84	Recognizing list words when given 3 choices (e.g., "was it A, B, or C?").
Objects Delayed	9	37	Remembering the objects presented during the Objects subtest.
Instructions Delayed	9	37	Remembering the instructions presented in the Instructions subtest.
Instructions Recognition	8	25	Recognizing the correct instructions when given 3 choices.
Places Delayed	9	37	Remembering the places presented during the Places subtest.

SENSORY FUNCTIONING/PERCEPTUAL INTEGRATION

Beery-Buktenica Test of Visual Motor Integration, Sixth Edition

Raw Score	Standard Score	Percentile	Interpretation of Desire's Performance
24 out of 30	84	14	Desire's visual-motor integration skills fell in the low average range. She may need extra time and support when completing tasks that require hand-eye coordination.

EMOTIONAL AND BEHAVIORAL FUNCTIONING

Behavior Assessment System for Children, Third Edition

Scale	Parent T-Score	Range	Interpretation of Parent Ratings
Hyperactivity	62	At Risk	Ms. Wilson did not report many concerns about Desire's mood or anxiety level on this questionnaire. She also reported that
Aggression	68	At Risk	
Conduct Problems	70	Elevated	Desire is usually outgoing and has good social skills. However, Ms. Wilson expressed moderate concerns about Desire's activity level, impulse control, and attention. Her ratings suggest Desire has more difficulties in these areas of self-control than about 90% of girls her age. Ms. Wilson also reported significant concerns related to irritable mood and aggressive behavior for Desire in her everyday life.
Anxiety	54		
Depression	54		
Somatization	61	At Risk	
Atypicality	48		
Withdrawal	49		
Attention Problems	61	At Risk	

Millon Adolescent Clinical Inventory, Fourth Edition

Modifying Indices	BR Score	Range	Interpretation of Desire's Self-Ratings
Disclosure	44	Average	Desire's scores on these scales show she was able to complete this questionnaire with a reasonable level of openness and self-awareness. Her scores are valid and interpretable.
Desirability	67	Average	
Debasement	41	Average	
Personality Patterns	BR Score	Range	Interpretation of Desire's Self-Ratings
1	30		When others first meet Desire, they are likely to see her as friendly, gregarious, and easygoing. Peers may be drawn to her due to her dramatic behavior, interest in excitement, and willingness to flout convention. However, over time, this positive first impression may fade. Desire struggles with a deep-seated, edgy defensiveness, and is likely quick to lose her temper. She attributes hostile motives to others, and can misinterpret others' actions to fit in with her worldview. She may not have developed secure enough relationships with her family of origin to understand the idea of trust and mutually-beneficial relationships. This means she does not see herself as needing to behave in a trustworthy way with others. Desire is also worried others will try to control her, or find out how insecure she actually feels. As such, she may behave in ways that are rebellious, defiant, and which seem to disregard other people, especially when she is stressed. She may seem less irritable and defiant when things go well.
2A	20		
2B	34		
3	46		
4	71	Mildly High	
5	73	Mildly High	
6A	73	Mildly High	
6B	41		
7	54		
8A	65		
8B	34		
9	20		
Other Scales of Note	BR Score	Range	
Social Insensitivity	75	Mildly High	
Family Discord	88	High	
Delinquent Predisposition	75	Mildly High	

Trauma Symptom Checklist for Children, Adolescent

Scale	T-Score	Range	Interpretation of Desire's Self-Ratings
Under-response	57		Desire reported few overt concerns related to trauma on this self-report questionnaire. Her response pattern suggests she did not overly endorse or under-report her current concerns. On the clinical scales, her scores were within the average range for her age for symptoms of anxiety, depression, and angry mood. She also did not report specific or impairing symptoms of PTSD or dissociation.
Hyper-response	46	(All Scores	
Anxiety	39		
Depression	39	In Average Range)	
Anger	46		
PTSD Symptoms	47		
Dissociation	47		

EDUCATIONAL TESTING

Wide Range Achievement Test, Fifth Edition

Subtest	Standard Score	Percentile	Interpretation of Desire's Performance
Word Reading	83	13	Desire's ability to read single words fell in the low average range for her grade level. This is consistent with her cognitive and memory scores.
Math Computation	82	12	Desire's ability to solve untimed math problems fell in the low average range for her grade level. This is consistent with her scores on cognitive and memory tests.
Spelling	90	25	Desire's ability to spell single words fell in the average range for her grade level. This is consistent with her scores on cognitive and memory tests.
Sentence Comprehension	87	19	Desire's ability to comprehend sentences fell in the low average range for her grade level. This is consistent with her performance on cognitive and memory tests.