# *Cognitive Assessment Report*

# *Personal and Confidential*

# Personal Information

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| Name: | Alain Ndatimana | Assessment Dates: July 17, August 6 & August 14, 2025 |
| Date of Birth | March 7, 2015, | Assessor: Amjed Abojedi Ph.D. |
| Level of education | Grade 5 |  |

**Reason for Referral**

Alain Ndatimana was referred by Dr. Shiva Ahanchian, Intercommunity Clinic, London, Ontario for a psychometric and adaptative assessment for query developmental delay, query autism, query learning disability.

**Orientation to Assessment Session**

We received Alain’s referral for a psychometric assessment on May 28, 2025. He participated in a cognitive/developmental assessment, which lasted 3 sessions on July 17, August 6 & August 14, 2025. Prior to the beginning of the assessment, the process and limits of confidentiality were explained to Alain and his brother, who indicated that they understood all components. Alain and his brother were given opportunities to ask questions before and during the interview and assessment. It is noted that no conflicts of interest were identified. The following clinical impressions and treatment recommendations are based on Alain’s presentation and self-report during the clinical interview, and the psychometric tests administered by a qualified psychometrician. The assessment was conducted in Kinyarwanda through a translator. Furthermore, any information that was not made available may have changed the opinions expressed in this report.

**Professional Qualifications**

Amjed Abojedi PhD, RP, CCC. Earned a Ph.D. in counselling psychology from the University of Jordan in 2004 and an MA in educational psychology focusing on measurement and assessment from the University of Yarmuk in 1999.  Mr. Abojedi is also a registered psychotherapist with the College of Registered Psychotherapists of Ontario-CRPO. In addition, he specializes in the mental health assessment of immigrants and refugees. Mr. Abojedi is a psychometric researcher and developer of several assessment tools used for mental health assessment in Arabic, such as the BSI. In addition, Mr. Abojedi led two research projects to translate and standardize the Leiter International Performance Scale and the Merrill-Palmer-Revised (M-P-R) Scale based on a 10-year agreement between Mr. Abojedi and Stoelting Co USA. In addition, Mr. Abojedi spent over 17 years working with traumatized children, youth, and adults, including three years in Canada. Recently, Mr. Abojedi has provided mental health assessment and psychotherapy services for refugees and newcomers to Canada. As an immigration insight scholar, Mr. Abojedi developed a significant understanding of refugee and immigrant mental health needs combined with practical experience in intervention approaches.

**Informed Consent**

During the assessment sessions, Alain and his brother were informed of the purpose of the assessment and the limits of confidentiality. They were also informed that this psychometric assessment report would include personal information, the assessor's clinical impressions, and psychometric results and recommendations. In addition, Alain and his brother were encouraged to ask questions regarding the assessment and the release of information prior to signing any consent form(s).

**Sources of Information**

The information contained in this report was derived from the following sources:

# A semi-structured, clinical interview:

Alain’s current and past psychological status and relevant developmental, medical, psychiatric/psychological, educational, and social history were collected. In addition, the interview allowed for appropriate behavioral observations to be made.

# International Performance Scale Leiter-3

Alain was assessed using the International Performance Scale Leiter-3 to assess his cognitive ability and memory. Leiter-3 is the most recent and significant intelligence scale in the world. Leiter-3 is an individually administered scale designed to assess cognitive functions in children, adolescents, and adults aged 3 years to 75+ years. The scale aims to assess many areas of nonverbal intelligence, such as fluid reasoning and visualization, as well as appraisals of nonverbal memory, attention, and cognitive interference.

# Adaptive Behavior Assessment System 3 – Parent Form

The ABAS-3 is a rating scale useful for assessing skills of daily living in individuals with developmental delays, autism spectrum disorder, intellectual disability, learning disabilities, neuropsychological disorders, and sensory or physical impairments. Rating forms are filled out by the parent and a teacher.

The ABAS-3 covers three broad domains: conceptual, social, and practical, using 11 skill areas within these domains. Tasks focus on everyday activities required to function, meet environmental demands, care for oneself, and interact with others effectively and independently. On a 4-point response scale, raters indicate whether, and how frequently, the individual performs each activity.

# Autism Spectrum Screening Questionnaire (ASSQ)

The ASSQ is a 27-item screening tool designed for children aged 7–16, completed by parents or teachers, to identify social, communication, and behavioral traits associated with Autism Spectrum Disorder (ASD). While it does not provide a diagnosis, it helps flag children who may benefit from further, more comprehensive assessment.

**Background information**

Alain is a 10-year-old boy currently residing at 812 Reeves Avenue, London, ON, N6G 5K3, with his mother, father, and five siblings. Before immigrating to Canada four months ago, the family had lived in Rwanda for 15 years after fleeing the Democratic Republic of Congo due to war. Although the family lived safely in Rwanda, they came to Canada as refugees after being granted asylum through the UNHCR. The clinical interview was conducted with Alain’s brother.

**Developmental and Daily Functional Highlights**  
According to his brother’s knowledge, Alain was born full-term via natural delivery. He is currently cared for by both of his parents. Alain’s brother reported that he began speaking a few words around the age of three but had difficulty identifying objects and would often bring incorrect items when asked. No formal medical diagnosis has been made in either Rwanda or Canada.

His brother shared that Alain met early developmental milestones, including speech, and has achieved full independence with toileting. There have been no reported hospitalizations or surgeries. Alain is reported to sleep approximately 7–8 hours per night and maintains a healthy appetite, typically eating three meals daily. In his free time, he enjoys playing phone games. No sensory processing concerns were noted by his brother.

**Physical Domain**  
Alain’s brother stated that Alain does not appear to experience any physical limitations. He is able to walk independently and does not require support or supervision when outside the home. He is described as somewhat physically active and enjoys playing soccer and spending time outdoors. His brother believes Alain could be more physically engaged with structured support.

**Cognitive Domain**  
Alain is currently enrolled in Grade 5. According to his brother, Alain shows some interest in learning but takes longer to process new information. His brother noted that Alain requires repeated instructions and tends to fidget or struggle to remain still, particularly when alone. These behaviours may affect his ability to focus and participate effectively in structured educational settings.

**Emotional and Social Domain**  
Alain is described by his brother as friendly and social, and he enjoys interacting with others. The transition to life in Canada has reportedly been challenging due to language barriers. His brother shared that Alain occasionally becomes upset or has emotional outbursts, especially when he is given something he does not like. While these incidents are not frequent, Alain appears to benefit from emotional reassurance and support, particularly in unfamiliar or emotionally triggering situations.

**Language Domain**  
Alain is verbal, though his expressive and receptive language abilities appear to be limited. His brother mentioned that immediate family members are generally able to understand his speech. However, communication can be challenging for individuals who are less familiar with him.

**Clinical Observation**  
During the assessment, Alain presented as calm, but his participation was limited due to communication challenges. Although the assessment was designed to reduce reliance on verbal instructions, Alain demonstrated difficulty understanding both verbal directions and visual cues. His level of comprehension appeared to affect his ability to respond meaningfully to tasks.

Throughout the session, Alain remained mostly quiet and did not exhibit significant facial expressions or affective body language. Frequent fidgeting and physical restlessness were observed, which may have further impacted his engagement with the assessment materials. Despite encouragement and support from the assessor, Alain had difficulty initiating or maintaining interaction with the tasks provided.

**International Performance Scale Leiter-3 Results:**

**IQ and Factor Index Description**

**The Nonverbal IQ:**

The Nonverbal IQ composite measures nonverbal global intelligence by testing aspects of problem solving and logical reasoning, using visualization (e.g., visual closure, pattern recognition, visual-spatial relationships). This composite includes Figure Ground (FG), Form Completion (FC), Classification/Analogies (CA), & Sequential Order (SO). Visual Patterns (VP) is an optional subtest, which can contribute to the Nonverbal IQ when one of the core four subtests is spoiled.

* Figure Ground (FG): is required to perform tasks which involve identifying figures or designs within a stimulus to measure abilities of visual recognition and spatial reasoning.
* Form Completion (FC): is required to perform tasks to recognize a “whole object” from a random array of fragments to measure abilities of visual closure and perceptual organization.
* Classification/Analogies (CA): is required to perform tasks which involve categorization of objects or designs; matrix analogies are used to measure abilities of pattern recognition, categorical reasoning, and mental shifting.
* Sequential Order (SO): is required to perform tasks to select a stimulus that fits into a logical progression/order to measure sequential reasoning and pattern completion.
* Visual Patterns (VP), optional: is required to perform tasks to match a visual stimulus; completing figural object patterns is used to measure visual matching and deductive reasoning

**The Nonverbal Memory:**

The nonverbal memory composite measures attention, working memory, and retrieval. This composite includes the Forward Memory (FM) and Reverse Memory (RM) subtests.

* Forward Memory (FM): is required to perform tasks to recall the sequence of pictures to which the examiner pointed to measure visual registration and immediate attention.
* Reverse Memory (RM): is required to perform tasks to recall the sequence of pictures to which the examiner pointed, but in reverse order, to measure visual attention, working memory, and sequencing.

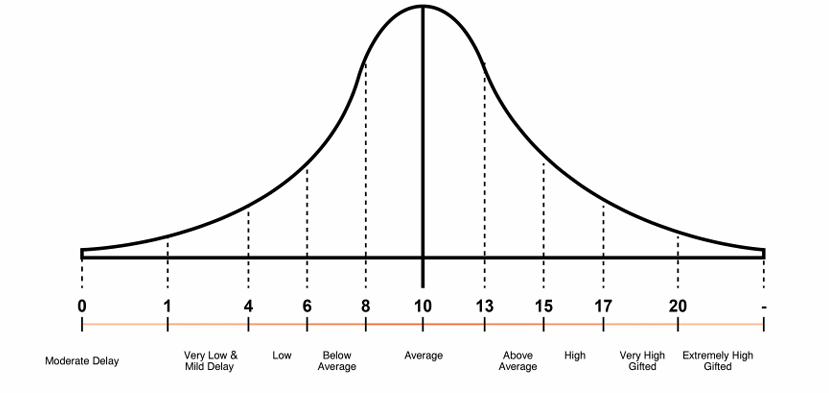
**The Processing Speed**

The Processing Speed composite measures attention and speed of information processing. This composite includes Attention Sustained (AS) and Nonverbal Stroop (NS).

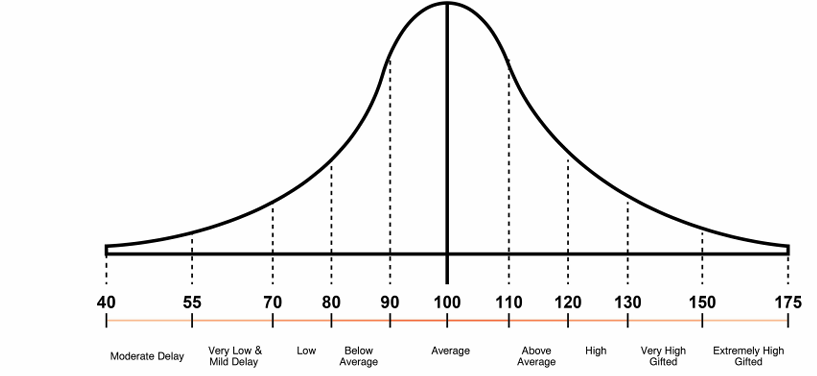
* Attention Sustained (AS): is required to perform tasks to cross out objects with paper-and-paper under timed constraints to measure attention and processing speed.
* Nonverbal Stroop (NS): is required to perform tasks to   
  Paper-and-pencil matching under timed constraints to measure processing speed and mental inhibition.

**TEST RESULTS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Subtest/Cluster | Raw Score | Scaled Score | Percentiles |
| Cognitive Subtests | **--** | **--** | **--** |
| Figure Ground (FG) | **7** | **2** | **0.4** |
| From Completion (FC) | **11** | **1** | **0.1** |
| Classification/Analogies (CA) | **5** | **1** | **3** |
| Sequential Order (SO) | **10** | **3** | **1** |
| Visual Patterns (VP) | **--** | **--** | **--** |
| Memory Subtests |  |  |  |
| Forward Memory (FM) | **--** | **--** | **--** |
| Reverse Memory (RM) | **--** | **--** | **--** |
| Processing Speed | **--** | **--** | **--** |
| Attention Sustained (AS) | **--** | **--** | **--** |
| Nonverbal Stroop (NS) | **--** | **--** | **--** |

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| --- | --- | --- | --- | --- |
| Composite Domains | Scaled Scores | Composite Score | Percentile | Confidence Interval (95%) |
| Cognitive Composite | **7** | **58** | **0.3** | **52-64** |
| Nonverbal Memory | **--** | **--** | **--** | **--** |
| Processing Speed | **--** | **--** | **--** | **--** |

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Alain’s overall cognitive composite score is 58, with a scaled score of 7, placing him in the 0.3rd percentile. This result falls within the very low range and is consistent with a mild cognitive delay. The 95% confidence interval for this score ranges from 52 to 64, indicating a consistent pattern of significantly below-average nonverbal cognitive functioning. At the subtest level, Alain obtained a scaled score of 2 in Figure Ground (0.4th percentile), 1 in Form Completion (0.1st percentile), 1 in Classification/Analogies (3rd percentile), and 3 in Sequential Order (1st percentile). According to the interpretive guidelines, scaled scores below 3 reflect a moderate delay, while scores of 3–4 indicate a mild delay. Based on this classification, Alain shows moderate delays in Figure Ground, Form Completion, and Classification/Analogies, indicating challenges with locating target figures, completing visual forms, and reasoning through analogical relationships. His performance in Sequential Order reflects a mild delay, suggesting some ability to follow sequences, though still below age expectations. This overall pattern highlights consistent and generalized weaknesses across cognitive domains, underscoring the need for structured and supportive learning strategies tailored to his developmental level.

**Result ABAS-3**

ABAS-3 Parent Form for ages 5-21 years was administered with Alain’s brother to obtain information about daily functioning. The table below shows the results of ABAS-3.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Domain | Raw score | Weighted score | | | | Age equivalent |
| Overall | Conceptual | Practical | Social |
| Communication | 46 | 5 | 5 |  |  | 5.0> |
| Community Use | 20 | 7 |  | 7 |  | 6.8-6.11 |
| Functional Academics | 0 | 1 | 1 |  |  | 5.0> |
| Home or School Living | 9 | 1 |  | 1 |  | 5.0> |
| Health and Safety | 17 | 1 |  | 1 |  | 5.0> |
| Leisure | 14 | 1 |  |  | 1 | 5.0> |
| Self-Care | 34 | 1 |  | 1 |  | 5.0> |
| Self-Direction | 4 | 1 | 1 |  |  | 5.0> |
| Social skills | 24 | 1 |  |  | 1 | 5.0> |
| Total Weighted score | | 18 | 7 | 10 | 2 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Domain | Weighted score | Composited score | Interval confidence |
| Overall | 18 | 51 | 48-54 |
| Conceptual | 7 | 55 | 49-61 |
| Practical | 10 | 56 | 51-61 |
| Social | 2 | 51 | 45-57 |

Alain’s results on the ABAS-3 assessment provide a detailed understanding of his adaptive functioning across conceptual, practical, and social domains. His overall adaptive composite score is 51, with a weighted total of 18 and a confidence interval ranging from 48 to 54, placing his overall adaptive functioning in the extremely low range. This score indicates significant and global difficulties in performing age-appropriate everyday activities and adapting to changing environments, pointing to a clear need for individualized and ongoing support.

In the conceptual domain, Alain received a composite score of 55, with a weighted score of 7 and a confidence interval between 49 and 61, also falling in the extremely low range. This domain includes communication, functional academics, and self-direction. His communication subtest produced a raw score of 46, yielding a weighted score of 5, which falls in the low range and corresponds to an age equivalency of below 5 years. In contrast, both functional academics and self-direction received weighted scores of 1, placing them in the extremely low range, also with age equivalents below 5 years. These findings indicate that Alain demonstrates some ability to communicate basic needs but lacks the cognitive and functional independence expected for his age in more complex academic or goal-directed tasks.

In the practical domain, Alain achieved a composite score of 56, with a weighted score of 10 and a confidence interval of 51 to 61, again within the extremely low range. The subtest scores in this domain highlight variability in his practical skills. Community use was the strongest area, with a weighted score of 7, which is considered below average, corresponding to an age equivalency of approximately 6 years and 8 months to 6 years and 11 months. However, all other subtests—including home or school living, health and safety, self-care, and leisure—received weighted scores of 1, indicating extremely low functioning with developmental levels under 5 years of age. This profile suggests Alain is significantly dependent on adult assistance for performing routine daily tasks and maintaining safety and hygiene.

Alain’s performance in the social domain is especially concerning. He received a composite score of 51, with a weighted score of 2 and a confidence interval of 45 to 57, which classifies as extremely low. His raw score of 24 in social skills resulted in a weighted score of 1, also in the extremely low range and consistent with a functional age equivalency below 5 years. These findings suggest profound challenges in initiating and sustaining social interactions, interpreting social cues, and forming relationships. Such deficits may significantly impact Alain’s emotional well-being and his ability to participate in group settings or peer activities.

Overall, Alain’s adaptive functioning is classified within the extremely low range across all domains. His subtest profile shows a combination of extremely low and low performance, with only one area (community use) falling in the below average range. These results are consistent with his cognitive assessment findings, which revealed weaknesses in sequential processing and concept formation. Together, these challenges are likely to hinder his ability to manage daily routines, engage in reciprocal social interactions, and respond flexibly to his environment. A coordinated and individualized intervention plan is recommended, focusing on developing communication, self-care, safety awareness, and social engagement to promote his functional independence and quality of life.

**Results - Autism Spectrum Screening Questionnaire (ASSQ)**

On the Autism Spectrum Screening Questionnaire (ASSQ), which was completed by Alain’s brother. Alain obtained a total score of 24, which falls within the clinical range. This suggests that Alain presents with some characteristics that may be associated with autism spectrum conditions. For example, items endorsed as ‘definitely true’ included difficulties with reciprocal conversation (Q3), a tendency toward literal interpretation of language (Q11), challenges in social interaction (Q16), and unusual or intense preoccupations (Q17). These responses point to potential areas of difficulty in communication, social reciprocity, and flexibility of thinking. It is important to emphasize that the ASSQ is a screening tool and not a diagnostic measure. These findings highlight the value of further comprehensive assessment to better understand Alain’s developmental and social profile.

**Summary and recommendations:**

Alain is a 10-year-old boy living with his parents and five siblings in London, Ontario, after the family immigrated from Rwanda, where they had lived for 15 years following displacement from the Democratic Republic of Congo. According to his brother, who provided the developmental history, Alain met some early milestones such as independent toileting but showed delays in language, beginning to use words around age three and continuing to struggle with expressive and receptive abilities. While he has no physical limitations, enjoys soccer and phone games, and is described as social and friendly, he requires extra time, repeated instructions, and reassurance to manage learning and daily routines. His adjustment to life in Canada has also been affected by language barriers.

Cognitive assessment results place Alain’s overall nonverbal composite score at 58, which falls in the very low range and is consistent with a mild cognitive delay. At the subtest level, he obtained a scaled score of 2 in Figure Ground, 1 in Form Completion, 1 in Classification/Analogies, and 3 in Sequential Order. According to the classification guidelines, scaled scores below 3 reflect a moderate delay, while scores of 3–4 indicate a mild delay. Based on this, Alain shows moderate delays in Figure Ground, Form Completion, and Classification/Analogies, and a mild delay in Sequential Order. This profile points to broad weaknesses across nonverbal reasoning tasks, with difficulty in locating figures within complex backgrounds, recognizing incomplete forms, and understanding analogical relationships, alongside limited ability to process and organize information sequentially.

The ABAS-3 further highlights extremely low overall adaptive functioning (composite score 51), with conceptual, practical, and social domains all below expected developmental levels. While community use emerged as a relative strength in the below-average range, most other adaptive skills, including communication, self-care, and social interaction, were rated in the extremely low range, suggesting high reliance on caregiver support.

On the Autism Spectrum Screening Questionnaire (ASSQ), Alain obtained a score of 24, which falls in the clinical range. Items endorsed as “definitely true” included difficulties with reciprocal conversation, literal interpretation of language, challenges in social interaction, and unusual preoccupations. While the ASSQ is not diagnostic, these results suggest that Alain presents traits that may overlap with autism spectrum conditions, warranting further comprehensive developmental and behavioral evaluation. Taken together, the findings indicate that Alain demonstrates very low cognitive ability, mild cognitive delay, and extremely low adaptive functioning, highlighting the importance of a coordinated intervention plan to strengthen his communication, independence, and social integration.

In conclusion, Alain demonstrates very low cognitive ability, mild cognitive delay, and extremely low adaptive functioning across all domains, which together point to global developmental limitations. In addition, the presence of autism spectrum traits—including difficulties in reciprocal communication, literal interpretation of language, and restricted patterns of interests—suggests that his challenges cannot be explained by cognitive delay alone. While these findings are not diagnostic, they underscore the importance of further developmental and behavioral evaluation to clarify the presence of autism.

**Recommendations Based on** Alain’s **Profile:**

* **Ongoing Multidisciplinary Support**  
  Alain would benefit from coordinated input from a team of professionals, including educators, speech and language therapists, occupational therapists, and mental health practitioners. This collaborative approach will ensure his needs are addressed across learning, daily living, and social-emotional development, while providing consistent strategies at home and school.
* **Individualized Educational and Therapeutic Support**  
  An Individualized Education Plan (IEP) is recommended, with academic goals tailored to Alain’s current developmental level. Instruction should be highly structured, visual, and broken into small steps with frequent repetition. Speech and language therapy should be provided to enhance both expressive and receptive communication, while occupational therapy can support daily living skills and independence.
* **Social and Emotional Skills Intervention**  
  Alain would benefit from targeted interventions that focus on building social reciprocity, emotional regulation, and peer interaction skills. Structured play, social skills groups, and consistent use of visual cues and routines can help him navigate social situations more effectively.

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| Name | Signature | Date |
| Amjed Abojedi, Ph.D., Psychometrician |  | August 20, 2025 |