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SKYLIGHT Neuropsychology

CONFIDENTIAL NEUROPSYCHOLOGICAL EVALUATION

Child's Name: Jane Doe **Date of Birth:** XX/XX/20XX
Grade/School: 3; Local Elementary School **Date of Testing:** XX/XX/20XX

REASON FOR TESTING

Jane is an 8 year-old girl who is struggling with emotional and behavioral regulation. She has been diagnosed with ADHD and is currently supported through medication (guanfacine, methylphenidate, and fluoxetine), managed by her pediatrician Gregory House M.D. and her psychiatrist Judy Psychiatrist MD. Dr. Psychiatrist also provides weekly therapy and has been working with Jane and her family for the past 6 months. Jane participated in this neuropsychological evaluation to provide more information about her neurocognitive and social-emotional profile. In particular, referral questions include determining if there are neurocognitive factors that could be contributing to Jane's current presentation, assisting with diagnostic clarification, documenting the severity of her challenges so that her progress can be more effectively measured over time, and refining her treatment plan.

RELEVANT HISTORY

Jane lives with her adoptive parents, John Doe and Joe Smith, in Seattle, WA. Mr. Doe is a lawyer and Mr. Smith works in the tech sector. Jane joined the Doe family at 18 days of age, and was formally adopted at age 1 ½. Jane's biological half-sister (age 6) was also adopted by Mr. Doe and Mr. Smith, joining the family when she was 2 ½ years old. There have been no other major changes in the family living situation or significant family stressors over the past several years. Jane is aware that she is adopted, and she has no contact with her birth parents. Her biological family history is notable for type I diabetes, anxiety, depression, bipolar disorder in several family members, substance use, and attention problems.

Jane's parents reported she was born full-term weighing 8 pounds, 4 ounces, following an uncomplicated pregnancy and uncomplicated C-section delivery. She had early feeding issues and experienced fussiness and very frequent vomiting until she was about 1 year old. Although her feeding issues eventually resolved, her parents reported that Jane has been "emotionally volatile since day 1", with her challenges becoming especially more pronounced over the past year. Developmentally, Jane met most of her developmental motor and language milestones on time, but was somewhat late in crawling. Jane also has a history of nocturnal and daytime enuresis, with full medical work-up revealing no clear etiology. She currently has frequent daytime and nighttime accidents, as well as challenges being cooperative with hygiene related to her enuresis. Her medical history is otherwise unremarkable. There are no known concerns about her sleep, appetite, hearing, or vision, and Jane has never experienced a head injury or overt seizure. Jane's urine reportedly has a strong metallic smell, but urologists have stated that this is not a cause for concern. There are no concerns about excessive thirst or excessive urination. Current medical concerns include allergies and mild asthma treated with a rescue inhaler as needed. As noted above, medications include guanfacine (2 mg) and methylphenidate (18 mg) managed by her pediatrician, and about three weeks prior to this testing, she began taking fluoxetine (10 mg) , managed by her psychiatrist.

Aside from medication management and weekly therapy with Dr. Psychiatrist, Jane is not currently receiving any other services. Her parents participated briefly in parent-management training with a counseling agency, but as they felt this therapy mostly presented them with strategies they have

already tried with Jane, the therapy was discontinued. Her parents reported they are seeking this evaluation because Jane experiences "violent outbursts that can last hours and are often unprovoked" or that seem out of proportion to the situation. These episodes occur most often "when she doesn't get her way." Regular parenting techniques and specialized strategies (such as those outlined in *The Explosive Child*) have been unsuccessful, and Jane's meltdowns only really started to be better controlled when she began taking medication. Her parents reported that while her outbursts declined in frequency and intensity once she began taking guanfacine, prior to taking medication she experienced these tantrums as often as daily. She has had fewer outbursts recently, which parents noted could be related to the recent introduction of fluoxetine, or could be related to the fewer pressures and stresses that occur over the summer months.

Currently, when Jane is experiencing difficulties, she is somewhat able to respond to: (1) calming strategies, (2) grounding techniques, (3) increased parent flexibility, and (4) an adult remaining present with her. However, at times she is unable to remain safe even when these techniques are used. She has been very physically aggressive towards her parents and sister, and on one occasion tried to elope from the car in a parking lot (which prompted her parents to call her pediatrician and led to her starting on medication). Her parents reported they often feel like they are "walking on eggshells" around her, trying to avoid triggering an outburst. They also reported that Jane struggles with challenges with "flexibility" and has "control issues." In social situations, although she "really wants to connect with her peer group", at times she is "shunned or shut out of group activities due to her unpredictability and impulse control." Jane gravitates towards younger peers and toys geared towards younger children, and her parents are wondering about her social-emotional maturity level. They also endorsed worries about anxiety, depression, anger, self-esteem, obsessive behavior, difficulties transitioning, aggression, rule-breaking behavior, and reduced coping skills.

Behavior Observations:
Jane presented outgoing and energetic. As soon as she entered my office, she began exploring the environment and testing limits, including repeatedly attempting to open locked file cabinets, grabbing the test materials, and asking for rewards. During an interview, she answered in vague, sweeping statements (e.g., "I like all sorts of things") and then changed the subject to a topic she was more interested in. Jane continued to follow her own agenda throughout testing, struggling with maintaining her cooperation level and consistently instructing me as to how she wanted the testing to proceed (e.g., "I'll turn the pages"; "You don't have to ask me that"). She responded best to consistent, clear expectations, ignoring of non-preferred behavior, and differential rewarding of cooperative behavior, but she needed this prompting consistently.

Though Jane was tested in a one-on-one, reduced distraction setting and was on her usual medication on the day of testing, she had consistent difficulties with attention, impulse control, and self-regulation. She enjoyed being "silly" with her answers. While this made her fun to interact with, at times it was very hard to keep her on task. She also often selected the first response that she thought of or saw, or tried to respond before she had heard the entire question, which resulted in impulsive errors. Jane also demonstrated controlling her thoughts and feelings in response to mild stressors. While she seemed eager to show what she knows on the tests and was able to complete almost all of the tasks presented to her, at one point she stopped responding and sat motionless during a timed task (WISC-V Coding), even with prompting.

Throughout testing, Jane was emotionally labile, alternating between cheerful and irritable depending on the task. Her self-esteem also appeared to fluctuate, ranging from inflated to lower than expected. Jane's social communication skills were generally solid, with good use of nonverbal social skills like eye

contact and a socially-oriented personality. However, her tendency to place overvalue her own thoughts, feelings, and agenda, without considering her impact on the other person, limited her social effectiveness somewhat. While Jane was a pleasure to interact with one-on-one for most of the test session, her challenges with self-regulation impacted her performance on the tests administered during this evaluation. That means some of the test results almost certainly underestimate her true *abilities*. However, as her parents report similar difficulties in other settings, the test results (with the exception of her score on the WISC-V Coding subtest) are believed to be accurate estimates of the level at which she is currently comfortable *functioning*.

INTEGRATED TEST RESULTS

These test results review the most important findings, with examples of relevant test scores included in parentheses. For the convenience of other professionals who may work with Jane, all test scores are included in the data tables.

Strengths:

Jane's verbal reasoning skills are above average and a nice area of strength for her (WISC-V Verbal Comprehension Index = 111, 77th percentile). Jane can easily take in new information and solve problems using words. Jane's visual spatial reasoning skills are also solidly 'on target' for her age (Visual Spatial Index = 100, 50th percentile). These skills will help her build, design, and solve puzzles. While she struggled on one abstract reasoning task due to impulsivity, she performed in the average range on another task (WISC-V Figure Weights subtest = 10, 50th percentile). Her abstract reasoning will help her think about sequences, quantities, and patterns. Overall, Jane's cognitive test scores mean she can keep pace with her peers on a wide variety of problems designed for children her age.

Jane also has an above average vocabulary (BNT = 123, 94th percentile). She showed off her nice vocabulary in casual conversation too, such as pointing out shapes in my office that are "rhombuses." Jane also has an above average passive short-term memory. This is the ability to exactly repeat what she has heard or recognize a picture she has just seen (e.g., CAVLT-2 Immediate Memory Span = 126, 96th percentile; WISC-V Picture Span = 12, 75th percentile). Students with strong vocabulary skills and good short-term memories often do well in early elementary grades, which emphasize vocabulary acquisition and rote learning. This may help explain why Jane's teachers report she is performing well above average academically, despite her struggles with attention, emotion regulation, and self-control.

Jane also has strong social perception. Her ability to read and remember facial expressions is in the superior range (e.g., NEPSY-II Affect Recognition = 14, 91st percentile; Memory for Faces = 15, 95th percentile). She also showed clear social awareness during testing, such as the ability to read my nonverbal cues and tone of voice. Her parents reported "in some ways, she can be really great with people, and she is often willing to share and help." While Jane certainly has social challenges due to impulsivity and difficulties being flexible, she does not appear to be struggling socially because she is 'misreading' others' social cues.

Jane also has many interpersonal strengths. Her parents describe her as "incredibly imaginative and curious about the world around her" as well as "empathetic and compassionate." She enjoys learning, likes going to school, and is "enthusiastic about homework." She was excited to show what she knows on the tests given to her during this evaluation. At home, Jane "likes to create science experiments," loves puzzles and board games, and enjoys singing and performing. Jane also genuinely wants to connect with others, and likes being independent and capable.

Vulnerabilities:
While she has many strengths, Jane is struggling with her executive functioning. Even on her usual medication, she shows clinically significant *inattention, hyperactivity*, and *impulsivity* (e.g., 8 of 9 scales elevated on the CCPT-3, a computerized test of attention and impulse control). She was also very impulsive and inattentive during testing, which sometimes impacted her scores. For example, her impulsivity affected her score on a multiple choice nonverbal reasoning task because she always picked the first picture she saw (WISC-V Matrix Reasoning = 5, 5th percentile). Jane's parents also reported very significant levels of impulsivity and inattention on behavior rating scales.

Jane also struggles on *active short-term memory* tasks. These are tasks where she needs to mentally manipulate information, like reversing the order of a series of digits (e.g., say 3-2-1 when she hears 1-2-3). Her scores on these tasks were below average (e.g., WISC-V Digit Span = 5, 5th percentile; weak on digits reversed and sequencing digits). Jane also has challenges with *processing efficiency*, or the ability to balance speed and accuracy. She performed variably on timed tests, with scores ranging from average (e.g., WISC-V Symbol Search = 9, 37th percentile) to impaired (e.g., WISC-V Coding = 1, 1st percentile; Grooved Pegboard = 75-77, 5th to 6th percentiles; slow reaction time on CCPT-3). However, her true processing speed was difficult to judge for two reasons. First, she rushed through most tasks, yet because she had to correct so many mistakes, she actually completed the tasks more slowly than her peers (e.g., NEPSY-II Inhibition Combined scores for speed and accuracy all = 3-4, 1st to 2nd percentile). Second, Jane stopped responding and sat motionless for a good portion of the Coding subtest, which severely impacted her score and the likely validity of that test (this behavior seemed oppositional, but could indicate a medical problem so should be discussed with her pediatrician). In general, Jane is *inconsistent* in her ability to work through tasks at a pace that balances working quickly with working accurately. In everyday life, she is likely to rush through tasks and make careless errors. However, having to correct her errors may mean she takes longer than peers to finish work.

Jane also struggles with *selective attention*. This is the ability to pay attention to only the important information while tuning out irrelevant information and distractions. Jane's challenges with selective attention mean she has trouble tuning out irrelevant information, like items from the task that came just before the current task. Jane may often find "old" information *interfering* with her new learning (e.g., 11 intrusions on CVLT-C list B). Jane also has trouble with *verbal fluency*, or the ability to generate ideas (e.g., NEPSY-II Word Generation Initial Letter = 6, 9th percentile). I also saw problems *shifting gears* and *controlling emotions* during testing. Parent ratings also indicate major problems in these areas at home.

Jane's parents report significant levels of *oppositional and defiant behavior*. For example, the BASC-3 Aggression and Conduct Problems scores are above the 99th percentile for girls her age. Her parents also report *irritability* and *highly fluctuating moods* on the PBRS. On self-report questionnaires, Jane reports very high levels of *negative mood* and *feelings of ineffectiveness,* as if she is not sure she can solve her everyday problems. She also reports moderate levels of *social anxiety*, *generalized worrying*, and *feelings of panic*. Jane's responses a projective storytelling task are notable for themes of *intense emotional responses* that are difficult to control, even though she has learned many good coping strategies in therapy (e.g., characters in her stories talk to a friend, ask a teacher for help, count to 5 before acting, and talk out disagreements). During this storytelling task, she showed very unstable mood, inflated self-esteem, and racing thoughts. She struggled with social impulse-control, giving responses that were overly silly and inappropriate (e.g., naming a character 'Mr. Poo-poo-poo'; creating sequences of rhyming words like "Bill will kill Phil on a hill"). This suggests that in emotionally-charged situations or when faced with mild to moderate stressors, Jane has particular difficulties controlling her thoughts, feelings, and behaviors. This affects her ability to demonstrate her skills and reach the goals she has in mind.

DIAGNOSTIC IMPRESSIONS

Jane is an energetic and enthusiastic girl who is experiencing the impact of severe mood difficulties and significant levels of inattention and impulsivity on her overall functioning. Her primary diagnosis is **Disruptive Mood Dysregulation Disorder** (DMDD). Children meet criteria for this mood disorder when they have at least a 1-year period of experiencing a negative mood nearly every day, coupled with emotional reactions that are more extreme than expected and frequent meltdowns or temper tantrums (such as outbursts that occur at least 3 times per week when not on medication). Because of her DMDD, Jane is likely to be reactive, inflexible, and easily upset by small triggers. Her behavior may also seem unpredictable and out-of-proportion to the circumstances. Jane is especially likely to struggle in *emotionally-charged situations*, such as when things do not go the way that she expects, and in *unstructured situations*, such as when she is not sure of the exact routine.

Mood disorders in children are much less predictable and less well-defined than they are in adults. As children with mood disorder grow older, the exact nature of their mood disorder (e.g., unipolar depression, bipolar disorder, etc.) often becomes clearer. Since understanding the exact nature and course of her mood disorder will lead to more effective treatment, Jane should be very carefully monitored as she matures. This is especially important given the family history of bipolar disorder.

Research shows children with any mood disorder benefit from a comprehensive program of early intervention focused on reducing negative mood and emotional reactivity. Optimal treatment for Jane will include: (1) ensuring there are no untreated medical conditions that could be contributing to her current difficulties, (2) considering pharmacological treatment options, (3) healthy lifestyle factors like regular exercise and good sleep patterns, (4) reducing triggers to the fullest extent possible through a high level of routine and structure at home and school, (5) individual therapy that focuses on teaching strong emotion-regulation skills, and (6) family therapy that supports the parents' ability to help the child practice her emotion-regulation skills as much as possible so she can contribute positively to family life.

Children with DMDD often experience symptoms of other childhood disorders, such as anxiety, oppositional and defiant behavior, and attention problems. In addition to her mood symptoms, Jane is experiencing anxiety and feelings of being easily overwhelmed or panicked in mildly stressful situations. Her intense emotional responses are also leading her to place an elevated level of importance on her own wants and opinions. As a result, Jane displays controlling and oppositional behavior at home and in social situations. Jane also has difficulty being flexible and trouble going along with others' agendas. Her treatment plan should focus on anxiety in her individual therapy and on oppositional behavior in the family therapy. Because children with mood disorders often experience fluctuations in sleep, appetite, energy, and self-esteem, these factors should also be addressed by Jane's treatment team.

Jane is also experiencing more hyperactivity, impulsivity, and inattention than most girls her age, even on stimulant medication. As such, the diagnosis of **Attention-Deficit/Hyperactivity Disorder** (ADHD) remains appropriate for her. Certainly, Jane's attention difficulties and impulsivity increase her vulnerability in areas where she is already struggling. These symptoms reduce her attention to and awareness of her emotions, and undermine her ability to respond as thoughtfully as she would like. Perhaps more importantly, her symptoms of ADHD impact her ability to show her strengths and limit her social effectiveness, even though she has a deep desire to connect to others and an outgoing personality. Jane therefore also requires support and accommodations at school for her executive functioning skills as a component of her treatment plan. Specific executive functioning recommendations that could be incorporated into her IEP are provided in an appendix to this report.

RECOMMENDATIONS

1. Continued consultation with Dr. Psychiatrist regarding medication management is essential for Jane. Jane continues to experience clinically significant levels of dysphoric mood, attention problems, hyperactivity/impulsivity, anxiety, and oppositional behavior, on her current medications.

2. Jane experienced a period of non-responsiveness during this evaluation when working on an independent task. She also presents with extremely dysregulated mood and enuresis. I recommend a referral to a pediatric neurologist to rule out neurological contributions to her current presentation.

3. Jane requires therapy that focuses on emotional and behavioral regulation. Parenting strategies that encourage generalization of the skills she is learning in therapy to the home setting will be particularly essential. I recommend dialectical behavior therapy techniques (emotional validation, mindfulness, increasing emotional self-awareness) and behaviorally-based positive parenting techniques.

4. The book *Parenting a Child Who Has Intense Emotions: Dialectical Behavior Therapy Skills to Help Your Child Regulation Emotional Outbursts and Aggressive Behaviors,* by Pat Harvey and Jeanine Penzo, will be a very helpful resource in therapy and at home.

5. Although Jane is reportedly doing well academically and enjoys going to school, her teachers should be aware of her emotional challenges. Children with similar profiles often "hold it together" at school, but the stress of over-controlling their behavior in the school setting depletes their emotional resources, leaving them with lowered threshold for becoming upset and few reserves for managing their behavior at home, which in turn leads to highly under-controlled behavior at home. Reducing the stress at school can be very helpful for these children's emotional well-being. These children most commonly experience stress in social and unstructured situations, so increased adult support that helps them navigate these challenging times can be quite helpful.

6. Although Jane genuinely wants to connect with others, her current challenges are limiting her social effectiveness. Group social skills training designed for children with impulsivity and other difficulties that impact relationship-building is likely to be very helpful for her. A social skills group can provide her with helpful feedback regarding her social interactions to increase her self-awareness, teach her new social skills for achieving what she wants, provide opportunities to practice new skills in a safe and supportive setting, allow her to experience the social success that results from using her new skills, and reinforce good social boundaries.

7. Jane's parents are encouraged to seek out support designed for parents of children with mood disorders, as these children are extremely challenging to parent. A good starting point is the Balanced Mind Parent Network, a program of the Depression and Bipolar Support Alliance (www.bpchildren.org). Family therapy that focuses on the impact of Jane's profile on the entire family will also be an important source of support for her and her parents and brother.

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

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Board Certified Pediatric and Clinical Neuropsychologist

CONFIDENTIAL NEURODEVELOPMENTAL TEST RESULTS

These confidential test scores are included solely for the convenience of other licensed professionals who may work with Jane. These scores are **not** meant to be interpreted by individuals without assessment training. These scores also should **not** be interpreted without consideration of the narrative body of this report

COGNITIVE FUNCTIONING

Wechsler Intelligence Scale for Children, Fifth Ed

Index	Standard Score
Verbal Comprehension	111
Visual Spatial	100
Fluid Reasoning	85
Working Memory	103
Processing Speed	72
Full Scale IQ (prorated)	97

Subtest	Scaled Score
Similarities	11
Vocabulary	13
Block Design	9
Visual Puzzles	11
Matrix Reasoning	5
Figure Weights	10
Digit Span	9
Picture Span	12
Coding	1
Symbol Search	9

EXECUTIVE FUNCTIONING

Conners' Continuous Performance Test, Third Ed

Measure	T-Score
Detectability (d')	58
Omissions	62
Commissions	51
Perseverations	61
Hit Response Time	60
Hit Response Time SD	69
Variability	76
Hit Response Time Block Change	63
Hit Response Time ISI Change	37

NEPSY, Second Edition

Subtest	Scaled Score
Inhibition	
Naming Time	7
Naming Combined	4
Inhibition Time	7
Inhibition Combined	3
Word Generation	
Semantic	9
Initial Letter	6

Rey-Osterrieth Complex Figure Drawing Test

Task	Standard Score
Copy	93

Behavior Rating Inventory of Executive Function-2

Scale	Parent T-Score
Inhibit	68
Self-Monitor	59
Shift	61
Emotional Control	75
Initiate	52
Working Memory	53
Plan/Organize	50
Task Monitor	47
Organization of Materials	49

LANGUAGE DEVELOPMENT

Boston Naming Test

Raw Score	Standard Score
46 out of 60	123

MEMORY AND LEARNING

Children's Auditory Verbal Learning Test-2

Learning Curve Profile	Standard Score
Learning Trial 1	119
Learning Trial 2	114
Learning Trial 3	111
Learning Trial 4	105
Learning Trial 5	100

Summary Scales	Standard Score
Immediate Memory Span	126
Level of Learning	106
Interference	125
Immediate Recall	99
Delayed Recall	87
	Percentile
Recognition Accuracy	> 16th
Total List 2 Intrusions (11)	< 16th

SENSORY FUNCTIONING /PERCEPTUAL INTEGRATION

Grooved Pegboard

Trial	Time	Standard Score
Dominant	49 seconds	75
Non-Dominant	54 seconds	77

Hooper Visual Organization Test

Raw Score	Standard Score
19 out of 30	81

Beery-Buktenica Test of Visual Motor Integration

Raw Score	Standard Score
22 out of 30	100

SOCIAL PERCEPTION

NEPSY, Second Edition

Subtest	Scaled Score
Affect Recognition	14

EMOTIONAL AND BEHAVIORAL FUNCTIONING

Behavior Assessment System for Children-2

Scale	Parent T-Score
Hyperactivity	63
Aggression	79
Conduct Problems	87
Anxiety	51
Depression	55
Somatization	47
Atypicality	61
Withdrawal	48
Attention Problems	51

Child Depression Inventory, Second Edition

Scale	T-Score
Emotional Problems Total	69
Negative Mood/Physical	78
Negative Self-Esteem	51
Functional Problems Total	71
Ineffectiveness	72
Interpersonal Problems	61
Total CDI-2 Score	73

Multidimensional Anxiety Scale for Children-2

Scale	T-Score
Separation Anxiety/Phobias	55
GAD Index	66
Social Anxiety Total	50
Humiliation/Rejection	57
Performance Fears	40
Obsessions & Compulsions	44
Physical Symptoms Total	61
Panic	62
Tense/Restless	58
Harm Avoidance	46
MASC-2 Total	65

Note: The broad average range (16th to 84th percentile) is represented by:

- Standard Scores from 85 – 110
- Scaled Scores from 7 – 13
- T-Scores from 40 – 60
- Z-Scores from -1.0 to + 1.0

Appendix: Strategies to Support Jane's Executive Functioning

- Use strategies that highlight important elements and help with information organization (e.g., teaching her 'signpost' words, such as *next, first, however, importantly,* etc, to improve her ability to obtain information while reading; highlight important information in bold or a different color of font).
- Help Jane use strategies to prioritize information and organize it hierarchically; for instance, through having her rate the information as 'Very Important', 'Medium Important', and 'Less Important.'
- Consistently prompt Jane to make connections between information; for example, asking her to think of ways that new information is similar to, or different from, previously learned information.
- Foster her ability to self-monitor through strategies such as having her receive extra credit for double-checking her work, and playing games where she loses points for repeating an answer already given.
- Assist Jane in further developing her planning strategies by walking her through the planning process as often as possible (e.g., through asking specific questions such as "What do you do first? What would you do next?" and more general prompts such as "Let's make a list of all the things you need to do to complete this project").
- Break tasks down into smaller steps and present only one step at a time, with the next step provided to Jane only after she has completed the previous step.
- Help Jane develop organizational systems for routine tasks, such as cleaning her backpack or desk or preparing to go home. Condense these strategies into a checklist for Jane to use.
- Jane would benefit from an organized homework system. For example, she could use a binder that includes a labeled or brightly colored two-sided folder for each subject. Homework to be completed would always be placed on the left side of the folder, and when it is done, it would be transferred to the right side and turned in the next day, with this routine listed in checklist form in the binder itself. Blank notebook paper could be included in the front of the binder, and Jane (with teacher support) would write all of her homework on a new page for each school day, crossing it off at home (with parent support) when the assignment is completed. The entire binder would go home with Jane *every* day, regardless of whether she has homework in all or any of her subjects, to minimize the possibility of work getting lost or 'forgotten'. Jane's parents and teachers could then easily check if all the assigned work is going home and/or being turned in the next day.
- Provide Jane with explicit structure on tasks to improve performance. For example, provide her with some "starters" for tasks to help her "get going." Similarly, provide explicit instructions on how to complete task help her feel less overwhelmed (e.g., examples, specific topics, or limited choices, such as "Choose whether you think X or Y is the most important point of this chapter and explain why. Start your essay with 'I think X (or Y) is the most important point because…' and then add in three supporting statements and a concluding sentence.").
- Jane may also need support from her educators to 'keep going' on tasks, as she may have difficulty sustaining her focus on tasks. In addition, keep in mind that increased demands on Jane's information processing skills and self-regulation skills may lead to less mental energy for attending to tasks (which may look like increased inattentiveness or problems with short-term memory)
- The books *Smart but Scattered: The Revolutionary 'Executive Skills' Approach to Helping Kids Achieve Their Potential* by Dawson and Guare and *Late, Lost, and Unprepared* by Cooper-Kahn and Dietzel provide many concrete suggestions for supporting a student's organization skills and other aspects of their executive functioning at home and in the classroom.