

- **Social Stories** can be used to teach social skills. A situation, which may be difficult or confusing for Ian, is described concretely. The story highlights social cues, events, and reactions that could occur in the situation, the actions and reactions that might be expected, and why. Social stories can be used to increase Ian's understanding of a situation, make him feel more comfortable, and provide appropriate responses for the situation.

**Attention:**

- Ian would benefit from frequent breaks to assist with sustaining his attention, it may be helpful to set a timer to help set the pace or a given assignment or chore.
- Visual schedules such as picture boards or first/then schedules may be helpful to keep Ian on task.
- Ian's work area should be free from distraction. He may also benefit from external reminders (such as picture or some other visual, verbal, or tactile cue) to refocus attention and return to task.
- Ian should be rewarded for assignments completed thoughtfully and without careless mistakes.
- School strategies for improving on-task and attentive behaviors:
  - a. Present all instructions verbally and visually. Inattentive students are unlikely to remember multi-step verbal instructions. Complement verbal information with visual formats to improve retention.
  - b. Assign inattentive students one task at a time; give them a specific amount of time to complete it. Set a timer.
  - c. Assist students in finding a method of organization that works best for them. Check in with them on a daily basis about homework and task completion.
  - d. Daily communicate with the student's caregivers on their progress. Let them know about missing assignments, difficulties in the classroom, or if they will need additional support. Provide a daily plan to students and expect them to follow it.
  - e. Maintain visibility to and from the student at all times to monitor their concentration.
  - f. Avoid verbally or publicly criticizing inattentive children for this behavior. Rather, praise on-task behavior often and find subtle and positive ways to remind them to be on-task.
  - g. Avoid placing easily distracted students in situations that require listening for an extended period of time such as lectures, assemblies, seminars, etc.

**Behavior:**

- Ian would benefit from structured discipline and environments where expectations are clear and consistent.
- Use firm, but calm discipline. State what behavior the student is being disciplined for and then carry through with the consequences.
- Make certain that Ian experiences the consequences of his behavior (e.g., positive behavior results in positive consequences and negative behavior results in negative consequences).
- School strategies for managing hyperactive and impulsive behaviors:
  - a. Permit Ian to leave his seat and quietly walk around the classroom whenever he feels particularly fidgety.
  - b. If Ian distracts other students by playing with objects, substitute an alternative motor behavior that will not distract others.
  - c. Selective ignoring can be an effective teacher response to minor fidgeting or other motor behaviors. Teachers should not pay attention to mild fidgety behavior.
  - d. Remove any items that Ian does not need for the work assignment but might be tempted to play with (e.g., extra pens, paper clips).
  - e. You can increase the focus of your entire class by scheduling brief 'stretch breaks' that everyone participates in.

- When communicating with Ian, the following communication strategies may be helpful:
  - a. Be concrete and specific in requests
  - b. Be brief and explain things simply

### General Behavior Strategies

- Self-control strategies can be used to help Ian manage his frustration. Techniques such as self-instruction, self-monitoring, and self-reinforcement may be helpful in promoting organization.
- The goal of intervention is to decrease the disruptive behavior and increase adaptive skills. **Social skills training may be necessary** so that Ian learns appropriate ways of reacting to various stressors.
- **Pick and choose the behaviors you confront** and let the other things go. Once you have focused on the behavior and stood your ground, drop it. **Continuing in an argument engages you and the child in a power struggle**, which he may want, and no one wins. You can do this by changing the subject, saying you don't want to talk about the issue any more, leaving the room after announcing the discussion is over, and reaffirming your intention to refuse to discuss the topic further if brought up again.
- **Relaxation training, coping self-statements, self-reinforcement strategies, and problem-solving skills** training are important and can be taught by the at-risk liaison or school psychologist.
- To increase compliance with verbal instructions, **use eye contact**. This can be done by assuring that Ian makes eye contact within 2 seconds of having his name called. If no eye contact is made, repeat the instruction, "Ian, please look at me" in a firm voice, then wait another two seconds. **When Ian complies, thank him.**
- **Turn arguments into discussions.** Do not give in or lower yourself to Ian's level and argue incessantly back. Give him explicit choices and agree to hear him out and entertain his ideas and desires.
- **Avoid public reprimands.** Always try to address behavior privately.
- In order for them to be effective, **any rewards or punishments must be meaningful and salient to Ian.**
- Purposefully set aside and **spend positive time with Ian**. Positive and supportive parent-child relations are critical. Promoting positive interactions between Ian and his caregiver will allow them to work through differences.
- **Praise and acknowledge Ian's positive behavior** or even the lack of negative behavior. Point out positive characteristics.
- **Emphasize**, when feasible, **self-management techniques** instead of external control.

In terms of social functioning and atypical behaviors, average scores were reported. Ian was not perceived as having poor or unusual social skills, nor as having difficulty with friendships or seeming socially awkward. He was not perceived as having unusual interests, behavior and/or language. In terms of anxiety symptomology, slightly more concerns than are typically noted were reported. Ian may appear anxious, including emotional or physical symptoms. He may be fearful or have difficulty controlling worries. He may be clinging or easily frightened, or may cry easily. His feelings may be easily hurt.

More concerns than are typically noted were expressed in the area of mood and affect. Ian may seem irritable, sad, or negative. He may be tearful. Average levels of concern were noted in the area of physical symptoms which may have medical or emotional roots. This scale measure a tendency to complain of aches/pains or feeling sick, or to have eating issues. Average levels of concern were indicated in the area of sleep problems.

The CEC also provides information regarding developmental milestones. Ian's father indicated that he is exhibiting more developmental concerns in areas related to adaptive skills, and he expressed many more concerns than are typically reported with respect to communication. Slightly more concerns than are typically reported were reflected on fine and gross motor skills. More concerns than are typically reported were reported with respect to imaginative and pretend play. High average levels of concern were expressed pertaining to pre-academic concepts.

These scores suggest that Mr. Porter perceives that Ian has difficulties within the areas of eating, drinking, toileting, and practicing personal hygiene, using typical expressive and receptive language, including verbal, facial, and gestural communication, as well as to a lesser extent, using fine and gross motor skills. His observations of Ian's pre-academic/cognitive skills suggest slightly more concerns than are typically reported as relates to knowledge of pre-academic concepts (e.g., shapes, colors, letters, and numbers,), pre-reading skills, and early memory/reasoning skills.

In addition to assessing behavior, the Conners EC is also used to document children's emotional difficulties. High scores on the Conners EC Global Index tend to describe a child who is moody, emotional, restless, impulsive, or inattentive.

Mr. Porter's scores suggest that Ian may be moody and emotional, or may cry, lose his temper, or become frustrated easily. He may be restless, impulsive or inattentive. He may be easily distracted, restless, or fidgety.

Ian's father indicated that Ian's symptoms never seriously affect his learning, interactions with other children, or home life.

#### **SUMMARY AND RECOMMENDATIONS**

Ian's father reported concerns with hyperactivity, distractibility, and tantrum behaviors. Mr. Porter reported that Ian experiences difficulty with remaining seated. An incident was reported in which Ian hit another child at daycare.

Ian was administered a battery of tests to explore cognitive and achievement abilities. Ian's overall cognitive ability was found to be within the Average range. His verbal and non-verbal skills also fell in the Average range. An assessment of school readiness indicated Ian is in the Average range for his age, although his knowledge of pre-academic concepts was variable across the domains assessed. An assessment of developmental functioning indicated that Mr. Porter perceived that Ian demonstrates skills that are atypical for his age in areas related to adaptive, communication, and play skills; with some concerns also expressed with respect to motor skills and pre-academic skills.

puts him at a standard score of 102, and in the 55th percentile. With a concept age of 4:5, Ian is in the Average range compared to others his age, though with uneven performance across the areas tested.

#### DEVELOPMENTAL FUNCTIONING

The Developmental Profile – Third Edition (DP-3) is an inventory of skills designed to assess a child's development in five key areas from infancy through 12 years. The inventory provides an individual profile which depicts a child's developmental functioning in the following five areas: Physical, Adaptive Behavior, Social-Emotional, Cognitive, and Communication. A General Developmental score is provided in addition to the five area scores. The DP-3 utilizes standard scores, with a mean score of 100 and a standard deviation of 15. Mr. Porter completed the DP-3 Interview Form.

Scale/Composite	Standard Score	Descriptor
Physical	125	Above Average
Adaptive Behavior	107	Average
Social-Emotional	125	Above Average
Cognitive	98	Average
Communication	91	Average
<b>General Development</b>	<b>109</b>	<b>Average</b>

The Physical Scale measures physical development by determining his abilities with tasks requiring large and small muscle coordination, strength, stamina, flexibility, and sequential motor skills. The skills are categorized into those requiring gross-motor skills and those requiring fine-motor skills. Ian's score indicates that Mr. Porter perceives Ian as Above Average in functioning relative to individuals of the same age.

The Adaptive Behavior Scale measures the ability to cope independently with the environment, as well as the ability to perform tasks such as eating, dressing, and functioning independently. This scale measures competence, skill, and maturity for coping with the environment. The resulting score indicates that Mr. Porter perceives Ian as Average in functioning relative to individuals of the same age.

The Social-Emotional Scale measures the child's interpersonal relationship abilities. The child's emotional needs for people, as well as his manner in relating to friends, relatives, and various adults exemplify the skills that measure performance in social situations. The obtained standard score indicates that Mr. Porter perceives Ian as Above Average in functioning relative to individuals of the same age.

The Cognitive Scale measures the child's cognitive abilities indirectly by assessing, at the preschool level, the development of skills that are prerequisite to scholastic functioning, and at school age levels, the skills necessary for successful academic and intellectual functioning. The resulting score indicates that Mr. Porter perceives Ian as Average in functioning relative to individuals of the same age.

The Communication Scale measures the child's expressive and receptive communication skills with both verbal and nonverbal forms of language. The child's understanding and use of spoken, written, and gestural languages are assessed by this scale. The resulting standard score indicates that Mr. Porter perceives Ian as Average in functioning relative to individuals of the same age.

The General Development score is a composite of the five areas assessed by the DP-3. As such, the score represents an overall or global estimate of developmental skills. The resulting composite score indicates General Developmental skills based upon Mr. Porter's responses scored in the Average range relative to individuals of the same age.

