



Stephanie Nelson, Ph.D.
Neuropsychological Evaluations

Board Certified Clinical Neuropsychologist
Board Certified Pediatric Neuropsychologist
2800 E. Madison Street, Suite 304
Seattle WA 98112
Phone: (425) 628-5758
Fax: (425) 242-5121
info@drstephanienelson.com

CONFIDENTIAL NEUROPSYCHOLOGICAL EVALUATION

Child's Name: Jane (Not Her Real Name) Doe
Grade/School: 5; Local Private School

Date of Birth: XX/XX/2007
Date of Testing: XX/XX/2018

SUMMARY AND IMPRESSIONS

Jane is an 11 year-old girl who is experiencing considerable anxiety and emotional distress, for which she is receiving some support in her local community. As the family is planning to relocate to the LOCAL CITY area later this year, this evaluation was requested to assist with treatment planning and educational placement in this area. Jane's test results are consistent with moderate to severe emotional challenges that are substantially impacting her functioning at home, at school, and with friends, and that require ongoing, intensive intervention to help her feel calmer, more comfortable, and more confident. The diagnoses below were provided based on Jane's profile of neurocognitive, academic, emotional, social, and behavioral strengths and weaknesses, which is described in more detail in the following paragraphs.

Diagnoses:

- **Obsessive-Compulsive Disorder (OCD)**, moderate to severe
- **Generalized Anxiety Disorder (GAD)**, with features of separation anxiety and panic disorder, severe
- **Major Depressive Disorder (Depression)**, moderate to severe

Neurocognitive and Academic Test Results

Jane's cognitive development is right "on target" for her age. Her verbal, nonverbal, and visual-spatial problem-solving skills are all solidly average for her age. This means Jane has the resources she needs to be able to keep pace with her peers on a wide variety of cognitive and problem-solving tasks. Jane also demonstrated generally age-appropriate executive functioning skills during this evaluation. Executive functions are the skills students use to plan and organize their thoughts, feelings, and behaviors in order to set and reach goals. Jane's "stand out" executive functioning strength is her short-term memory, which is in the superior range and at the 95th percentile for her age. Her basic processing speed, ability to generate ideas, organization, planning, and ability to quickly "pull up" material she knows well are all average for her age. There are also no major concerns about Jane's language development, memory, sensorimotor skills, or social processing skills based on her test results.

Jane is generally performing above grade level in all academic areas. During a comprehensive assessment of her academic achievement, she performed at the high end of the average range in reading, and in the high average range for mathematics and written language. She also showed above average to superior-range language-based learning skills, such as phonological processing and phonological memory. There are no concerns about a learning disability based on these scores. When considered altogether, these scores suggest that Jane is developing solid problem-solving, learning, and academic skills as she develops. The challenges that she is currently experiencing at school and at home are most likely related to the high level of anxiety that she is experiencing, rather than due to an underlying information processing or learning problem.

Although Jane has many cognitive and academic strengths, she demonstrated a few areas of vulnerability during this evaluation that will be helpful to consider when designing an educational environment to best meet her needs. In particular, Jane had some difficulty balancing speed and accuracy while working on her own, and either rushed through tasks, or completed them at a more accurate but much slower pace. Parent ratings also indicated she can sometimes rush through tasks at home. Jane also tends to become internally distracted by her own thoughts, and her worries and sadness use up a lot of her "mental energy." This can leave her looking inattentive, forgetful, or unmotivated at times. Jane also often had difficulty handling novelty, such as a task she had never seen before. She also frequently over-focused on the details of a task, often at the expense of the larger "big picture." Parent ratings also identified challenges with getting started on tasks, "shifting gears", and controlling her emotions when frustrated.

Emotional and Behavioral Test Results

Jane is experiencing extremely high levels of negative emotionality. Parent ratings indicated very high levels of anxiety, withdrawal from difficult or challenging situations, and physical complaints associated with anxiety and depression. Jane's parents her as experiencing more concerns in all of these areas than 99% of girls her age. Jane's self-report was consistent with parent report. She reported **extremely high and very concerning levels of emotional distress**, including features of depression, separation anxiety, generalization anxiety, obsessions and compulsions, panic, and physical symptoms associated with anxiety and depression. Consistent with her parents report, Jane's self-ratings placed her above the 99th percentile for girls her age for symptoms of anxiety, depression, and OCD. This level of emotional and behavioral distress is consistent with diagnoses of moderate to severe anxiety and depressive disorders. It is common for children to experience one or more anxiety disorders and depression at the same time. While current Jane's emotional symptoms are certainly leading to irritable mood, contributing to lapses in her attention and motivation, and affecting her friendships, her test results show she does not meet criteria for any behavioral, attentional, or social disorders at this time.

Potential Impact of Profile

An awareness of how students with anxiety disorders often process information may be very helpful in designing instructional strategies that will best support Jane's learning. Students with anxiety tend to be detail-focused learners who sometimes struggle with more "big picture" thinking. Although these students often have a strong memory for facts and details, they may struggle to show this on tests or when put "on the spot," because of feelings of their "mind going blank," or excessive anxiety about getting the answer correct. These students typically experience fluctuations in their concentration, short-term memory, and mental energy due to the impact of worrying on their cognitive reserves, because worrying uses up a lot of "cognitive energy." These fluctuations can look like attention problems, impulsivity, forgetfulness, or a lack of persistence on challenging tasks. These students also often need a lot of reassurance, and often prefer the security of having adult assistance even if they could work through a task on their own. They are also often very sensitive to feedback that they have made a mistake. As a result, they benefit from a nurturing yet encouraging approach that simultaneously supports their needs while also gently challenging them to build their resiliency and independence.

How To Best Support Jane

Jane requires ongoing, intensive support for her anxiety and depression. In particular, psychopharmacological options to reduce her distress, coupled with ongoing participation in intensive **cognitive-behavioral therapy** with a robust family component, is strongly recommended for Jane. Cognitive-behavioral therapy is a specific series of science-backed techniques designed to address the anxious thoughts (or *cognitions*, like worrying and rumination) and anxiety-driven behaviors (e.g., avoiding anxiety-provoking situations, or trying to do tasks perfectly) that children with an anxiety disorder experience. In addition to directly tackling her anxiety, this therapy can also help reduce Jane's depression while building her emotional resilience and self-confidence, so that she can feel comfortable and capable meeting her everyday responsibilities. Given her good verbal skills, cooperative demeanor, and high level of motivation, Jane is highly likely to make good progress in therapy.

In addition to addressing her anxiety and depression directly, Jane will benefit from supports at home and at school that nurture her well-being and that foster her strengths while she is receiving treatment. In particular, she is likely to benefit from reasonable accommodations in the school setting, such as extended time and a reduced work load (that is, reducing the quantity, but not quality, of work she is asked to produce). Jane will also do best on tasks when time pressures are eliminated and distractions are reduced, as children with anxiety disorders are hypervigilant to anything that could prompt anxiety, resulting in them being distracted by any unexpected noise or sensation as well as their own anxious thoughts. Jane may find supports that reduce demands on her short-term memory (such as a list she can refer back to) and that reduce demands on her rapid naming speed (such as a 'word bank' on tests or a formula bank to use during math homework) especially supportive, as these are often areas of potential stress for students with anxiety. Jane will also continue to benefit from gentle teacher encouragement for her persistence and self-esteem, as well as an environment in which her diligence, cheerfulness, work ethic, and social skills are appreciated. Having a "contact person" at school or regular check-ins with the school counselor is also recommended. It will be crucial for her family and school staff to continue communicating closely, as children with Jane's profile can sometimes "hold it together" at school, but arrive home exhausted and with few cognitive or emotional resources left to complete work or fulfill their other responsibilities at home.

RECOMMENDATIONS

Medical

1. Consultation with psychiatry services assessing other **possible medication options** for Jane is strongly recommended given her current profile.

Therapeutic

2. Jane's test results strongly suggest that she requires **more intensive therapeutic support** than she is currently receiving for her emotional difficulties. Consideration of an intensive outpatient or inpatient treatment program, and/or a combination of individual clinic-based therapy with a family component and home-based therapy is recommended. In advance of their anticipated move to LOCAL CITY, Jane's family is encouraged to contact the LOCAL HOSPITAL Mood and Anxiety Disorders Program, to discuss options, including potential participation in the Obsessive-Compulsive Disorders Intensive Outpatient Program (this program requires a referral from Jane's primary care provider). If a combination of clinic-based and home-based therapy is a better fit for Jane's and her family's needs at this time, her family is encouraged to contact LOCAL THERAPY GROUP (www.website.com) to discuss treatment options there.

Educational:

3. In the school setting in the LOCAL CITY area, Jane will benefit from **services provided through an Individualized Education Program (IEP)** under the category of Emotional/Behavioral Disorder (EBD). In particular, Jane is likely to require specific modifications to her school day due to her emotional needs, such as a modified school day to allow her the time she needs to participate in intensive psychological therapy. Careful coordination between her treatment providers and school staff is also strongly recommended to ensure consistency across settings.
4. In the classroom, Jane is likely to benefit from **accommodations** such as: extended time to complete assignments, a modified workload given the impact her anxiety and depression are currently having on her level of "mental energy", preferential seating away from potential distractions, teacher assistance with new tasks, and check-ins with a counselor or other school staff person with whom she has a warm relationship about her emotional status and social relationships. Additional strategies for supporting her anxious temperament at home and at school are included as an appendix to this report.

Resources

5. Handouts on Anxiety and Depression in Children and Adolescents are also included with this report. These handouts include information about how anxiety and depression often affect students, as well as treatment options, frequently asked questions, and resources like useful books and websites.
6. Excellent resources related to anxiety and depression include:
 - *Freeing Your Child from Anxiety: Powerful, Practical Solutions to Overcome Your Child's Fears, Worries, and Phobias* by Tamar E. Chansky, Ph.D.
 - *Helping Your Anxious Child: A Step-by-Step Guide for Parents* by Ronald M. Rapee, Ph.D., Ann Wignall, D.Psych., Susan H. Spence, Ph.D., Vanessa Cobham, Ph.D. and Heidi Lyneham, Ph.D.
 - *What to Do When You Worry Too Much: A Kid's Guide to Overcoming Anxiety* by Dawn Huebner, Ph.D.
 - Anxiety Disorders Association of America: <http://www.adaa.org>

Follow-Up

7. Re-evaluation in approximately 1 year is also recommended to monitor Jane's processing skills as she receives support for her emotional needs.

If you have questions, feel free to contact me at (425) 628-5758.



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

RELEVANT HISTORY

Family Living Situation: Jane was born in COUNTRY A. Her family moved to COUNTRY B when she was X months old and lived there until she was Y years old. Her family then lived in COUNTRY C for one year, and she went to preschool in that country. Jane and her family then moved to LOCAL CITY, where they lived until she was about 9. Jane attended kindergarten through third grade in the local area. Jane, her mother, and her sister then moved back to COUNTRY A; Jane attended a community school for fourth grade, and currently attends a private school for fifth grade. Ms. Doe reported that she and her daughters live in a condo close to Jane's new school during the week, and on the weekends they stay at their home near her old school. Jane's father lives in LOCAL CITY, travelling back to see the family as often as his job allows, generally about 15 days a month. While Jane's parents hoped that the move to COUNTRY A would be helpful for her, especially given that they have family in the area with whom she is very close, they reported "since the move to COUNTRY A 1.5 years ago, Jane has changed. She has developed a lot more anxiety and she is not happy. She cries and worries all the time." The family will be moving back to LOCAL CITY over the coming months and are in the process of setting up the appropriate local resources and supports for Jane in advance of this move. Although Jane's mother is bilingual (Farsi/English), Jane's primary language is English and the family speaks English at home.

Birth and Developmental History: Jane was born at 37 weeks gestation weighing 8 pounds following an uncomplicated pregnancy and an uncomplicated, planned C-section delivery. She experienced mild jaundice that resolved spontaneously. As an infant, she was affectionate and cuddly. She met her developmental milestones early or on-time.

Medical History, Family Medical History, and Current Medical Concerns: Jane's medical history is notable only for appendix removal in 20XX and mild eczema related to dairy intolerance. Family medical history includes autoimmune disorder, diabetes, anxiety, and depression. Current medical concerns include seasonal allergies, stomachaches, difficulty sleeping, and appetite problems.

Treatment History: Jane previously participated in cognitive behavioral therapy to address her anxiety from MONTH 20XX-MONTH 20XX. She was diagnosed with multiple anxiety disorders by a psychiatrist at Local Hospital in COUNTRY A in December 20XX. Jane resumed CBT in MONTH 20XX (4 sessions with one therapist; currently scheduled to begin a 12 week session with a registered nurse who is trained in CBT). A trial of antidepressant medication (fluoxetine) was discontinued after X days due to increased suicidal ideation. She does not currently take any medications.

CURRENT INFORMATION

Current Concerns: Jane's parents reported that the primary concerns at this time are her anxiety and OCD symptoms. They reported her anxiety is affecting her daily routine, stating "it is impossible for her to get up and get dressed for school. She has a difficult time eating food. She says if she eats it, the food will be gone and it will not be the same again." Jane also "constantly touches things when she leaves a room, so she feels that she is taking a piece of it with her. She wants everything to stay the same." Overall, her parents are concerned "she cannot cope with the changes in her life."

School/Learning History: As noted above, Jane attended kindergarten through third grade in LOCAL CITY and attended a community school in COUNTRY A for fourth grade. She is currently in the fifth grade at The Local Private School. Her parents rated her as performing above grade level in reading, spelling, and writing mechanics, and at grade level in written expression, math, science, and history. They rated her as below average for her age in foreign language, organization, and motivation. They reported that she needs

adult support to complete homework (“I have to sit next to Jane in order for her to get her homework done. She is capable of doing most of her work but she needs me there for support”). Similarly, “Jane’s teachers believe she can do the work” but “her anxiety is crippling her at school.” Jane “cries a lot at school” and has to call home three times a day for check-ins with her parents (she is working on reducing the number of calls home she makes each day). At school, she particularly worries that “something bad” is going to happen to her mother.

Social/Friendships: Jane wants to engage with others, but her anxiety is also affecting her socially. She has difficulty making and keeping friends, and isolates herself from others. “She feels people are looking at her differently.” Jane does best when playing with other children one-on-one, and “does not like to play in a group.”

Emotional-Behavioral: In addition to her significant anxiety and OCD symptoms, her parents reported the following concerns: depression/sadness, low self-esteem, loneliness, social withdrawal, reduced coping skills, challenges being independent, problems with emotional/behavioral flexibility, lowered frustration tolerance, meltdowns when upset, problems with transitions, and forgetfulness.

Strengths and Interests: Jane’s parents described her as “caring and loving.” She is skilled with a computer and loves “figuring out electronic gadgets.” She also loves musical theatre, and participates in sports (volleyball; parkour). She also enjoys yoga.

EVALUATION PROCEDURES

- Direct Testing:**
- Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V)
 - Conners’ Continuous Performance Test, Third Edition (CCPT-3)
 - NEPSY Developmental Neuropsychological Assessment, Second Ed (NEPSY-II)
 - Rey-Osterrieth Complex Figure Test (Rey-O)
 - Boston Naming Test (BNT)
 - Children’s Auditory Verbal Learning Test, Second Edition (CAVLT-2)
 - Grooved Pegboard
 - Hooper Visual Organization Test (Hooper)
 - Beery-Buktenica Developmental Test of Visual-Motor Integration (VMI)
- Parent Report Questionnaires:**
- Behavior Rating of Executive Function, Second Edition (BRIEF-2)
 - Behavior Assessment System for Children, Third Edition (BASC-3)
- Self-Report Questionnaires:**
- Child Depression Inventory, Second Edition (CDI-2)
 - Multidimensional Anxiety Scale for Children, Second Edition (MASC-2)
 - Children’s Measure of OCD Symptoms (CMOCS)
- Educational Testing:**
- Woodcock-Johnson Tests of Achievement, Fourth Edition (WJ-IV)

BEHAVIOR OBSERVATIONS

Behavioral Observations of Note: Jane was polite and very cooperative, but presented as highly anxious throughout testing. She engaged in excessive reassurance seeking, repetitive (obsessive) behavior such as double-checking, and expressed worries and self-doubt. She tended to focus on the details of tasks and often missed the “big picture.” She often rushed through tasks, or worked at a more accurate but much slower pace. New and unfamiliar tasks were clearly very uncomfortable for her.

Validity of Test Results: While Jane was a pleasure to interact with one-on-one, her anxiety, low self-confidence, and difficulty handling novelty all impacted her performance. That means some of the test results may underestimate her true *abilities*. However, as her parents report similar difficulties in other settings, the test results are likely accurate estimates of the level at which she is currently comfortable *functioning*.

TEST RESULTS AND INTERPRETATIONS

COGNITIVE FUNCTIONING

Wechsler Intelligence Scale for Children, Fifth Edition

Index	Standard Score	Percentile	Interpretation of Jane's Performance
Verbal Comprehension	106	66	Jane's verbal problem-solving skills are average for her age. She is able to effectively take in verbal info, use words to compare & contrast ideas, and explain what she knows about a subject.
Visual Spatial	97	42	Jane's visual-spatial skills are also average for her age. These skills will help her design, draw, build, solve puzzles, and navigate her environment.
Fluid Reasoning	103	58	Jane's abstract nonverbal reasoning skills are average for her age. These skills will allow her to keep pace with her peers when asked to think about patterns, sequences, and quantities.
Working Memory	125	95	Jane's short-term memory for verbal and visual information is in the superior range. This is an area of strength for her. As working memory strongly predicts academic achievement, her strength in this area is likely to help her do well in school.
Processing Speed	95	37	Jane's processing speed is solidly developed, falling in the average for her age. When she understands what to do, Jane should be able to complete tasks quickly and efficiently.
Full Scale IQ	103	58	This is a measure of overall cognitive development. Jane's cognitive development is right "on target" for her age. She can keep pace with her peers on a wide range of tasks.
Supplemental Index	Standard Score	Percentile	Interpretation of Jane's Performance
Verbal Expanded Crystallized Index	106	61	This measure provides a more comprehensive estimate of verbal problem-solving skills, as it includes 4 subtests instead of just 2. Jane's score on this index was the same as her score on the Verbal Comprehension index; both are solidly average for her age and indicate nice verbal cognitive skills.
Nonverbal	109	73	This measure combines scores on the visual spatial and fluid reasoning subtests, as well as scores on the nonverbal working memory and processing speed subtests. Jane's overall nonverbal skills are at the high end of the average range.
Naming Speed	98	45	Jane was able to name numbers and letters and count quantities (naming how many blue squares she saw) just as quickly as most students her age. Her naming speed is average.
Cognitive Proficiency	113	81	This is a measure of how quickly and efficiently Jane can complete routine tasks where she knows what is expected of her. Jane's strong working memory and average processing speed will help her work through familiar tasks efficiently.
General Abilities Index	101	53	This WISC-V supplemental score can be used instead of the Full Scale IQ score as an estimate of overall development. For some children, there is a lot of difference between the Full Scale IQ score and the General Abilities Index. Jane's scores are about the same, so it makes sense to use the Full Scale IQ score.

WISC-V Continued:

Subtest	Scaled Score	Percentile	What the Test Involves
Similarities	10	50	Explaining how 2 words are alike. E.g., flower and tree are both <i>plants</i> .
Vocabulary	12	75	Defining what words mean. E.g., to <i>confess</i> means to <i>tell a secret</i> .
Information	9	37	Answering factual questions, such as “What is the capital of the US?”
Comprehension	14	91	Reasoning through why people do things, like why we say “Thank you”.
Block Design	8	25	Putting together designs using three-dimensional blocks.
Visual Puzzles	11	63	Solving visual puzzles by seeing how parts relate to an overall whole.
Matrix Reasoning	11	63	Determining the next element in a pattern or sequence.
Figure Weights	10	50	Solving visual analogies using colors and shapes.
Digit Span	12	75	Repeating strings of numbers forward and backward.
Picture Span	17	99	Remembering sequences of pictures.
Coding	10	50	Transcribing symbols using a key, e.g., 5 = ^ and 9 = &.
Symbol Search	8	25	Scanning visual information to quickly find a match.

EXECUTIVE FUNCTIONING

Conners’ Continuous Performance Test, Third Edition

Measure	T-Score	Range	Interpretation of Jane’s Performance
Detectability (d’)	53	Average	Compared to other children her age, Jane made more random, repetitive, or anticipatory errors, and displayed more variability in response speed. These scores suggest she struggled with paying attention and was often internally distracted by her own thoughts. Her scores also suggest a tendency to “rush through” work, indicating challenges balancing speed and accuracy while working. Her overall pattern indicates paying attention and working at a steady pace are hard for her, perhaps because her own thoughts consume much of her mental energy.
Omissions	49	Average	
Commissions	49	Average	
Perseverations	63	High	
Hit Response Time	54	Average	
Hit Response Time SD	53	Average	
Variability	70	Very High	
Hit RT Block Change	44	Average	
Hit RT ISI Change	59	Average	

NEPSY, Second Edition

Subtest	Scaled Score	Percentile	Interpretation of Jane’s Performance
Naming Time	9	37	Jane’s performance indicates that she was able to name the objects about as quickly as other children, but with many impulsive errors. Her combined scores for speed <u>and</u> accuracy was low average to well below average range due to her errors. This is consistent with her performance on the CCPT-3 (above).
Naming Combined	7	16	
Inhibition Time	8	25	
Inhibition Combined	7	16	
Word Gen. Semantic	12	75	Jane’s verbal fluency is a nice strength for her (average to high average). She is easily able to come up with ideas.
Word Gen. Initial Letter	11	63	

Rey-Osterrieth Complex Figure Drawing Test

Task	Standard Score	Percentile	Interpretation of Jane’s Performance
Copy	91	27	Jane worked through this complex, unstructured task at a very slow pace. Her drawing shows excellent attention to detail, but some difficulty grasping the “big picture” that connected the details. Her drawing is also notable for perseverations (repeating parts of the drawing she had completed already), which was also seen on the CCPT-3. This is sometimes associated with anxiety in children; these children want to be “sure” that they have done everything expected of them. Despite these challenges, Jane’s overall score fell in the average range on this task.

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

<u>Scale</u>	<u>Parent T-Score</u>	<u>Range</u>	<u>What the Scale Measures</u>
Inhibit	65	High	The ability to inhibit impulses and think carefully before acting. Jane's parents rated her as somewhat impulsive.
Self-Monitor	54	Average	The ability to notice a mistake and correct course when needed. Jane's skills in this area are average for her age.
Shift	86	Very High	The ability to transition, "shift gears" and adjust to new information. This is an area of particular weakness for Jane.
Emotional Control	80	Very High	The ability to regulate emotions when frustrated or upset Jane struggles considerably with this skill.
Initiate	70	Very High	The ability to "get started" on tasks in a timely manner. Jane's has difficulty getting started on tasks and taking decisive action.
Working Memory	64	High	Short-term memory for directions and conversations. This is an area of weakness for Jane in her everyday life.
Plan/Organize	61	Mod High	The ability to complete unstructured tasks in a way that is efficient. Jane has moderate weaknesses in this area.
Task Monitor	57	Average	Keeping track of progress while working; going through steps in order. Jane skills are average for her age in this area.
Organization of Materials	57	Average	Keeping track of belongings like homework and sports equipment. She does not have significant difficulty in this area.

LANGUAGE DEVELOPMENT

Boston Naming Test

<u>Raw Score</u>	<u>Standard Score</u>	<u>Percentile</u>	<u>Interpretation of Jane's Performance</u>
46 out of 60	97	42	Jane's score fell in the average range. Taken together with her solid performance on the WISC-V verbal cognitive tasks (which rely on good underlying language skills), this score suggests that her language development is average for her age.

LANGUAGE-BASED LEARNING

NEPSY, Second Edition

<u>Subtest</u>	<u>Scaled Score</u>	<u>Percentile</u>	<u>Interpretation of Jane's Performance</u>
Phonological Processing	13	84	Jane demonstrated high average phonological processing skills on this task. These skills will help her decode unfamiliar words and guess at how to spell new words.
Repetition of Nonsense Words	16	98	Jane's ability to repeat made up words (like "zirkle") fell in the superior range. This is consistent with the very strong short-term memory she showed on the WISC-V.

MEMORY AND LEARNING

NEPSY, Second Edition

<u>Subtest</u>	<u>Scaled Score</u>	<u>Percentile</u>	<u>Interpretation of Jane's Performance</u>
Memory for Faces	10	50	Jane's visual memory fell in the average range on this test. She was able to recall faces she had seen with good accuracy.

Narrative Memory	8	25	Jane's ability to recall a story fell in the low end of the average range. While listening, Jane tended to focus on the details of the story rather than the overall "main point". This pattern was noted throughout testing. She may benefit from some support with getting the main idea of what she hears.
------------------	---	----	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Children's Auditory Verbal Learning Test-2

<u>Learning Curve Profile</u>	<u>Standard Score</u>	<u>Percentile</u>	<u>Interpretation of Jane's Performance</u>
Learning Trial 1	118	88	Jane's scores stayed relatively steady over time, consistently falling in the average to high average range. These scores suggest that she has a strong memory and can easily learn new information like facts, lists, and details, especially when the info is presented explicitly (that is, told to her directly).
Learning Trial 2	119	90	
Learning Trial 3	107	68	
Learning Trial 4	114	82	
Learning Trial 5	103	58	
<u>Summary Scales</u>	<u>Standard Score</u>	<u>Percentile</u>	<u>Interpretation of Jane's Performance</u>
Immediate Mem Span	101	53	Jane had a hard time "switching gears" to learn a new list. It "threw her off", and her performance fell to the low average range. She will do best if she can focus on one thing at a time.
Level of Learning	109	79	
Interference	80	9	Jane was able to recall the information she had learned after both short and long delays. Her scores indicate a good memory.
Immediate Recall	104	61	
Delayed Recall	97	42	

LEARNING STYLE

Student Styles Questionnaire

<u>Style Dimensions</u>	<u>Preference</u>	<u>Interpretation of Jane's Learning Style</u>
Extroverted vs. Introverted	Extroverted	<ul style="list-style-type: none"> • Assets: Friendly, good citizen, enjoys harmony and cooperation, likes routine and structure, detail-oriented, likes to learn about real people, likes to practice skills to total mastery, enjoys concrete learning activities where she can see, touch, or interact with what she is learning about. • Limitations: Stressed by conflict, disturbed by change, may deny or suppress true feelings, can miss the 'big picture', may shy away from abstraction, may not always show true potential on unfamiliar tasks, may need help with time management, prone to dejection in times of crisis .
Imaginative vs. Practical	Practical	
Thinking vs. Feeling	Feeling	
Organized vs. Flexible	Organized	

SENSORY FUNCTIONING/PERCEPTUAL INTEGRATION

Grooved Pegboard

<u>Trial</u>	<u>Standard Score</u>	<u>Percentile</u>	<u>Interpretation of Jane's Performance</u>
Dominant Hand	< 70	< 2	Jane's motor speed fell in well below average to within the impaired range. Her low scores suggests <i>psychomotor slowing</i> , which is a slowing down of speed often associated with emotional problems like anxiety/OCD or depression.
Non-Dominant Hand	75	5	

Hooper Visual Organization Test

<u>Raw Score</u>	<u>Standard Score</u>	<u>Percentile</u>	<u>Interpretation of Jane's Performance</u>
18 out of 30	< 70	2	Jane found this unfamiliar visual perception task – which asked her to mentally organize pieces of a puzzle to see the "whole puzzle" – very uncomfortable. She also over-focused on the details of the task and could not see the "big picture." Her score is likely not a valid estimate of her visual skills, but does suggest anxiety and a tendency to focus on details at the expense of the big picture.

Beery-Buktenica Test of Visual Motor Integration, Sixth Edition

<u>Raw Score</u>	<u>Standard Score</u>	<u>Percentile</u>	<u>Interpretation of Jane's Performance</u>
24 out of 30	96	39	Jane's visual-motor integration skills fell in the average range. She should be able to effectively complete tasks that require hand-eye coordination like drawing and handwriting. Because she was able to complete this visual-motor task, the Rey-O, and the WISC-V nonverbal tasks with good scores, it is unlikely that she has any true visual or sensorimotor deficits, despite her low scores on the Hooper and Grooved Pegboard.

SOCIAL PERCEPTION

NEPSY, Second Edition

<u>Subtest</u>	<u>Scaled Score</u>	<u>Percentile</u>	<u>Interpretation of Jane's Performance</u>
Affect Recognition	9	37	Jane's ability to read nonverbal social cues like facial expressions fell in the average range on this test. She has solid social perception skills for her age.

EMOTIONAL AND BEHAVIORAL FUNCTIONING

Behavior Assessment System for Children, Third Edition

<u>Scale</u>	<u>Parent T-Score</u>	<u>Range</u>	<u>Interpretation of Parent Ratings</u>
Hyperactivity	55	Average	Jane's parents' ratings indicate that she is experiencing extremely high levels of anxiety, depression, withdrawal, and the types of physical complaints often seen in children with emotional challenges (e.g., fatigue, head/stomachaches, over-reaction to everyday bumps and bruises) – more than 99% of girls her age. Their ratings also suggested moderately elevated levels of irritable mood and aggressive behavior when frustrated or upset. No major concerns related to attention, hyperactivity, or rule-breaking behavior were noted.
Aggression	61	Mod High	
Conduct Problems	42	Average	
Anxiety	89	Very High	
Depression	101	Very High	
Somatization	109	Very High	
Atypicality	62	Mod High	
Withdrawal	79	High	
Attention Problems	51	Average	

Multidimensional Anxiety Scale for Children, Second Edition

<u>Scale</u>	<u>T-Score</u>	<u>Range</u>	<u>Interpretation of Jane's Self-Ratings</u>
Separation Anx/Phobias	78	Very High	Jane's self-report was consistent with her parent's report in indicating she experiences extremely high levels of anxiety. She reported high levels of separation anxiety, generalized worrying, and social anxiety. She also reported obsessive thoughts, compulsive behaviors, feelings of panic when overwhelmed, physical symptoms of anxiety, and generalized tension. Her ratings indicate she is experiencing more symptoms of anxiety overall than 99% of girls her age. She will benefit from intensive services that address her emotional needs so that she can feel calmer, more confident, and more comfortable.
GAD Index	85	Very High	
Social Anxiety Total	68	High	
Humiliation/Rejection	69	High	
Performance Fears	61	Mod High	
Obsessions/Compulsions	82	Very High	
Physical Symptoms Total	90	Very High	
Panic	90	Very High	
Tense/Restless	81	Very High	
Harm Avoidance	59	Mod High	
MASC-2 Total	88	Very High	

Child Depression Inventory, Second Edition

<u>Scale</u>	<u>T-Score</u>	<u>Range</u>	<u>Interpretation of Jane's Self-Ratings</u>
Emotional Problems	90	Very High	Jane reported very high levels of depression on this questionnaire. She reported negative mood, low self-esteem, feelings of hopelessness, and feeling as if it is difficult for her to get along with others due to her mood difficulties. She reported more symptoms of depression than 99% of girls her age. It will be essential to continue providing her with intensive services to address this concern.
Negative Mood	90	Very High	
Negative Self-Esteem	90	Very High	
Functional Problems	90	Very High	
Ineffectiveness	90	Very High	
Interpersonal Probs	90	Very High	
Total CDI-2 Score	90	Very High	

Children's Measure of OCD Symptoms

<u>Scale</u>	<u>T-Score</u>	<u>Range</u>	<u>Interpretation of Jane's Self-Ratings</u>
Fear of Contamination	61	Mod High	Jane also completed a questionnaire asking about symptoms of OCD. Her self-report indicated high levels of worries about contamination, fear of making mistakes, fears about her own safety, and feelings of mental slowing. She also reported extremely high levels of intrusive thoughts (repetitive, unwanted thoughts with negative or distressing content) and an extremely high number of rituals to try to reduce or manage these intrusive thoughts. Her overall score indicated more symptoms of OCD than 99% of children her age.
Rituals	78	Very High	
Intrusive Thoughts	75	Very High	
Checking	69	High	
Fear of Mistakes/Harm	69	High	
Picking/Slowing	64	High	
Defensiveness	< 30	Low	
Total CMOCS Score	75	Very High	
Impact Score	77	Very High	

EDUCATIONAL TESTING

Woodcock-Johnson Achievement, Fourth Edition

<u>Cluster</u>	<u>Standard Score</u>	<u>Percentile</u>	<u>Interpretation of Carter's Performance</u>
Broad Reading	109	73	Jane's overall reading skills are nicely developed, and at the high end of the average range for her age.
Broad Mathematics	110	75	Jane's overall math skills are within the high average range for her grade level.
Broad Written Language	115	84	Jane's overall writing skills are also in the high average range for her grade level.
Broad Achievement	112	79	Jane's broad achievement is in the high average range for her grade. She does not show any major learning problems.

<u>Subtest</u>	<u>Standard Score</u>	<u>Percentile</u>	<u>What the Subtest Involves</u>
Letter-Word Identification	104	61	Untimed subtest that involves reading single words.
Sent. Reading Fluency	113	81	Reading as many short sentences as possible in 3 minutes.
Passage Comprehension	100	50	Silently reading grade-level passages for comprehension.
Oral Reading	115	85	Oral reading of grade-level passages for accuracy.
Word Attack	114	82	Untimed subtest that involves reading made-up words.
Calculation	98	45	Untimed subtest that involves solving math calculations.
Math Fluency	112	79	Solving single digit math problems in 3 minutes.
Applied Problems	113	81	Untimed; requires solving math word problems.
Spelling	121	92	Untimed written test that involves spelling single words.
Sent. Writing Fluency	120	91	Writing as many short sentences as possible in 5 minutes.
Writing Samples	96	39	Untimed test; writing good sentences when given a prompt.