**Developmental Profile 4 (DP-4) Assessment**

**Report: Zuhayr Saafir – 09-10-2019**

Introduction

Zuhayr Saafir was assessed remotely on the 13th May 2025 using the Developmental Profile 4 (DP-4) checklists. The DP-4 provides a snapshot of a child’s development across five key areas by comparing their skills to those of typically developing peers. For Zuhayr (age 5 years 7 months at assessment), the results must be understood in the context of two important background factors:

* *Diagnoses:*

Zuhayr has Autism Spectrum Disorder (DSM-5 Level 3, indicating high support needs) and Attention Deficit Hyperactivity Disorder (ADHD), diagnosed in Bangladesh when he was around 2½ years old.

* *Recent transition:*

The family relocated from Bangladesh to the UK in January 2025. Zuhayr now attends Fairlands Primary School on a highly reduced timetable of one hour per day with 2:1 adult support due to his significant needs and [[1]](#footnote-1)safety issues, while staff work on building a “team around the child” support network.

*Two DP-4 checklists were completed on the 13th May 2025 from different perspectives:*

* Home perspective – completed by his parents, Dr Syed Patwary (father) and Dr Aklima (mother). The parents report ongoing extreme safety challenges (for example, Zuhayr frequently attempts to run off (bolt) or open doors unsupervised) and intense sensory-seeking behaviours at home (such as throwing objects).
* School perspective – completed jointly by Mrs Julie Jeffries and Mrs Heaps (class Special Educational Needs Coordinator and teacher respectively). Both observed the same unsafe behaviours in the classroom and note that Zuhayr is currently taught in a separate low-arousal room to minimise noise and distractions.

Looking at both the home and school views together, along with medical information (Zuhayr is prescribed [[2]](#footnote-2)Risperidone, Clonidine, and Atomoxetine to help regulate his mood, sleep and attention), gives a well-rounded picture of his profile. This combined information helps in planning support strategies that are consistent across home and school.

Findings

*Understanding the scores:*

*The DP-4 uses standardised scores to compare a child’s skills with peers of the same age (mean score = 100). Scores below 70 fall in the “Delayed” range according to the test publisher.* Each of the DP-4’s five developmental domains was rated by both parent and teacher. The table below summarises Zuhayr’s scores, followed by a brief interpretation for each domain.

*Standard Scores and Descriptions by Domain:*

* Standard Score 100 = Average for age (approximately 50th percentile)
* 70 and below = Delayed range (significantly below age expectations)

1. Physical Development

*Scores Summary:*

* Parent: Standard Score 53 (0.1st percentile; Delayed; [[3]](#footnote-3)Age Equivalent ~2 years)
* Teacher: Standard Score 46 (<0.1st percentile; Delayed; Age Equivalent <2 years)

*Strengths:*

Zuhayr has high energy and enthusiasm for movement. At home, his parents note he enjoys active play (running, climbing, rough-and-tumble play) and seeks out physical interaction like tickles or being swung around. This motivation for physical play is a positive foundation to build on.

*Needs and Impact:*

Both ratings indicate significant delays in gross and fine motor skills, which affect Zuhayr’s daily functioning. He has low muscle tone and poor coordination, making tasks like using cutlery, drawing, or manipulating small objects very difficult. In the classroom, these motor challenges limit his participation in activities (for example, he cannot hold a pencil or scissors effectively). Critically, Zuhayr lacks awareness of danger – he will run or climb impulsively without understanding hazards. This absence of safety sense means he requires constant close supervision to prevent accidents (hence the current 2:1 support). In school, the structured activities place greater demands on his stamina and coordination than the home environment, so his motor difficulties are especially apparent during physical education or outdoor play. Overall, his physical delays constrain his independence and pose safety risks if not managed with continual adult support.

1. Adaptive Behaviour (Independence)

*Scores Summary:*

* Parent: Standard Score 40 (<0.1st percentile; Delayed; Age Equivalent ~1 year 7 months)
* Teacher: Standard Score 40 (<0.1st percentile; Delayed; Age Equivalent ~1 year 7 months)

*Strengths:*

In familiar home routines, small signs of emerging independence are beginning to show. For example, Zuhayr will sometimes cooperate with dressing (he may lift his arms or push his foot into a shoe when prompted) and he can hold a spoon with hand-over-hand help. He appears comfortable in basic self-care routines when they are done the same way each time, indicating that consistency helps him anticipate what to do.

*Needs and Impact:*

Zuhayr’s adaptive skills are extremely delayed, meaning he is almost fully dependent on adult assistance for daily living tasks. He cannot yet dress or undress himself, use the toilet independently, or feed himself reliably. At home this requires constant parental help, and at school it means he cannot manage classroom routines or personal care without one-to-one adult support (for example, a staff member must take him to the toilet and assist with all steps). This high level of dependence impacts his dignity and autonomy; he is not yet experiencing the small independent activities that most children his age handle (such as tidying up their snack or hanging up their coat). The need for continuous adult guidance also limits his opportunities to practice skills on his own – he doesn’t get many chances to try doing things for himself, which in turn slows the development of those skills. Both parents and teachers consistently observe that, at this stage, Zuhayr relies on adults for virtually all self-care and daily tasks, underscoring the importance of intensive support to build his independent functioning.

1. Social-Emotional Development

*Scores Summary:*

* Parent: Standard Score 55 (0.1st percentile; Delayed; Age Equivalent ~1 year 7 months)
* Teacher: Standard Score 40 (<0.1st percentile; Delayed; Age Equivalent ~1 year 7 months)

*Strengths:*

Zuhayr is a warm and affectionate child, especially with familiar adults. He seeks out closeness with his parents and key staff (for example, sitting on a parent’s lap or holding a teacher’s hand) and enjoys one-to-one interaction like singing songs or simple turn-taking games. These behaviours show that he desires social connection and has the capacity to form secure attachments. In a structured, supportive environment with an adult he trusts, Zuhayr can engage socially at a basic level (e.g. making eye contact, smiling) – a promising foundation for further social development.

*Needs and Impact:*

Zuhayr has difficulty understanding social cues and norms, especially with other children. He does not yet grasp concepts like personal space, sharing, or taking turns without extensive support. For instance, he might approach peers by grabbing them or taking a toy, not understanding why this might upset them. He cannot read others’ facial expressions or body language well, so he often fails to notice if a peer is annoyed or if he is doing something inappropriate. His parents and teachers also report that unfamiliar or noisy social environments trigger high anxiety for him – he may cover his ears, cry, or retreat into a corner during school assemblies or busy playtimes.

These social-emotional challenges result in limited peer interactions: Zuhayr does not play cooperatively with other children and tends to either hover on the outskirts of groups or play alone under adult guidance. There are even safety concerns in social settings; for example, due to his friendly but naïve nature, he might wander off with a stranger or run out of the classroom, not recognising danger or boundaries. In summary, his social understanding is at a very early stage, which leads to frustration (when he cannot communicate or is misunderstood) and the risk of social isolation. Targeted social-skills support (such as teaching him simple social rules through stories and supervised play) will be essential to improve his social awareness and emotional regulation across settings.

1. Cognitive Development

*Scores Summary:*

* Parent: Standard Score 40 (<0.1st percentile; Delayed; Age Equivalent <2 years)
* Teacher: Standard Score 40 (<0.1st percentile; Delayed; Age Equivalent <2 years)

*Strengths:*

Zuhayr has a relative strength in visual learning tasks. Both home and school note that he enjoys and can briefly engage with simple puzzles or shape-sorting toys, especially if an adult uses hand-over-hand guidance or demonstrates what to do. When tasks are very concrete and presented visually (for example, fitting objects into a puzzle board, stacking rings by size, or watching a cause-and-effect toy light up), he shows curiosity and will attempt to participate. This suggests that with the right supports (visual cues, hands-on materials), he can focus for short moments and learn basic concepts. Structured, one-step-at-a-time activities play to his strengths and keep him interested a bit longer.

*Needs and Impact:*

Global cognitive delays are evident in Zuhayr’s profile. In both environments he struggles with attention, memory and problem-solving at a level far below what is expected for his age. He processes information very slowly and cannot handle abstract concepts or multi-step sequences. For example, he does not yet understand numbers or counting, and even concepts like sorting by colour or recognising common shapes may elude him without continuous practice. During any task that is longer than a minute or two, his attention quickly drifts – he might walk away or start fiddling with something unrelated. In a typical classroom setting, this means he cannot engage meaningfully in large group learning (like listening to a story or participating in a lesson) without constant individual support. When tasks are too complex or lack visual support, Zuhayr often shuts down or avoids them, likely because he has experienced repeated “failure” in those situations.

To make progress, he will require significant scaffolding and repetition for even very basic cognitive skills. Consistent with his DP-4 results, both parents and teachers emphasize the need for a highly individualised, multi-sensory teaching approach – using pictures, objects, music, and hands-on experiences – to help him develop understanding and keep him engaged in learning.

1. Communication Development

*Scores Summary:*

* Parent: Standard Score 40 (<0.1st percentile; Delayed; Age Equivalent <1 year)
* Teacher: Standard Score 40 (<0.1st percentile; Delayed; Age Equivalent <1 year)

*Strengths:*

Although Zuhayr is not yet speaking in words, he does communicate in his own way. He makes his wants known through gestures and sounds – for example, he will reach out for an object he desires, guide an adult’s hand toward something he needs help with, or use different cries/vocalisations to gain attention. He has shown responsiveness to music and rhyme; during familiar songs or rhymes, he will often clap, hum along, or do simple actions, indicating that he vocalisations the routine and is participating nonverbally. In one-to-one settings with a familiar adult using techniques like exaggerated facial expressions or sign language, Zuhayr has demonstrated that he can imitate a few simple gestures (such as a wave for “bye” or raising his arms for “up”). These emerging non-verbal communication skills are strengths to build upon, as they show he *can* learn to communicate intentionally when given the right supports and motivation (he particularly engages when an activity is fun or sensory-rich, like musical play).

*Needs and Impact:*

Communication is Zuhayr’s most significantly affected area of development. He has extremely limited understanding of spoken language – he may only reliably comprehend a few very familiar words or instructions (like his name, “no,” or “come here”) when accompanied by gestures or context. Expressively, he does not use any consistent words yet, relying instead on crying, screaming, or grabbing to get his point across. This often leaves his needs unmet or misunderstood, because others have to guess what he wants or why he is upset. For Zuhayr, the inability to communicate effectively is a major source of frustration; for example, if he is hungry, in pain, or wants a toy, he might scream or throw something because he cannot find a better way to tell anyone. In the classroom, his communication difficulties mean he cannot follow group instructions, answer questions, or interact in even the simplest conversation. He requires an adult to interpret his gestures and sounds almost constantly. This level of need impacts every aspect of his day – from learning (since teaching typically relies on language) to behaviour (miscommunications can lead to meltdowns or unsafe actions).

Both his parents and teachers strongly indicate that augmentative communication strategies are needed. Introducing visual communication aids (pictures, symbols, or a communication device) and simple sign language or gestures could give Zuhayr a way to express basic needs and understand routines, reducing his frustration. Without such supports, he will continue to struggle to make progress in all areas, because communication is the gateway to learning and social interaction.

Psychological Formulation

The DP-4 findings provide a detailed picture of Zuhayr’s developmental profile. In summary, all five domains are in the Delayed range (well below age expectations), with only small pockets of relative strength (for instance, his eagerness for physical play, and his responsiveness to music). This section pulls together the findings into an overall understanding – essentially a “story” of how Zuhayr’s strengths, needs, and environment interact. It uses the well-established “5 Ps” model (Presenting needs, Predisposing factors, Precipitating triggers, Perpetuating factors, and Protective factors) and applies a *Restorative Framework* (often called the Social Discipline Window) to guide support. The Social Discipline approach emphasises maintaining high expectations for Zuhayr’s growth while providing high levels of support – a balance that falls in the *“Supportive”* quadrant (working *with* the child, not doing *to* the child).

Presenting Needs (Overview of Current Difficulties)

* *Widespread developmental delays:*

All five areas assessed by the DP-4 are significantly delayed for Zuhayr. In practical terms, his skills across the board are roughly at the toddler level, far below what is typical for a 5½-year-old. This global delay affects every aspect of his daily functioning.

* *Communication is the weakest area:*

Zuhayr’s lack of functional language stands out as a critical need. His limited understanding of speech and near-absence of words to express himself mean he relies on gestures, cries, and sounds. Often his wants and feelings go uncommunicated or are misinterpreted, leading to frequent frustration for both him and his caregivers.

* *Motor and self-care skills are very delayed:*

Zuhayr’s physical coordination and self-help abilities (dressing, toileting, feeding, etc.) are well behind those of his peers. He depends on adults for most daily tasks, whether it is opening a lunchbox, climbing play equipment safely, or putting on his coat. Without full-time assistance, he cannot navigate the basic routines of a classroom or home life.

* *Social-emotional understanding is emerging but fragile:*

Zuhayr clearly craves interaction and affection, especially from adults, but he struggles to interpret social cues. He wants to engage, yet he doesn’t understand how to play or communicate with other children appropriately. This often leads to moments of frustration (when social attempts fail) or withdrawal (when he is overwhelmed or anxious). In other words, his desire to be social is present, but his capacity to do so effectively is very limited.

Predisposing Factors (Factors in Place Long-Term)

* *Neurodevelopmental profile:*

Zuhayr’s history suggests an underlying global developmental delay rather than isolated skill gaps. His diagnoses of Autism (requiring substantial support) and ADHD help explain the breadth of his challenges – these neurodevelopmental conditions often impact communication, social interaction, attention, and adaptability from an early age. In Zuhayr’s case, autism likely contributes to his significant communication and social difficulties, while ADHD may underlie his high activity level and short attention span.

* *Language exposure:*

Although Zuhayr has a multicultural background, English has been the primary language in both his home and school environments. This means his communication difficulties are *not* due to learning a new language or lack of English exposure. The language environment is consistent, so his lack of speech and understanding is rooted in his developmental condition rather than bilingual confusion.

* *Sensory processing profile:*

While not formally assessed in this report, observations suggest that Zuhayr has an atypical sensory profile. He appears hypersensitive to noise and crowds (covering ears or shutting down in loud settings) yet seeks strong sensory input (craves movement, deep pressure, and even self-stimulatory behaviours like throwing or mouthing objects). He copes best in low-noise, low-clutter environments. This sensory modulation difficulty likely predates the current situation and is part of his autism profile, influencing how he experiences the world and learns new skills.

Precipitating Triggers (Factors Triggering Challenges in the Current Situation)

* *Busy, fast-paced classroom routines:*

After moving to the UK and starting school, Zuhayr was suddenly exposed to a mainstream classroom environment that is rapid and stimulus-rich. The quick transitions, background chatter, and multi-step verbal instructions can quickly overwhelm his processing capacity. He often reaches a threshold where he cannot keep up, which in turn triggers disengagement or “shutdown” behaviours (e.g. he might tune out, lie on the floor, or cover his eyes/ears when he’s had enough). Essentially, the typical pace of a Reception classroom can be too much for him, precipitating many of his observable difficulties at school.

* *Peer interaction demands:*

At this age, other children are rapidly developing play and social communication skills – such as negotiating roles in play, taking turns, and using imagination. For Zuhayr, these rising peer interaction demands are extremely hard to meet. He does not have the language or flexibility for cooperative play, so attempts to engage with peers often fail or do not happen at all. This can lead to social isolation or conflicts (for example, if he grabs a toy because he can’t ask for a turn). The more his peers advance socially, the more pronounced Zuhayr’s social differences become, which can trigger emotional outbursts or increased withdrawal when he realises he cannot join in.

* *Recent environmental change:*

The move from Bangladesh to the UK and the transition to a new school in a new country likely acted as a major trigger for Zuhayr. This was a sudden disruption of his familiar routines and environment. Since January, he has had to adjust to a different culture, climate, school setting, and potentially a different daily schedule. Such a dramatic change can intensify anxiety and confusion in a child with ASD/ADHD. It is possible that some of his behaviours (like increased clinginess or more frequent meltdowns) initially spiked during or after this move. The stress of adapting to a new environment may have precipitated some regression or worsening in his behaviours as he copes with so much that is unfamiliar.

Perpetuating Factors (Factors that Maintain or Exacerbate Difficulties)

* *Communication breakdowns and learned dependency:*

Because Zuhayr has so few reliable ways to communicate, adults often anticipate his needs to prevent distress – for instance, they might pre-emptively give him food, toys, or comfort before he asks, just to avoid a meltdown. While well-intentioned, this means Zuhayr gets fewer opportunities to practice functional communication. He may be unintentionally learning that he does not need to attempt a word or point to something, since eventually someone will guess what he wants. This cycle perpetuates his communication delay.

* *High levels of support reducing independent attempts:*

Similarly, Zuhayr’s need for constant help means that tasks are often done *for* him rather than *with* him. For example, due to time constraints, staff usually fasten his coat and backpack for him, and his parents feed him to ensure he eats enough. As a result, he gets little practice trying tasks on his own, and he has not experienced the small failures and successes that typically help children learn self-care skills. The very support he relies on can inadvertently slow his progress toward independence, as he has grown accustomed to others doing things for him.

* *Task design and expectations:*

Many activities in a mainstream curriculum are abstract or language-heavy (e.g. listening to a story on the carpet, or doing a simple worksheet). For Zuhayr, these tasks are often far above his current level of understanding. When he’s presented with an activity that he cannot make sense of, it likely reinforces feelings of failure or confusion, which in turn makes him more likely to avoid or resist similar activities in the future. Over time, repeated experiences of “I can’t do this” can diminish his willingness to engage, creating a cycle where he is present but not actively learning. Without significant adaptation of tasks, this pattern will continue to hinder his development.

* *Limited learning time and social exposure:*

Due to safety concerns, Zuhayr is currently only attending school for one hour a day. While this reduced timetable is necessary to manage his needs, it also means he has very limited opportunities to practice skills in a group setting or interact with peers. Most children his age spend 6 hours a day around classmates, learning social norms and routines by constant exposure – Zuhayr gets a fraction of that time. This perpetuates his delays: with so little time in a structured educational setting, progress is slower. Additionally, the short sessions may make it harder for him to generalise any skills he does pick up, as there is less reinforcement and consistency day-to-day.

Protective Factors & Strengths (Factors Supporting Resilience and Development)

* *Warm, responsive relationships:*

Zuhayr is fortunate to have very supportive, loving parents and dedicated staff at school. His close bond with his family and the trusting relationships he is developing with key adults at school (teachers and support staff) provide an emotional “safe base” for him. Because he feels cared for and secure with these adults, he is more willing to engage in activities and handle challenges than he would be otherwise. These relationships also mean the adults are very attuned to his needs and cues, which helps prevent crises and promotes progress.

* *High motivation for music, rhythm and hands-on play:*

Despite his challenges, Zuhayr shows clear enthusiasms that can be used as entry points for learning. He is highly motivated by musical activities – songs, rhymes, clapping games – and often lights up during these. He also enjoys *hands-on, sensory play* (like water play, sand, playdough, swinging, or bouncing on a trampoline). These preferred activities can capture his attention in ways other tasks cannot. They are powerful tools for teaching (for example, using a familiar song to introduce a new word, or using a swing as a reward for completing a task).

* *Visual learning strength:*

Zuhayr responds well to visual cues and demonstrations. When shown pictures, objects, or given a live model of what to do, he learns better than through spoken instructions alone. For instance, he can imitate an action after watching someone else do it, and picture cards help him know what comes next in his routine. This visual learning strength is a significant asset, because it means we can use visual strategies (like picture schedules, visual reward charts, step-by-step visual instructions) to effectively support and teach him new skills.

* *Positive home–school partnership:*

There is a strong **collaborative approach between Zuhayr’s parents and his educators**. Both parties share consistent observations about his behaviours and needs, and they are eager to work together on strategies. Communication between home and school is open and frequent (e.g. a home–school diary or regular meetings to discuss progress). This unity ensures that Zuhayr experiences a more consistent approach across settings – what helps him at school can be echoed at home and vice versa. Such a partnership is a protective factor because it means everyone is “on the same page” and working toward common goals, which maximises the effectiveness of interventions.

Putting It All Together (The “So What?”)

Zuhayr is a keen and affectionate child whose developmental profile is significantly younger than his chronological age in all areas. The interplay of his delays creates a cascade of challenges: limited communication leads to unmet needs, which leads to frustration or withdrawal, which in turn leads to fewer social learning opportunities, ultimately resulting in slower skill growth. At the same time, he has clear avenues for engagement – notably his strong relationships with adults, and his curiosity for music, movement and visual stimuli – which provide promising entry points for intervention.

From a restorative, *“high support & high expectations”* perspective, the best approach for Zuhayr is one where robust support is paired with gentle but firm expectations for progress. In practice, this means he will benefit from explicit scaffolding, visual aids, and modelling to learn new skills, alongside consistent structure and compassionate limits. For example, giving him a visual timetable and step-by-step prompts can support him (high support), while still expecting him to attempt each step of a task rather than doing it all for him (high expectations). This places adults in the “Supportive” quadrant of the Social Discipline Window – working *with* Zuhayr through encouragement, structure, and guided practice, as opposed to being punitive (high expectations, low support), permissive (low expectations, high support), or neglectful (low both). By building his competence *with* him, we respect his dignity and capacity to grow, even as we acknowledge his significant needs.

In summary, this formulation points to several key priorities for Zuhayr’s development. It leads directly to the outcomes and provisions in the Psychological advice - of which this report is attached as an appendix. The priority focus includes:

* Prioritising functional communication as the gateway to greater autonomy (giving Zuhayr a way to express wants and understand others).
* Embed visual supports and sensory-smart strategies throughout his day, so he can better process information and stay regulated while learning.
* Provide graded opportunities for independence in self-care and motor tasks, within a nurturing and structured environment, to slowly build his confidence and skills in those areas.

These focus areas aim to capitalise on Zuhayr’s strengths and address his core needs in a balanced, supportive manner.

**Signed:** *Scott I-Patrick*

**Name:** Dr Scott I-Patrick *DEdPsychol CPsychol*

**Role:** Locum Educational Psychologist

**Date:** 15/05/25

**Ref:** 09102019-SAAFIRZ-EHMNUMBER-PSYCHADVICE

**4. Outcomes Expected and Provisions to Achieve Them**

Based on the above formulation, long-term outcomes have been identified for Zuhayr in each domain of need, along with shorter-term goals and specific strategies. The **expected outcomes** are the broad improvements we aim to see, typically by the end of a key stage (over the next 1–2 years). Each outcome is broken down into **short-term goals** (achievable steps over the next term or two) and is supported by provisions. **Ordinarily available support** refers to strategies and resources that can be provided through quality teaching and typical school arrangements. **Additional support** refers to specialized or extra provisions that go beyond what is normally available, to meet Zuhayr’s unique needs. All goals and strategies are designed to be **neurodiversity-affirming**, meaning they respect Zuhayr’s differences (e.g. his communication style, sensory profile) and build on his strengths while addressing challenges.

**Communication and Interaction**

* **Expected Outcome:** Significant improvement in Zuhayr’s **receptive and expressive communication skills**, enabling him to communicate his needs more clearly and participate in simple social interactions both at home and at school. In practical terms, we expect Zuhayr to develop a functional communication system (using gestures, pictures, and/or words) so that he can understand basic instructions and make basic requests rather than resorting to screams or guesswork.
* **Short-Term Goal (by the end of this term):** Zuhayr will **consistently respond to single-step instructions** in familiar contexts. For example, when given a simple verbal instruction accompanied by a gesture or picture cue (“stand up”, “give me the cup”), he will follow through at least 4 out of 5 times. This will indicate improvement in his receptive understanding.
* **Long-Term Goal (by the end of Key Stage 1, age ~7):** Zuhayr will **independently follow two-step directions** and communicate basic needs with minimal frustration. For instance, he should be able to understand an instruction like “Hang up your coat and then sit down” and carry it out, and he should have a reliable way (words, sign or picture) to ask for preferred items or help. Achieving this would greatly increase his autonomy and inclusion in class activities.

**Ordinary Support:**

* Use **visual communication aids** throughout Zuhayr’s day. For example, teachers and parents will use a **visual timetable** with pictures to show his routine, and simple picture cards or objects to offer choices (“water or milk?” with images) to encourage him to make requests non-verbally.
* Consistently **simplify and support language** when speaking to Zuhayr. Staff and family will use short, clear phrases (e.g. “coat on”) paired with natural gestures or signs. They will allow extra processing time after giving an instruction. Everyone interacting with him will adopt this *“say less, and show more”* approach so he has the best chance to understand.
* Incorporate **social stories and role-play** in daily practice. For example, a short illustrated story can be read frequently to teach him what to do when he wants a break (picture of him giving a “break” card). Simple role-play with a trusted adult (pretending to say hello, playing turn-taking games) will help him practice basic interactions in a safe setting.
* Provide **consistent cues and routines** to reduce confusion. Using the same key words, gestures, or signs for important daily activities (like a hand signal for “stop” or a gesture for “toilet”) will help Zuhayr make associations between the words and actions over time.

**Additional Support:**

* Engage a **Speech and Language Therapist (SALT)** to work with Zuhayr. The therapist can formally assess his communication needs and help design an augmentative communication system for him. For example, the introduction of **PECS (Picture Exchange Communication System)** or a similar visual communication system will allow Zuhayr to hand over picture cards to communicate requests (such as giving a picture of a drink to request water). The SALT can train school staff and family in using this system consistently across environments.
* Consider introducing **Makaton sign language** or key word signing alongside speech. With support from a specialist, adults can teach Zuhayr a few simple signs (for example, “more”, “eat”, “help”) to give him another mode of expression. This will be used in addition to spoken words and pictures, to see which method resonates best with him.
* Arrange for **focused 1:1 communication sessions** daily. A trained support staff or therapist will spend dedicated time with Zuhayr using strategies like play-based communication therapy (e.g. **Hanen’s “More Than Words” approach** or intensive interaction techniques) to encourage any vocalisations or initiations from him in a low-pressure context. These sessions would be outside of whole-class time and tailored to his level.
* Ensure **specialist equipment or technology** is available if beneficial. For instance, trial a simple **voice-output communication aid** (such as a tablet with a basic communication app or buttons that speak a word when pressed) to see if Zuhayr engages with it as a means to communicate. A SALT or assistive technology specialist can advise on an appropriate device and training.

**Cognition and Learning**

* **Expected Outcome:** Noticeable improvement in Zuhayr’s **attention span, problem-solving abilities, and understanding of early concepts** through multi-sensory, individualised learning. The aim is for him to engage more in learning activities and start acquiring foundational concepts (like matching, sorting, and eventually pre-literacy skills) by using teaching methods that suit his visual and tactile learning style. In essence, we want to **boost his ability to learn and remember new information** by presenting it in concrete, hands-on ways.
* **Short-Term Goal (within the next 3–6 months):** Zuhayr will **increase his focused engagement in structured tasks**. Specifically, with support, he will be able to attend to a simple table-top activity (like a shape sorter, a picture-matching task, or a cause-and-effect toy) for **at least 2–3 minutes continuously**. During that time, he should demonstrate some **learning behaviour** – for example, matching an object to a picture with prompting, or indicating the correct piece in a simple puzzle when asked. Achieving this will show a improvement from his current very brief attention span.
* **Long-Term Goal (by the end of Key Stage 1):** Zuhayr will **participate in structured learning routines with greatly reduced prompt dependency**. By around age 7, we expect him to be able to engage in short, specially-designed learning activities (such as an adapted early literacy or numeracy task) and complete them **with fewer and gentler prompts** (e.g. needing a reminder to continue rather than full hand-over-hand guidance for every step). He should also show **progress in basic cognitive skills** – for instance, recognising several letters or numbers, or sorting objects by category – indicating that he is accessing the curriculum at his level. This goal means he would enter Key Stage 2 better prepared to learn with some independence.

**Ordinary Support:**

* Utilize **multi-sensory teaching techniques** for all learning activities. Concepts will be taught using visuals, physical objects, music, and movement wherever possible. For example, if the class is learning numbers, Zuhayr might have a basket of tactile number cards or toy animals to count out, so he can touch and see as well as hear. This concrete approach will help him form mental links that pure verbal instruction would not.
* **Differentiate and simplify tasks** to his developmental level. In practice, this means providing Zuhayr with his *own set of goals and materials* during academic times. While others might trace letters, he might work on matching pictures to identical pictures. While others do a simple addition, he might be practicing sorting big versus small blocks. The teacher or assistant will create tasks that align with what the class is doing thematically, but scaled down to a level where he can experience success and gradually build up skills.
* Implement a **consistent one-to-one teaching routine** each day. Even within his 1-hour school day initially, a portion of that time will be a structured learning session with an adult at his side, free from distractions. For example, the first 10 minutes could be a tabletop “work” session using methods from TEACCH (a structured teaching approach often used for children with autism) – with clear visual boundaries and an order of tasks to complete (like a matching task, then a simple inset puzzle, then a cause-and-effect toy as a reward). Regular, short bursts of such focused work will help build his cognitive stamina.
* Emphasize **repetition and over-learning**. Skills will be practiced many times in varied ways to help them “stick.” If, for example, the concept of “in and out” is being taught, he might: physically go in and out of a doorway, put balls in and out of a bucket, watch a short video of a character going in and out of a house, and hear a simple song about “in and out.” This sort of repetition through different sensory channels will reinforce the concept much more than a single explanation could.
* Continuously **assess and celebrate small gains**. The teacher or SENCo will maintain a simple progress log for Zuhayr’s learning (e.g., noting when he completes a task with less help or shows understanding of a new concept). Even tiny steps – like looking at a book for one minute whereas before he wouldn’t look at all – will be recognized and reinforced (with praise, high-fives, or a preferred sensory reward). This positive feedback is important to keep him motivated and show him that engaging with learning is rewarding.

**Additional Support:**

* Involve an **Educational Psychologist or specialist teacher** (if not already ongoing) to regularly review and advise on Zuhayr’s learning program. Given Zuhayr’s complex needs, a specialist can help design an appropriate curriculum and suggest effective strategies (for example, they might introduce an approach like **Attention Autism** – which uses highly motivating visual activities to build attention in autistic children). They can also help train school staff in these methods.
* Provide **one-on-one intervention sessions** targeting cognitive skills. For example, a **specialist learning support assistant** or SEND teacher could work with Zuhayr on a personalised program (perhaps 2–3 times a week, in addition to classroom support). This might include activities to improve his memory (like simple memory games with pictures), problem-solving (such as figuring out how to open different containers to get a toy), or early literacy (like recognising his name in print, if appropriate). These interventions would be documented and his response monitored, adjusting techniques as needed.
* Ensure access to **specialist resources** as needed. This could include therapeutic software or apps designed for children with very limited attention (for example, touch-screen activities that reward even brief touches with sounds/visuals to train cause-and-effect understanding). Another resource might be **sensory learning tools** (like a light-up board for tracing shapes, or textured letters) to incorporate his sensory interests into cognitive learning. If beneficial, the school can borrow or purchase such items, possibly with advice from an occupational therapist or specialist teacher.
* Plan for a **gradual increase in school attendance/learning time** as tolerated. Although this is not a direct “provision” in the teaching sense, it’s a supportive strategy for learning. As Zuhayr becomes more comfortable and engaged in his one-hour sessions, the team (parents, school, professionals) should review if his timetable can be **extended** (even by 15-minute increments) to allow more learning opportunities. This will be done cautiously and always with his sensory needs in mind, but the long-term plan should include him spending more time in an educational setting (with appropriate support) so that he can generalise his cognitive gains in a broader context.

**Social-Emotional and Mental Health**

* **Expected Outcome:** Development of a greater **awareness of social boundaries and appropriate behaviour** across different contexts, along with improved emotional regulation. In child-friendly terms, we want Zuhayr to begin understanding “how to behave with other people” in various situations – for example, knowing not to run away from adults, recognising simple social cues like someone saying “stop” or “come here,” and showing some ability to cope with feelings like frustration without immediately melting down. Progress in this area will help keep him safe and allow him to integrate more with peers over time.
* **Short-Term Goal (by next term):** Zuhayr will demonstrate an **appropriate response to common social prompts** in structured settings. For instance, when an adult he knows says his name or waves to get his attention, he will look toward them or approach them in at least 4 out of 5 instances (indicating he vocalisations when someone is initiating interaction). Likewise, if a familiar adult uses a clear “stop” gesture or verbal cue because he is doing something unsafe, Zuhayr will pause his action in that moment. Achieving these responses will show that he’s beginning to connect certain cues with the expected behaviour.
* **Long-Term Goal (by the end of Key Stage 1):** Zuhayr will demonstrate **improved self-regulation and social understanding** such that he can modulate some of his own behaviour with minimal prompting. By around age 7, the aim is for him to **cope with short periods of group activity** (for example, circle time for 5-10 minutes) using taught strategies to handle stress, and to interact with peers at a basic level under supervision (for instance, playing alongside or taking turns when guided by an adult). We also expect that he will show an emerging understanding of social boundaries – for example, staying with his class during transitions (not bolting away) and following simple school rules with support. Essentially, he should be more *in control of his emotions and actions* than he is now, reducing dangerous incidents and increasing positive social experiences.

**Ordinary Support:**

* Maintain a **predictable routine and clear structure** in both home and school environments. Zuhayr thrives on consistency, so having set routines (with visual schedules as mentioned) will make him feel secure and reduce anxiety-driven behaviours. When he knows what to expect next, he is less likely to resist or become upset. Both parents and teachers will stick to consistent timings and sequences for key activities (like mealtimes, playtimes, clean-up) as much as possible.
* Use **visual cues and social narratives** to teach social rules. For example, at school, simple picture cues can be placed at strategic locations – a stop sign image on exit doors to remind him not to run out, a “walking feet” picture in the hallway to prompt staying with the adult. At home, a picture sequence might illustrate the steps of crossing the road safely (hold hand, wait, walk). **Social stories** (short, personalized stories with pictures) will be used to explain concepts like “staying with my teacher keeps me safe” or “how to ask to play with a friend” in a way he can rehearse and remember. These stories can be read to him daily.
* Implement **regular emotional check-ins and calming strategies**. Staff (and family) will be trained to recognize early signs of Zuhayr’s distress (e.g., tensing up, covering ears, whining) and intervene early. They will use simple emotion symbols (happy, sad, angry faces) to **label feelings** for him over time (“I see you look upset”) and then guide him to a taught **calming strategy**. For instance, a calm corner or safe space will be available both at home and in class – a quiet area with cushions or a tent – where he can go to settle. There, an adult might help him do a calming routine (deep breaths with visual prompts, squeezing a stress ball, or singing a familiar gentle song). Over time this helps him associate those actions with feeling better.
* Provide **supported peer interaction opportunities** in small doses. Even though full free play with peers is too advanced for Zuhayr right now, he can start experiencing positive moments with other children in a controlled way. For example, in class, the teacher can pair him with one kind peer helper for a simple task (like building a block tower together under adult supervision). In such moments, the adult can model for Zuhayr how to take a turn and then prompt the peer to give him a turn, etc. Another strategy is **parallel play sessions** – having Zuhayr play next to another child with similar toys, with an adult narrating or gently encouraging interaction (“Look, Sam is rolling the car. Can you roll your car to Sam?”). These small, structured interactions will gradually introduce him to the idea of playing *with* others and following simple social rules, in a low-stress way.
* Use **positive reinforcement and restorative practices** to shape behaviour. Whenever Zuhayr follows a social expectation or handles a situation well (no matter how small), immediate praise and/or a reward should follow. For instance, if he stops running when the teacher says “Stop”, he could get a big hug or a favourite sticker and the adult will enthusiastically tell him “Good listening!” Similarly, if he does something inappropriate or has a tantrum, adults will remain calm and use a *restorative* approach: once he’s calm, briefly explain or show the expected behaviour (e.g., “When we’re mad, we use our cards or words, not hitting”) and then focus on moving forward rather than punishment. This consistent, gentle coaching approach in everyday moments will help him learn acceptable behaviours without feeling shamed.

**Additional Support:**

* Enlist the help of an **Autism specialist or Behaviour support specialist** (for example, an outreach teacher from an autism support service or a child psychologist) to create a **Personalised Social Development Plan** for Zuhayr. This professional can do observations and suggest tailored strategies to address behaviours like bolting, aggression, or anxiety. They might introduce techniques such as **PECS emotion symbols** (to help him express feelings), or a **visual behaviour chart** that rewards him for staying with adults, etc. They can also train staff in managing meltdowns safely and effectively (for instance, using de-escalation techniques and sensory breaks proactively).
* Provide **targeted social skills and play therapy sessions**. For example, Zuhayr could benefit from **therapeutic play sessions** with a trained play therapist or an early years specialist, maybe once a week. These sessions use play to work on turn-taking, waiting, and expressing feelings in a fun, guided context. Another possibility is a **small therapeutic group** (with one or two other very carefully selected children and two adults) focusing on simple interactive games – essentially a “social group” adapted to his level, which might be run by the speech therapist or SENCo. This gives him a semi-real context to practice social interaction with a lot of scaffolding.
* Implement a **sensory integration program** to aid emotional regulation. With guidance from an **Occupational Therapist (OT)**, the school can create a sensory diet for Zuhayr – a schedule of sensory activities embedded throughout his day to help keep him regulated. For example, the OT might recommend 5 minutes of trampoline time or deep-pressure massage every hour, or a weighted lap pad during seated times, to help reduce his impulses to seek sensory input in disruptive ways. The OT can also suggest environmental adjustments (like noise-cancelling headphones for loud environments, or a visual partition in class) to prevent sensory overload that often underlies his emotional outbursts.
* Continue **high supervision levels during high-risk times**. While the goal is to reduce bolting and unsafe behaviour, until Zuhayr reliably improves, the school should maintain additional staffing during transitions, playtimes, and outings. For instance, if his timetable increases, an extra adult should always accompany him during **unstructured times like playtime** to directly teach playground social skills and intervene if he attempts to run off. This one-to-one or two-to-one supervision is an additional safety measure that the school acknowledges and provides as part of his support plan. As he demonstrates better self-control (e.g., consistently holding an adult’s hand near roads or staying in the line with class), this can be gradually tapered.

**Physical and Adaptive Skills**

* **Expected Outcome:** Strengthening of Zuhayr’s **functional motor skills and adaptive (self-care) behaviours**, leading to greater physical participation and personal independence. We expect noticeable gains in his gross motor abilities (balance, coordination, strength) and fine motor skills (dexterity for small tasks), alongside improvements in everyday life skills (feeding, dressing, toileting). Ultimately, this outcome means Zuhayr will be *more physically capable and more self-sufficient* in routine activities, which will improve his confidence and safety.
* **Short-Term Goal (within six months):** Zuhayr will show **improved fine motor control and coordination**. In particular, we aim for him to develop a more functional grasp and manipulation ability – for example, **using a crayon or thick pencil with a basic grasp** (even if it’s a fisted grasp or a crude approximation) to make purposeful marks on paper, and being able to stack at least 5 one-inch blocks without them toppling. Additionally, he should participate in an adult-guided **pre-dressing task** like pushing his arm through a sleeve or pulling off his socks independently. These achievements would indicate progress in both fine motor and adaptive domains compared to his current baseline.
* **Long-Term Goal (by the end of Key Stage 1):** Zuhayr will be able to **complete several age-appropriate self-care and classroom tasks independently or with minimal support**. By around age 7, we expect him to, for example, **eat with utensils, dress/undress to a basic degree (put on/take off simple clothing items), use the toilet with prompting** (if not fully independently), and engage in class activities like writing practice or cutting with adapted scissors to the best of his ability. He should also develop safer awareness of his body in space – meaning he can navigate familiar environments (like moving around the classroom or playground equipment) without constant physical guidance, and refrain from dangerous movements (like darting into roads) as he internalizes safety rules. Essentially, by that point, he should function more like a school-aged child in terms of motor and self-care skills, even if still somewhat behind his peers.

**Ordinary Support:**

* **Daily opportunities for physical play and exercise** will be built into Zuhayr’s routine. At school, this means integrating short movement breaks every 20–30 minutes – e.g. a quick obstacle course in the corridor (stepping over a few blocks, crawling through a tunnel), bouncing on a therapy ball, or animal walks (bear crawl, frog jumps) in the low-arousal room. At home, parents will be encouraged to allow lots of active play (running in the garden, playing on swings, throwing balls). Regular physical activity will not only build strength and coordination but also help satisfy his sensory need for movement in a structured way.
* Use **adaptive equipment and materials** to facilitate participation. For example, provide **chunky, easy-grip tools**: thick crayons, large knobs on puzzles, velcro instead of buttons on clothes, elastic shoe laces or slip-on shoes, etc. In class, if others are using regular pencils, Zuhayr might use a jumbo pencil with a special grip. If others use scissors, he might use spring-loaded self-opening scissors or loop scissors that are easier to squeeze. These adaptations will allow him to practice the same kind of tasks but in a way suited to his current motor abilities, thereby improving those abilities gradually.
* **Embed self-care skills practice into daily routines.** Rather than always doing things *for* Zuhayr, adults will adopt a “hand-over-hand → hand-under-hand → prompting → independent” progression for each skill as feasible. For instance, during snack time, an adult initially guides his hand on a spoon (hand-over-hand) to scoop yogurt, then over time moves to just holding his wrist for support (hand-under-hand), then eventually only pointing or verbalizing (“take a scoop”) and letting him do more by himself. This method will be applied to dressing (e.g. first physically moving his hands through sleeves, later just laying out clothes and prompting), hygiene (guiding his hand to wash himself, then gradually reducing help), etc. The key is **consistency and patience** – it might take dozens of repetitions, but each small step he does on his own is a victory.
* Provide **extra time and a simplified environment for tasks**. Zuhayr will be given *double the usual time* (or more if needed) to attempt things like putting on his coat or finishing a fine motor task, so he doesn’t feel rushed or have tasks taken over. In class, he might start getting ready to go out a few minutes before his peers so he can practice zipping his coat. The environment can be arranged to aid success: for example, having a stool so he can sit to put on shoes (for better balance), keeping his personal items always in the same place (to build routine), and minimizing background noise during focused tasks so he can concentrate on using his hands.
* **Safety proofing and continuous supervision** in everyday situations. Until Zuhayr reliably learns danger awareness, adults will proactively ensure his safety by controlling the environment: keeping doors and gates secured or monitored, using visual barriers or markers to define “boundaries” he should not cross (like bright tape on the floor by exits), and holding his hand or using a walking harness when near roads or in busy public places. At school, during any physical activity (PE class, playground time), a staff member will be assigned specifically to stay with Zuhayr, engaging him in appropriate play and preventing risky behaviour (for example, catching him if he tries to climb too high or wander off). This level of ordinary precaution is necessary given his impulses, and over time, as he learns, these measures can be relaxed.

**Additional Support:**

* Initiate **Occupational Therapy (OT) involvement** to address both motor skills and sensory integration. An OT can provide an in-depth evaluation of Zuhayr’s fine and gross motor delays and design a therapy program for him. This might include weekly or fortnightly OT sessions focusing on core strength, balance, and hand skills (using equipment like therapy swings, balance beams, putty exercises for hand strength, etc.). The OT can also introduce strategies to help with feeding (e.g., a textured spoon to improve oral sensory tolerance) and toileting (like a visual sequence or adaptive seat if needed). Critically, the OT can train school staff and parents in implementing exercises daily (often referred to as a “sensory diet” or motor skills programme) to reinforce progress between sessions.
* Involve a **Physiotherapist** if needed for gross motor development. If the assessment shows significant issues with muscle tone or coordination that are beyond typical developmental delay, a physio might be consulted. They could recommend specific exercises or stretches for Zuhayr (for example, activities to improve his balance and gait if he’s unsteady, or strategies to increase muscle tone if hypotonia is present). While not all cases will need direct physio, having that expertise available ensures no aspect of his physical development is overlooked.
* **One-to-one physical skills training** with a learning support assistant or therapy assistant. This could take the form of a short daily session (“motor skills time”) where Zuhayr works on targeted physical goals. For example, a 15-minute fine motor workout each morning using fun activities like threading large beads (to improve hand-eye coordination), squeezing playdough or sponges (to build hand strength), and practicing tracing lines on paper (to develop pre-writing motor control). Similarly, a gross motor circuit in the afternoon might be set up just for him (stepping stones, throwing bean bags at a target, etc.) with an adult encouraging and tracking his performance. Individualised sessions like this can accelerate his progress in a way that group PE might not.
* **Continued high-ratio support for safety** as an ongoing provision. Given the combination of his impulsivity, lack of danger awareness, and need for help with self-care, the school will maintain **additional staffing (beyond typical classroom ratio)** for Zuhayr. This means that even as his hours potentially increase, he should have a dedicated aide or two adults present who can focus on him during transitions, outdoor play, and any risky activities. This additional support is critical to keep him safe and to allow him to practice new skills in a controlled manner. Over time, if he shows improvement (for example, he no longer bolts and can follow basic safety instructions), a risk assessment can determine if the ratio can be safely reduced. Until then, funding and scheduling will reflect that his needs exceed what is “ordinarily” managed by one teacher in a class of 30.
* Adapt the **environment with specialist equipment** as necessary. If Zuhayr continues to have significant issues with stability and coordination, equipment such as a **specialist chair** (to help him sit with proper support during tabletop work) or **bathroom modifications** (like grab bars, a cushioned toilet seat, or step stools) could be provided through occupational therapy recommendations. In the classroom, **padded mats** or carpeted areas could be used for floor activities to cushion him if he falls during play. These physical supports go beyond typical classroom furniture but will ensure he can participate as safely and comfortably as possible.

*(For all the above domains, it’s important that any additional support is regularly reviewed – e.g. through termly Team Around the Child meetings or SEN review meetings – to ensure strategies remain effective and aligned with Zuhayr’s evolving needs. As Zuhayr achieves short-term goals, new ones will be set, always aiming toward the long-term outcomes.)*

**Appendix**

About the DP-4:

The *Developmental Profile 4 (DP-4)* is a standardised assessment that evaluates a child’s development through parent and teacher reports across five key domains: Physical, Adaptive Behaviour, Social-Emotional, Cognitive, and Communication. It is designed for ages 0–21 and provides a detailed account of a child’s strengths and weaknesses, identifying areas of developmental delay. The DP-4 generates standard scores for each domain (with an average of 100 in the normative sample) and includes other metrics (percentile ranks, age-equivalent scores, etc.) to help interpret a child’s performance relative to typically developing peers. Below is a breakdown of what each DP-4 scale measures, explanations of the scoring terms used in this report, the descriptive ranges for standard scores, and a summary table of Zuhayr’s specific results from both the parent and teacher checklists.

Summary of DP-4 Assessment Results (Parent and Teacher Ratings)

| **DP-4 Scale** | **Parent Checklist** | **Teacher Checklist** |
| --- | --- | --- |
| **Physical** | *Standard Score 53* (0.1 %ile) – Delayed Age-equiv ≈ 2 yrs | *Standard Score 46* (<0.1 %ile) – Delayed Age-equiv < 2 yrs |
| **Adaptive Behaviour** | *Standard Score 40* (<0.1 %ile) – Delayed Age-equiv ≈ 1 yr 7 mths | *Standard Score 40* (<0.1 %ile) – Delayed Age-equiv ≈ 1 yr 7 mths |
| **Social-Emotional** | *Standard Score 55* (0.1 %ile) – Delayed Age-equiv ≈ 1 yr 7 mths | *Standard Score 40* (<0.1 %ile) – Delayed Age-equiv ≈ 1 yr 7 mths |
| **Cognitive** | ***Standard Score 40* (<0.1 %ile) – Delayed Age-equiv < 2 yrs** | ***Standard Score 40* (<0.1 %ile) – Delayed Age-equiv < 2 yrs** |
| **Communication** | ***Standard Score 40* (<0.1 %ile) – Delayed Age-equiv < 1 yr** | ***Standard Score 40* (<0.1 %ile) – Delayed Age-equiv < 1 yr** |

Interpretation:

This table provides a comparison of Zuhayr’s developmental scores as reported by his parents and teachers. All domains are in the “Delayed” range (standard scores well below 70), highlighting pervasive developmental delays. There is remarkable consistency between home and school ratings, indicating that Zuhayr’s challenges are significant and evident across environments. (Minor differences can be seen in the Physical and Social-Emotional domains, where parent scores were slightly higher, possibly reflecting that he shows a bit more capability or comfort in those areas at home. However, both perspectives agree on the overall level of delay.) These results underscore the need for comprehensive support in all areas of development.

Table 1.1: DP-4 Developmental Scales and What They Measure

| **Scale** | **What it Measures** |
| --- | --- |
| **Physical** | Gross and fine motor skills, coordination, strength, stamina, and flexibility. This scale looks at how well the child uses large muscles (for activities like running, jumping, climbing) and small muscles (for tasks like drawing, buttoning) compared to age peers. |
| **Adaptive Behaviour** | Age-appropriate independent functioning (daily living skills). It assesses the child’s ability to carry out everyday tasks such as eating, dressing, toileting, personal hygiene, functioning independently at home or school, and even basic use of technology for their age. |
| **Social-Emotional** | Interpersonal and social skills, and emotional understanding. It measures how the child interacts with others (peers and adults), their ability to understand social rules and cues, their emotional responsiveness, and how they perform in social situations (e.g. sharing, taking turns, empathy). |
| **Cognitive** | Skills related to thinking and learning (intellectual functioning). This includes perception, concept development (like understanding shapes, colours, numbers), memory, reasoning and problem-solving, understanding time concepts, classification, and other mental tasks important for academic success. |
| **Communication** | Receptive and expressive language abilities, both verbal and non-verbal. It covers how well the child understands language (following instructions, comprehending words) and how well they can express themselves, whether through speech, gestures, writing, or using communication devices (like pointing to pictures or using a computer/tablet to communicate). |

Table 1.2: Explanation of DP-4 Assessment Measures

| **Measure** | **What It Means** |
| --- | --- |
| **Standard Score** | A standardised score that indicates the child’s performance relative to typically developing children of the same age. For the DP-4, the standard score has a mean (average) of 100. A score around 100 is average for age, while significantly lower scores indicate developmental delays. (Each domain’s score is derived from the questionnaire and then converted to this standardised scale.) |
| **Confidence Interval** | A range of scores within which the child’s “true score” likely falls, usually given at a 95% confidence level. Because all assessment measures have some error, the confidence interval (e.g. “95% of the time, Zuhayr’s true score would fall between X and Y”) provides a range that accounts for possible measurement error. (Note: In this report, specific confidence intervals are not listed for brevity, but they are available in the DP-4 test manual.) |
| **Percentile Rank** | The percentile rank tells us the percentage of children in the normative sample who scored *at or below* the child’s score. For example, a 1st percentile rank means the child scored as well as or better than only 1% of children his age (and 99% scored higher). Percentiles are an intuitive way to understand how rare or common a score is. |
| **Age Equivalent** | The age equivalent indicates the age (in years and months) at which the child’s raw score is the average score. For instance, an age equivalent of “2 years” in a domain means that Zuhayr’s score is similar to the average score of a 2-year-old in that area. This measure is a rough indicator and should be used with caution – it does *not* mean the child is exactly like that younger age in all ways, just in the skills measured. |
| **Growth Score** | A growth score is a score provided by the DP-4 that is not based on comparison with other children but on an absolute scale of development. It allows tracking of the child’s development over time *independent* of age norms (useful for seeing if the child has made progress even if they remain far below age level). In essence, it’s a number that should increase as the child gains new skills. |
| **General Development Score** | The General Development Score is an overall composite score that summarises performance across all five domains of the DP-4. Like an “overall developmental index,” it gives a single score reflecting the child’s broad developmental level relative to age peers. (For Zuhayr, both parent and teacher overall scores fell in the Delayed range, consistent with the domain-specific findings.) |

Table 1.3: Descriptive Ranges for Standard Scores (DP-4)

| **Descriptive Category** | **Standard Score Range** |
| --- | --- |
| Well Above Average | > 130 (significantly above age level) |
| Above Average | 116 – 130 (above age expectations) |
| Average | 85 – 115 (within age expectations) |
| Below Average | 70 – 84 (mild to moderate delay) |
| Delayed | < 70 (significant developmental delay) |

*In Zuhayr’s case, all his domain standard scores fell below 70, squarely placing him in the* ***Delayed*** *descriptive range across the board.* This classification aligns with the qualitative descriptions provided in the main report. It is important to remember that these labels (“Below Average”, “Delayed”, etc.) are used to help understand how far off a child’s development is from the norm and to guide the intensity of intervention they might need. They are *not* judgments of the child’s worth or potential. Zuhayr has many strengths and capabilities not fully captured by numbers – the purpose of this assessment is to identify where he needs the most help and to celebrate any areas of relative strength as we plan the next steps in his support.

1. Safety & sensory impact: Both raters noted severe sensory-seeking behaviours that lie outside the DP-4’s scoring criteria but greatly affect Zuhayr’s daily life. For example, he will suddenly bolt/run away from adults and throw objects or seek intense movement input. These behaviours pose safety risks and are managed through constant supervision and a low-distraction environment, which are important considerations alongside the DP-4 results. [↑](#footnote-ref-1)
2. *Medication & fatigue: Zuhayr’s medications (Risperidone, Clonidine, and Atomoxetine) can cause drowsiness or reduced energy. This may have affected his attentiveness during the assessment, possibly contributing to some of the very low scores (especially in the afternoon when he is more easily fatigued).* [↑](#footnote-ref-2)
3. *Age-equivalent scores are a broad indicator of developmental level. They do not mean that Zuhayr functions exactly like a typical child of that age in every aspect. Rather, they suggest the general stage at which he is performing for the tested skills.* [↑](#footnote-ref-3)