Psychological Evaluation

Name: X
Date of Birth: XX/XX/2002

Examiner: Jyoti Kolodziej, M.Ed.
Dates of Evaluation: 11/08/2011, 11/10/2011, 11/15/2011, 11/17/2011, 11/22/2011, 11/29/2011, 12/01/2011, 12/05/11, 12/08/2011

Reason for Referral: X was evaluated as a treatment team request for an additional evaluation for differential diagnosis purposes. Specifically, X's treatment team wants to know whether he has a Specific Learning Disability.

Background Information:

X was referred to Sample Residential Facility by Sample Behavioral Center and his mother. This is his second admission into the Psychiatric Residential Treatment Facility program.

It was documented that X has been suspended from school three times this educational year for violent behavior (e.g., assaulting various school staff and peers, property destruction, etc.). This aggressive behavior is also reported to occur in the home setting (e.g., hitting/kicking guardians, setting microwave on fire, urinating throughout the house when angry, etc.). Documents note that X has been hospitalized several times for aggressive behavior and has received outpatient services through Sample Center. Records indicate that X has reported perceptual disturbances in the past, such as auditory and visual hallucinations as well as physical, sexual, and emotional abuse.

Records indicate that X is in the fourth grade. Educational records indicate that X is eligible for special education services under the classification of Emotional Disability (ED) and Speech Impairment (SI), according to an IEP dated 6/02/2011. The IEP noted that the Case Conference Committee suggested an evaluation of disabilities be done to reestablish eligibility. X's IEP indicated that he will participate fully in ISTEP with appropriate accommodations for math, language arts, science, and social studies. There is record of X participating in a multidisciplinary psychoeducational evaluation on May 20, 2008 by S, Ed.S. of Sample Special Education Cooperative. Measures of cognitive ability (K-KIT-II), academic achievement (WIAT-II), visual-motor integration (VMI), and social-emotional functioning (BASC-2, Conners Rating Scales, RCMAS, CDI) were administered. Results from the evaluation indicate that X's intellectual functioning is in the Below Average range (KBIT-2: FSIQ 82; V 91; NV 78) and his academic achievement at the time was in the Borderline to Extremely Low range (WIAT-II: Math 69; Oral Language 65; Word Reading 72; Numerical Operations 78; Math Reasoning 66; Spelling 71; Listening Comp 76; Oral Expression 62). Caution was noted as it was reported that X was sleepy and uncooperative throughout much of the evaluation. Results from the VMI indicated that X was in the Below Average range for visual-motor integration skills (SS: 81). Results also indicated that X's social-emotional functioning appeared to be interfering with his daily performance, noting significant concern with aggression, hyperactivity, attention problems,

conduct problems, depression, withdrawal, and difficulties with activities of daily living, according to teacher, parent, and self-reports (BASC-2; Conners-3; RCMAS-2; CDI-2).

X's current treatment program is based on the following diagnoses:

Axis I: 296.63 Bipolar I Disorder, Most Recent Episode Mixed, Severe, Without Psychotic Features, by History
314.01 Attention Deficit Hyperactivity Disorder, Combined Type, by History
309.81 Post Traumatic Stress Disorder
995.5 Physical Abuse of a Child, by History
995.5 Sexually Abused Child, by History

Axis II: 799.99 Deferred Diagnosis

Axis III: Deferred to MD

Axis IV: School Difficulties, Abandoned by Parents, Physical and Sexual Abuse, Abuse, Neglect

Axis V: GAF = 22

X is currently prescribed Clonidine, Melatonin, Ritalin LA, Ritalin, and Risperdal.

Upon his first admission to Sample Residential Facility, X was administered a brief measure of cognitive and academic achievement. On the KTEA-II, X's academic skills were in the Extremely Low range for reading, math, and writing (Brief Reading = 55, Brief Math = 48, Comprehensive Writing = 69). X's cognitive ability was estimated to be in the Borderline range (WASI Full 4 = 71).

Teacher Interview

A semi-structured teacher interview was conducted with Mrs. B, X's teacher on November 22, 2011.

Per Mrs. B's report, X has difficulties with reading, writing, spelling, and math. Mrs. B reported that X's written language is difficult to decipher. She indicated that he has some great ideas, but has difficulty expressing himself in writing. X reportedly speaks very quickly and loudly, which makes comprehension of verbal expression difficult for peers and teachers. Mrs. B also indicated that X frequently misspells words on weekly spelling tests.

Mrs. B expressed concern for X's performance in the classroom for reading, writing, spelling, and math, especially when he becomes frustrated when he thinks the material is overly difficult and refuses help. When X becomes overly frustrated, he expresses his anger and frustration by throwing objects and screaming.

Unsuccessful interventions that Mrs. B has attempted include the following: sight word drills and one-on-one reading, which was offered for ten minutes a day while he was reading, providing assistance with words when he requested help. The use of Tucker signs reportedly worked with X for a short period of time in the past during his initial admission at Sample Residential Facility. According to Mrs. B, the use of Tucker signs does not appear to have long term

success. Working with X one-on-one reportedly appears to work best because it keeps him more focused. Mrs. B indicated that X needs assistance and support with the following: reading; math; writing; spelling; and his behavior. X is reported to have strengths and enjoyment from the following: responding to science questions; drawing; coloring; arts and crafts; and sports.

Parent Interview

A semi-structured parent interview was conducted with Mrs. X, X's guardian, on November 29, 2011.

Per Mrs. X's report, there is a history of Bipolar Disorder paternally. There is a history of some learning difficulties paternally. X's half-brother has been diagnosed with Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Reactive Attachment Disorder, Asperger's Disorder, and a Learning Disorder, for which he is prescribed Strattera, Lexapro, and Seroquel. X's brother has been identified with a learning disability in math and reading by Sample Special Education District, for which he receives special services in his home school. X's biological brother also currently has a medical regime and previously received counseling services following a diagnosis of Attachment Disorder, Attention Deficit Hyperactivity Disorder, and Post-Traumatic Stress Disorder.

It is noted that there is a suspicion of exposure to substances before and after birth. According to Mrs. X, X was delivered via a caesarean section and spent two weeks in the neonatal intensive care unit for a racing heart. X was discharged when the problem dissipated, which has not arisen since. X's biological mother underwent physical complications for nine weeks following his birth. Mrs. X reported that X suffered from a yeast infection, affecting his entire body, for the first few months of his life. Mrs. X reported that X did not require frequent doctor's visits after infancy.

Mrs. X reported that as an infant, X was frequently seen lying down. Mrs. X reported that X would not interact with others when play was attempted during infancy. X was reported to experience frequent crying spells until he was one years old. Mrs. X reported that X began to walk by 14 months. When X was two years old, his left ear was sewn back on after being sliced off after a playground accident. X suffered no broken bones or other major injuries throughout his childhood. X was reported to be treated for asthma throughout his childhood for which he received frequent breathing treatments. At the age of six, X received a colonoscopy following a visit with his biological mother for rectal bleeding.

Mrs. X reported that X frequently used profane words at the age of three. When X was four years old, he began to live with Mrs. X. According to Mrs. X, X's speech was difficult to understand at the age of four. X communicated with Mrs. X by pointing and gesturing to fulfill his basic needs. X did not begin to use words with two-three word phrases meaningfully until he was between four and five years old. Mrs. X reported that she believes X has some hearing or language comprehension problems, due to his miscomprehension during conversations at home. According to a past example offered by Mrs. X, X has indicated that he wanted a prize for his birthday, but intended to ask for a surprise for his birthday. According to a hearing screening

completed on 09/15/2011 at Sample Residential Facility, X's hearing was within the normal range.

At the age of four, X was reported to be toilet trained. However, Mrs. X reported that X continues to have nocturnal enuresis approximately one night per week.

Mrs. X reported that X was admitted to Sample Hospital for two weeks on two occasions. He was admitted to the Sample Behavioral Center on four occasions, lasting ten days for each instance. Mrs. X reported that X has had an Individualized Education Program (IEP) since the age of four, evaluated by Sample Special Education District. X began to have difficulties with learning (reading, spelling and math) at the age of four. X reportedly began to have difficulties learning the alphabet and numbers. Mrs. X reported that X began Head Start at the age of four and quickly began to attend for a full day. While at his home school, Mrs. X reported that X received special education services for math, reading, language arts, and social skills training for three hours a day. According to Mrs. X, X learns best when he is involved in a hands-on activity.

Mrs. X described X as a helpful, polite, and loving boy that gets in fights and argues when he is angry. X is reported to like playing the following: Legos; action figures; bike riding; and enjoys watching movies. Mrs. X indicated that X has trouble with anger management and trust. Mrs. X listed areas of concern for X including: anger management; aggression; trust issues; and self-confidence. X is reported to have a desire to learn. Mrs. X reported that X has asked her why he is not able to read the same books and material as his peers.

Behavioral Observation:

A two hour unstructured classroom observation was completed on the afternoon of Thursday, November 17, 2011 in X's regular classroom in the Psychiatric Residential Treatment Facility (PRTF) on Sample Residential Facility's campus. The observation spanned reading, social studies, and recreational time. X was off-task (out of seat, talked out, screamed, howled, etc.) for 84 out of 120 minutes or 70% of the time observed. Redirections and planned ignoring were the primary consequences provided for X when off-task.

X appeared to be working on silent reading when the observation began. X was off-task by talking out and was out of his seat 7 times in the first 30 minutes of the observation. X was redirected 6 out of 7 times when off-task in the first 30 minutes. X acted out by singing, yelling, howling, and screaming for a solid 15 minutes during a bathroom break, outside of the classroom. X was redirected 11 times during this 15 minute break. At other times, X was ignored by teachers and dorm supervisors. X continued to yell and sing after the class transitioned back to the classroom for a solid 5 minutes, during which teachers practice planned ignoring and redirecting.

After transitioning back into the classroom, X refused to participate and initiated an independent activity from the class for 15 minutes, during which 4 redirections and planned ignoring were used. After approximately 1 hour into the observation, X was off-task by reading from a novel from the classroom and drawing with crayons on scratch paper for 12 minutes. During this independent reading, while refusing to participate in class, planned ignoring and 2 redirections

were used. Mrs. B, his classroom teacher, called on him after 12 minutes when he raised his hand to respond to a question addressed to the class. While X was attempting to participate by raising his hand, he talked out 10 times in 10 minutes when he was not called on. X spit on his hand and asked peers to give him a handshake for 5 minutes. X was redirected by his classroom teacher.

Before recreational time, X was out of seat, talked out, sang, and screamed in class for 10 minutes. Planned ignoring and 1 redirection were used. During the first 5 minutes of recreational time, X took out a football and argued about the space provided to play catch. X continued to interact with peers during the remainder of recreational time without problems.

Overall, X continued to be disruptive and appeared to make great efforts to escape his work in reading and social studies. According to observations and a complete functional behavioral analysis, X's off-task behaviors (out of seat, talked out, screamed, howled, etc.) interfere with his and others' learning. X's disturbed affect (e.g. sad, angry) and negative peer attention also triggers off-task behaviors, which is maintained when he agitates peers. The examiner believes that X is trying to escape/avoid and seek attention, when off-task and talking out.

Assessment

The evaluation was conducted over four weeks. X was uncooperative throughout much of the testing process as a whole. He was noncompliant, inattentive, and expressed desires to quit school. X was fully oriented and his mood was generally angry with a full range in affect during testing and observations. His speech was sometimes difficult to comprehend, random, fast-paced, slurred, and loud tones. During testing sessions, X had difficulty maintaining attention, concentration, and focus during testing, requiring significant redirection and encouragement in order to complete the tasks. X often appeared to either have a great deal of energy or appeared exhausted. He initially refused several subtests but eventually proceeded with coaxing. When working with difficult material, X would quickly give up. Throughout testing, he frequently indicated that the examiner gave him work that was too hard. He was asked to do his best. Results of this evaluation may not accurately represent X's academic achievement and cognitive ability due to his noncompliance and difficulty maintaining focus and concentration.

Assessment Procedures:
Beery-Buktenica Developmental Test of Visual-Motor Integration, 5th Edition (Beery VMI)
Cumulative File Review
Functional Behavioral Analysis (FBA)
Classroom Observations
Teacher Interview
Parent Interview
Reading Curriculum-Based Measurements (R-CBM)
Wechsler Abbreviated Scale of Intelligence –Matrix Reasoning (WASI)
Woodcock-Johnson Test of Achievement, 3rd Edition (WJ-III ACH)
Woodcock-Johnson Test of Cognitive Abilities, 3rd Edition (WJ-III COG)

Evaluation Results and Interpretation:

It is recognized that X was not evaluated in a natural school environment. It is noted that results may be influenced by the environment in the psychiatric residential treatment facility (PRTF) within which he was evaluated.

Academic Achievement

The Woodcock-Johnson Tests of Achievement-III is a comprehensive, individually administered; standardized battery for assessing academic achievement of children and adults aged 4 through 85 years. Standard scores are provided in several areas and have an average of 100 and a standard deviation of 15. Standard scores between 90 and 110 are considered average. The Woodcock-Johnson Tests of Achievement-III was administered to assess X's academic skill achievement in the areas of reading, written expression, and mathematics. X's academic skills were evaluated using various activities across assessment procedures. His performance on tasks was compared to a national sample of children his age, providing a normative comparison using various standard scores. A normative (average) performance is consistent with what would be expected of 68% of similarly aged children. A normative weakness or deficit is interpreted as a performance likely to be seen in .16% or less of same-aged children. X demonstrated significant weaknesses in math, reading, and writing.

SUBTEST	STANDARD SCORE	CONFIDENCE INTERVAL (90%)	PERCENTILE RANK
Letter-Word Identification	60	55-66	0.4
Reading Fluency	66	55-78	1
Calculation	68	56-81	2
Math Fluency	63	56-69	1
Spelling	44	34-55	<0.1
Writing Fluency	71	59-84	3
Passage Comprehension	64	55-73	1
Applied Problems	73	65-81	3
Writing Samples	69	58-80	2
Work Attack	70	61-79	2
Reading Vocabulary	60	52-67	0.4
Quantitative Concepts	85	75-95	16

CLUSTER	STANDARD SCORE	CONFIDENCE INTERVAL (90%)	PERCENTILE RANK
Broad Reading	55	50-60	0.1
Brief Reading	57	51-62	0.2
Basic Reading Skills	62	57-67	1
Reading Comprehension	55	48-62	0.1
Broad Math	64	57-71	1
Brief Math	67	59-75	1
Math Calculation Skills	59	49-70	0.3
Math Reasoning	77	71-84	6

Broad Written Language	49	41-57	<0.1
Brief Writing	51	43-59	<0.1
Written Expression	65	55-75	1
Academic Skills	52	46-58	<0.1
Academic Fluency	63	55-71	1
Academic Applications	61	54-67	0.4
Brief Achievement	53	48-58	<0.1

Reading Ability (Grw-R)—an acquired store of knowledge that includes basic reading skills required for the comprehension of written language…reading decoding (RD), reading comprehension (RC), verbal (printed) language comprehension (V), cloze ability (CZ), reading speed (RS)

In the area of reading, X's skills were assessed for single word reading (decoding) skills, cloze ability, and reading speed. Tasks involving single word reading skills required X to read lists of isolated words and read lists of isolated nonsense words. His single word reading skills were measured to be Extremely Low. He was able to read some one-syllable words in isolation.

A task involving cloze ability required X to read sentences and short paragraphs and used context clues to fill in missing key words (using a modified cloze procedure). His cloze reading comprehension skills were measured to be Extremely Low.

A task involving reading speed required X to read short isolated sentences and demonstrate comprehension of them in a timely manner. His reading speed was measured to be Extremely Low. X was able to read and comprehend 29 short sentences in 3 minutes with 8 errors.

Writing Ability (Grw-W)—an acquired store of knowledge that includes basic writing skills required for the expression of language via writing…spelling ability (SG), writing ability (WA)

In the area of writing ability, X's skills were assessed for spelling and writing ability (written expression). A task involving spelling skills required him to spell words on paper dictated by the examiner. His spelling skills were measured to be Extremely Low. X was able to spell two-letter words in isolation.

A task involving written expression skills required X to compose complete sentences in isolation when given a verbal and/or picture prompt. His written expression skills were measured to be Borderline to Extremely Low. He was able to compose very simple complete sentences in isolation.

Quantitative Knowledge (Gq)—an individual's store of acquired quantitative declarative and procedural knowledge. It involves the ability to use quantitative information and manipulate numeric symbols…mathematical knowledge (KM), mathematical achievement (A3), quantitative reasoning (RQ)

In the area of mathematics, X's skills were assessed for math achievement (computation), math (quantitative) reasoning, and math fluency or speed. A task that involved math computation required X to complete math calculations with paper and pencil. His math computation skills were measured to be Borderline to Extremely Low. He was able to add and subtract basic facts.

A task involving math reasoning skills required X to tell time, count money, and solve math story problems. His math reasoning skills were measured to be Borderline. He was able to tell time, count money, and solve simple story problems using knowledge of mathematics principles.

A task involving math fluency required X to complete addition, subtraction, and multiplication basic facts under a timed condition. His math fluency skills were measured to be Borderline. He was able to complete 19 basic math facts in 3 minutes with 2 errors. He correctly completed 9 addition facts and 8 subtraction facts.

Cognitive Ability

The Woodcock-Johnson Tests of Cognitive Abilities-III is used to gain a measure of a student's cognitive ability level in several areas. Ordinarily, results may be expressed in terms of age scores, percentile, and standard score (mean of 100, standard deviation of 15). The Woodcock-Johnson Tests of Cognitive Abilities-III and the Woodcock-Johnson Tests of Achievement-III were administered to assess the seven broad cognitive processing areas listed below. When attempting to understand X's academic strengths and weaknesses, it is helpful not only to consider global intellectual functioning, but also his skills in specific areas of cognition. X's assessment of his cognitive ability revealed significant strengths in his visual-spatial thinking abilities, indicating that he is able to mentally manipulate shapes and designs in his mind similar to peers his age.

SUBTEST	STANDARD SCORE	CONFIDENCE INTERVAL (90%)	PERCENTILE RANK
Verbal Comprehension	88	79-98	22
Visual-Auditory Learning	82	73-92	12
Spatial Relations	98	89-107	44
Sound Blending	77	64-89	6
Concept Formation	84	76-92	14
Visual Matching	71	60-81	3
Numbers Reversed	74	62-86	4
Incomplete Words	78	61-94	7
Auditory Working Memory	96	87-105	40
Visual-Auditory Learning - Delayed	75	66-83	5
General Information	66	55-78	1
Picture Recognition	116	103-128	85
Auditory Attention	101	85-118	54
Decision Speed	103	93-114	59

CLUSTER	STANDARD SCORE	CONFIDENCE INTERVAL (90%)	PERCENTILE RANK
Verbal Ability	75	67-84	5
Thinking Ability	80	73-86	9
Cognitive Efficiency	71	61-80	2
Comprehensive-Knowledge (Gc)	75	67-84	5
Visual-Spatial Thinking (Gv)	109	99-119	73
Auditory Process (Ga)	83	71-95	13
Processing Speed (Gs)	84	76-93	15
Phonemic Awareness	72	59-84	3
Working Memory	80	71-90	10
General Intelligence Ability (GIA)	77	72-82	6

Cognitive Functioning – WASI	**T Score**	**IQ**	**90% Confidence Interval**
Matrices	35	--	--

Crystallized Intelligence (Gc)—the store of a person's acquired knowledge of the language, information, and concepts of a specific culture and the ability to apply this knowledge, usually acquired through both formal and informal educational and general life experiences…language development (LD), lexical knowledge (VL), listening ability (LS), general information (KO), communication ability (CM), oral production and fluency (OP), grammatical sensitivity (MY)

In the area of crystallized intelligence, X's skills were assessed for lexical knowledge/language development and general information. Tasks involved verbal and visual analogies using words and pictures. X's word knowledge skills were measured to be in the Borderline range.

Tasks that required knowledge of general information were measured to be in the Extremely Low range. With great difficulty, X was able to tell where to find objects and what objects were used for, name objects, and demonstrate knowledge of simple science and social studies facts.

Fluid Intelligence (Gf)—the ability to use deliberate and controlled mental operations to solve novel "new or on the spot" tasks that cannot be performed automatically, mental operations often used in this reasoning include: drawing inferences, forming concepts, classification, generating and testing hypothesis, identifying relationships, comprehending implications, problem solving, extrapolating, and transferring information …induction (I), general sequential reasoning (RG)

In the area of fluid intelligence, X's skills for inductive reasoning and quantitative reasoning were assessed. A task that involved induction required X to discover the underlying characteristic or concept that determined why stimuli were grouped together. His inductive reasoning skills were measured to be Low Average to Extremely Low.

Visual Processing (Gv)—the ability to generate, perceive, analyze, synthesize, manipulate, transform (mentally reverse or rotate shapes in space), and think with visual patterns and stimuli…spatial relations (SR), visual memory (MV)
In the area of visual processing, X's skills for spatial relations/visualization were assessed. A task that involved spatial relations/visualization skills required him to mentally manipulate shapes in order to "see" how they fit together. His skills in this area were measured to be Average.

Short-Term Memory (Gsm)—the ability to apprehend and hold information in immediate awareness and then use it within a few seconds…memory span (MS), working memory (MW)
In the area of short-term memory, X's skills for short-term working memory were assessed. A task that involved working memory required his to temporarily store a random set of numbers long enough to use cognitive operations to reorder them backwards. His working memory and memory span was measured to be in the Low Average range.

Long-Term Retrieval (Glr)—the ability to store and consolidate information / concepts / ideas / items / names in long-term memory and to retrieve it later fluently through association…associative memory (MA), learning abilities (L1), ideational fluency (FI), word fluency (FW), naming facility (NA), meaningful memory (MM)
In the area of long-term retrieval, X's skills for naming facility were assessed. A task that required X to quickly and accurately name common pictures based on previous learning suggested average skills. X was able to name pictures with difficulty. His long-term memory was measured to be in the Low Average to the Borderline range.

Auditory Processing (Ga)—the ability to perceive, analyze, and synthesize patterns among auditory stimuli…phonetic coding/analysis (PC:A), phonetic coding/synthesis (PC:S), speech/general sound discrimination (US/U3), sound localization (UL), resistance to auditory stimulus distortion (UR)
In the area of auditory processing, X's phonetic coding skills were assessed. A task that involved phonetic coding required him to identify and isolate speech sounds in order to blend sounds together and form words. His phonetic coding skills were measured to be Low Average.

Processing Speed (Gs)—the ability to perform cognitive tasks fluently and automatically, especially when under pressure to maintain focused attention and concentration…perceptual speed (P), rate-of-test-taking (R9), number facility (N), speed of reasoning (RE)
In the area of processing speed, X's perceptual speed was assessed. A task that involved perceptual speed required him to quickly and accurately visually scan random numbers in a row and circle the two numbers that matched. His perceptual speed was measured to be Low Average.

Curriculum-Based Measurement (CBM)

From September 22, 2011 through January 17, 2012, X has received a one-hour reading intervention, monitoring progress with administered Reading Curriculum-Based Measurements (R-CBM), created by AIMSweb. All CBM probes were obtained from AIMSweb, an online formative assessment system.

Curriculum-based measurement is a formative evaluation method to assess student progress in specific academic domains, including reading, mathematics, written expression, and spelling. Grade-based scores are used so that direct comparisons to other tests can be made. CBMs can be used to universally screen and monitor the progress of students at-risk and to aid in diagnostic and/or intervention decisions. CBMs can be administered individually and within a group setting. Scores within the 25th and 50th percentile for each CBM is considered average. AIMSweb is a progress monitoring system that provides its users with CBM materials and the ability to organize and report student performance data. The results are reported to students, parents, teachers and administrators to enable evidence-based evaluation and data-driven instruction. X's performance on the CBM tests illustrated his challenges in reading from selected passages presented to him.

Reading Curriculum-Based Measurement (R-CBM)

Curriculum-based measurements were administered to assess X's reading progress skills, during a reading intervention. The results are a good representation of X's skills tested.

Reading Curriculum-Based Measurements (R-CBM) administered to X showed scores falling in the Below Average or Frustrational Range for first grade level passages. X will require additional support through additional intervention to normally progress in his development and growth.

Survey Level Assessments (SLA) were used to determine X's reading fluency instructional level. SLA is a process of using brief, standardized reading curriculum-based measures (R-CBM) to determine students' independent, instructional, and frustrational reading levels. R-CBMs are also good measures of comprehension and decoding skills. R-CBMs are comprehensive reading measures that can be used to document progress over time. A student's instructional level is pertinent information for teachers, school psychologists, and the problem-solving teams, which contribute to an identification of an individual student's reading ability, documenting progress over time, and individualizing classroom instruction. On the R-CBM, X was required to read aloud for one minute from *Reading Assessment Passages* of meaningful, connected text, after hearing standardized directions. At the end of the minute, each passage was scored for fluency (words read correctly per minute – WRC) and accuracy (percentage of words read correctly), calculated with total number of words divided by words read correctly. The median score was recorded. An instructional reading level was not determined. Based on results, X was initially reading kindergarten level passages on September 22, 2011 with a median WRC of 33/4 (33 words correct, 4 errors), which means that he was reading better than 75 to 90 kindergarten level students out of 100 on kindergarten level material. X's accuracy was at 89% indicating that these passages were at the Frustrational level. He may have reached the Instructional level had his accuracy been at 90-95%. An ongoing reading intervention, exceeding 12 weeks, has been provided to X to improve his reading ability. Based on an R-CBM administered on January 17, 2012, X is currently reading 1st grade passages with a median WRC of 55/7 (55 words correct, 7 errors), which means that he is reading better than 75 to 90 first grade level students out of 100 on first grade level material. However, X's accuracy was still at 89%, indicating that these passages were still at the Frustrational Level.

Reading Curriculum-Based Measurements (R-CBMs)	**Score** Median Score of Words Read Correctly (WRC) / Errors	**Accuracy**	**% Rank**	**Descriptive**
Grade 4 (9/22/11)	**16/13**	55%	<10%	Frustrational
Grade 3 (9/22/11)	**23/12**	66%	<10%	Frustrational
Grade 2 (9/22/11)	**25/8**	78%	10-25%	Frustrational
Grade 1 (9/22/11)	**29/6**	81%	50-75%	Frustrational
Kindergarten (9/22/11)	**33/4**	89%	75-90%	Frustrational
Kindergarten (10/13/11)	**21/7**	67%	50-75%	Frustrational
Kindergarten (10/17/11)	**57/7**	89%	75-90%	Frustrational
Kindergarten (10/25/11)	**37/7**	84%	75-90%	Frustrational
Kindergarten (11/1/11)	**51/8**	88%	75-90%	Frustrational
Kindergarten (11/7/11)	**45/5**	90%	75-90%	Frustrational
Kindergarten (11/14/11)	**50/8**	85%	75-90%	Frustrational
Kindergarten (11/21/11)	**31/9**	78%	75-90%	Frustrational
Grade 1 (12/5/11)	**46/8**	87%	75-90%	Frustrational
Grade 1 (12/12/11)	**46/8**	85%	75-90%	Frustrational
Grade 1 (1/2/12)	**41/8**	84%	75-90%	Frustrational
Grade 1 (1/9/12)	**40/6**	87%	75-90%	Frustrational
Grade 1 (1/17/12)	**55/7**	89%	75-90%	Frustrational

Beery-Buktenica Developmental Test of Visual-Motor Integration, 5th Edition (Beery VMI)

The Beery-Buktenica Developmental Test of Visual-Motor Integration (Beery VMI) is a developmental sequence of geometric forms to be imitated or copied with paper and pencil. The 30-item Beery VMI Full Form for ages 2 through 100 can be used to assess the extent to which individuals can integrate their visual and motor abilities. If a child performs poorly on the Beery VMI, it could be because he or she is deficient in visual/motor abilities or has adequate visual-perceptual and/or motor coordination abilities but has not yet learned to integrate, or coordinate, these two domains.

Beery VMI	Standard Score	Age Equivalent
	91	8.7

Results from the Beery VMI indicated that X was in the Average range for visual-motor integration skills.

Summary and Recommendations:

X was evaluated as a treatment team request for an additional evaluation for differential diagnosis purposes. Specifically, X's treatment team wants to know whether he has a Specific Learning Disability. It estimated that X functions in the Low Average to Borderline range of cognitive ability. His academic achievement was assessed to be in the Borderline to Extremely Low ranges in reading, math, and writing.

X demonstrated significant weaknesses in math, reading, and writing. X's assessment of his cognitive ability revealed significant strengths in his visual-spatial thinking abilities, indicating that he is able to mentally manipulate shapes and designs in his mind similar to peers his age. X had trouble with tasks involving verbal ability, thinking ability, and phonemic awareness, which align with his difficulties in reading and writing. Based on performance in weekly reading interventions, he is showing some progress but continues to diverge from his goal line, reading at levels well below grade level benchmark. X should be reading at the fourth grade level, but is reading at the first grade level with great frustration. It would be beneficial for X to have additional support in reading with continued progress monitored when working on reading fluency and comprehension.

X had trouble with math reasoning tasks and mathematical operations, while showing strengths in quantitative concepts (telling time, counting money, and solving simple story problems). It would be beneficial for X to have his performance monitored when working on math facts, mathematical operations, and math reasoning. However, there has been no current math intervention or performance monitoring in math to present RTI progress monitoring data.

Based on the results of the current evaluation, the Case Conference Committee is encouraged to review the definition of a Specific Learning Disability, according to Article 7 criteria, which is as follows:

Evidence to support?	**Specific Learning Disability Criteria: Pattern of Strengths and Weaknesses Criteria**
√	*Inadequate achievement, defined as achievement levels more than one standard deviation below the mean, in one or more areas (reading, written expression, math, oral expression and/or listening comprehension), when provided with learning experiences and instruction appropriate for age or grade.*
√	*Exclusionary factor 1: Cognitive disability ruled out as primary cause*
No **Primary identification as ED; additional support needed for learning**	*Exclusionary factor 2: Emotional disability ruled out as primary cause*
√	*Exclusionary factor 3: Cultural factors ruled out as primary cause*
√	*Exclusionary factor 4: Environmental or economic disadvantage ruled out as primary cause*
√	*Exclusionary factor 5: Limited English Proficiency ruled out as primary cause*
√	*Exclusionary factor 6: Lack of appropriate instruction in reading or math (evidenced by data demonstrating that the student was provided appropriate instruction in general education settings, delivered by qualified personnel) ruled out as primary cause*
√	*Exclusionary factor 7: Lack of appropriate instruction in reading or math (evidenced by data based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the student's parents) ruled out as primary cause.*
√	*The multidisciplinary team is prohibited by federal and state law from determining SLD by using a severe discrepancy between academic achievement and global cognitive functioning.*
√	*SLD is indicated by a Pattern of **both** Strengths and Weaknesses, as defined below:*
√	*A Pattern of Strengths is defined as alignment between one or more related cognitive and achievement domains, with performance within normal limits or above.*
√	*A Pattern of Weaknesses is defined as alignment between one or more related cognitive and achievement domains, with performance more than one standard deviation below the mean.*
√	*SLD adversely affects the student's educational progress (defined as having consistent and significant negative impact on the student's academic achievement, or functional performance, or both).*

	Educational evaluation criteria
√	*Lack of appropriate instruction in reading (including explicit and systematic instruction in phonemic awareness, phonics, vocabulary development, reading fluency and reading comprehension) is not the determining factor.*
n/a	*Lack of appropriate instruction in math is not the determining factor.*
√	*Limited English Proficiency is not the determining factor, and the assessment addressed the student's native language or mode of communication so as not to be discriminatory regarding a student's speaking or communication skills.*
√	*No single measure or assessment is the sole criterion.*
√	*Assessments were selected and administered so as not to be discriminatory on a racial or cultural basis.*
√	*Assessments were selected and administered so as not to be discriminatory regarding impairment of a student's sensory or manual skills.*
√	*Technically sound assessments were selected and administered by trained and knowledgeable personnel, for the purposes for which the measures are valid and reliable, to collect information in all areas related to the suspected disability, as well as to identify all of the student's special education and related service needs whether or not commonly linked to the suspected disability.*

Specific Learning Disability (SLD) Certification

SLD Certification: The Multidisciplinary Team members are required by Indiana's Article 7 to sign this document to certify their individual opinions for the Case Conference Committee, as to whether or not they believe this student has a Specific Learning Disability, and the basis for having that opinion. A team member who does not agree with the findings of the Educational Evaluation must attach a separate opinion statement. 511 IAC 7-40-5 (g) (2) (C)

Educational Evaluation findings:
___ Yes, there is sufficient evidence of all criteria to support determination of SLD
___ No, there is not sufficient evidence of all criteria to support determination of SLD

Required M-Team members for SLD:	School Psychologist	Teacher licensed SLD (or specialist)	General Education Teacher	Speech Pathologist
Name:	Jyoti Kolodziej, M.Ed. Robin Shamsaie, Ph.D., HSPP		Mrs. B	
Signature:				
Date Signed:				
4 SLD Criteria:				
Inadequate Achievement demonstrated?	YES NO (circle one)	YES NO (circle one)	YES NO (circle one)	YES NO (circle one)
Exclusionary Factors addressed?	YES NO	YES NO	YES NO	YES NO
Evidence of SLD (Pattern of Strengths and Weaknesses?)	YES NO	YES NO	YES NO	YES NO
Evidence of Adverse Effects?	YES NO	YES NO	YES NO	YES NO
I believe this student has a Specific Learning Disability (meets all criteria).	YES NO	YES NO	YES NO	YES NO

Based on the information obtained, the following recommendations are offered for consideration for X including:

1. X may benefit from continued one-hour one-on-one reading interventions three times per week.
2. X is encouraged learn to redirect his energies in a positive manner. A contingency plan is recommended to assist his in times of emotional arousal in order to offset his impulsive behaviors.
3. Self-monitoring techniques should be incorporated into X's behavior plan, as well as learning effective emotion management and coping skills.
4. In order to assist in his transition home, it would be beneficial for his family to learn and utilize behavior management and behavior monitoring techniques, setting up a plan for consequences for actions with a daily schedule that follows his time at school.
5. Within the classroom and school environment, it is suggested that X identify a safe person/safe place to assist in maintaining control when distressed.
6. X would benefit from frequent encouragement and reinforcement to increase self-confidence and sustained effort on learning tasks.

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Jyoti Kolodziej, M.Ed.
School Psychology Intern

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Robin K. Shamsaie, Ph.D., HSPP
Licensed School Psychologist
Licensed Psychologist