PSYCHO-EDUCATIONAL ASSESSMENT REPORT
(CONFIDENTIAL)

<table>
<thead>
<tr>
<th>NAME:</th>
<th>Kxxx Sxxx</th>
<th>CHRONOLOGICAL AGE:</th>
<th>14-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRADE:</td>
<td>8th</td>
<td>CURRENT PROGRAM:</td>
<td>General Education</td>
</tr>
<tr>
<td>GENDER:</td>
<td>Male</td>
<td>ETHNICITY:</td>
<td>Caucasian</td>
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<tr>
<td>PRIMARY LANGUAGE:</td>
<td>English</td>
<td>LANG. PROFICIENCY:</td>
<td>Fluent</td>
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<tr>
<td>DATES OF ASSESSMENT:</td>
<td>06/01-06/17/2011</td>
<td>SCHOOL OF ATTENDANCE:</td>
<td>Wxxx Middle School</td>
</tr>
<tr>
<td>DATE OF REPORT:</td>
<td>06/17/2011</td>
<td>SCHOOL PSYCHOLOGIST:</td>
<td>Emmanuel Sibrian-Rivera</td>
</tr>
</tbody>
</table>

REASON FOR REFERRAL

The IEP team requested a psycho-educational assessment to help determine Kxxx’s current cognitive ability, academic achievement, and social-emotional functioning. The results of this report will help the IEP team determine what supports and services Kxxx needs. Kxxx was first tested for special education services in June 2009 by the Sxx Gxxxx Unified School District. He was found eligible under the criteria of Other Health Impairment (OHI).

This assessment has been carefully prepared following the California Code of Regulations (CCR) guidelines as stated in Section 56320 (a through g).
TEST VALIDITY AND RELIABILITY
All tests administered for this evaluation have been validated for the purpose in which they were utilized. Results appear to be a valid measure of this student functioning at this time. Environmental, cultural, linguistic and socio-economic factors were taken into consideration in the selection, administration and interpretation of assessment instruments, and do not appear to significantly impact the testing results.

ASSESSMENT PROCEDURES
Student Observation and Interviews
Teacher Interviews
Record Reviews
Naglieri Nonverbal Ability Test (Form-A)
The Beery-Buktenica Developmental Test of Visual-Motor Integration, Sixth Edition (VMI-VI)
The Beery-Buktenica Developmental Test of Visual-Perception, Sixth Edition (VMI-VI)
Behavior Assessment System for Children, Second Edition
Scale for Assessing Emotional Disturbance (SAED)
Kaufman Test of Educational Achievement, Second Edition (KTEA-II)

BACKGROUND INFORMATION:

Home/Family Setting
Kxxx is a 14-year-old boy in the 8th grade at Wxxx Middle School. Kxxx lives with mother and step ather. He does not have any contact with his biological father. Kxxx is an only child. According to Mrs. Sxxx, there is a significant history of mental illness on Kxxx’s maternal and paternal side of the family.

Health & Developmental History
Per parent report, Kxxx was born at term with no complications. Kxxx met most developmental milestones within normal limits except for reported delays of “moderate to severe” articulation, and some fine motor and gross motor coordination. Early on, Kxxx exhibited a number of troubling behaviors including: head banging, excessive tantrums, and emotional outbursts. Kxxx has a number of medical and psychological impairments including: Oppositional Defiant Disorder, ADHD, Tourette's syndrome, and Pervasive Developmental Disorder. He is under the care of several specialists. Please refer to School Nurse Assessment Report for more information regarding Kxxx’s health history and current treatment regimen

Educational History
According to records review, Kxxx attended private schools from kindergarten to 8th grade (most recently) Sxx Gxxxx Christian School (XXCS). For the most part, Kxxx earned average grades in all academic areas (Kindergarten through 5th grade). In the 6th and 7th grade, Kxxx’s grades began to deteriorate, most notably in the areas of Math and English Language Arts. In June 2009, Kxxx was evaluated and qualified for special education services under the eligibility of Other Health Impairment (due to his diagnosis of ADHD) by Sxx Gxxxx Unified School District (XXUSD). However, service placement and goals were never established. Kxxx received some accommodations and modifications on behalf of SGCS but did not receive any formal services from his home school district PXXX Unified School District (XUSD). In March of 2011, Kxxx transferred from Sxx Gxxxx Christian School to Wxxx Middle School. Currently, Kxxx is an 8th grader at Wxxx he is eligible for promotion and will be attending high school in the fall.
**Report Cards and Teacher Comments**

Previous private school report cards (Kindergarten through 8th) were not available on file.

### 8th grade Wxxx Middle School

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Period</th>
<th>10w Grade</th>
<th>15w Grade</th>
<th>Final Grade</th>
<th>Credit</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisory 8</td>
<td>0</td>
<td>NP</td>
<td>P</td>
<td>P</td>
<td>1.00</td>
<td></td>
</tr>
</tbody>
</table>
| Algebra Readiness  | 1      | F         |           | 5.00        |        | Missing homework
|                    |        |           |           |             |        | Missing class work
|                    |        |           |           |             |        | Low test scores                               |
| Algebra 1P         | 1      | NG        |           | 5.00        |        |                                               |
| Phys Ed 678        | 2      | F         | F         | 5.00        |        |                                               |
| Spanish 1P         | 2      | D         | D         | 5.00        |        |                                               |
| English 8          | 3      | F         | F         | F           | 5.00   |                                               |
| Science 8          | 4      | C-        | C-        | 5.00        |        |                                               |
| US History 8       | 4      | NG        | F         | 5.00        |        |                                               |

*Kxxx began attending Wxxx Middle School on March 28th, 2011.*

### 8th grade Science Teacher (Mr. Bxxxx)

Per teacher report, Kxxx is a capable and respectful young man. However, Kxxx lacks motivation and focus. He rarely turns in homework assignments. He does a “slightly better job” of completing classroom assignments. The quality of the work he does submit is usually in the “satisfactory to good” range. Kxxx works equally well in a group or individual setting. Kxxx does not appear very interested in school work. He is usually inattentive during class instructions and does not participate in class discussions unless asked to do so. Moreover, Kxxx has poor study skills (needs a lot of reminders to keep him on task). He appears to be well liked by his peers. He has normal interactions with them and does not appear withdrawn or anxious (sometimes Kxxx is cited for excessive talking). All in all, Kxxx’s off task behaviors and excessive absences are impacting his learning. He is currently earning a “C-” in science. He is currently earning a .50 GPA Overall.

### Attendance

Kxxx began attending Wxxx Middle School on March 28th, 2011. Currently, Kxxx has a total of 21 excused absences and 4 unexcused absences for the 2010-2011 school year.

### School Discipline:

According records review, Kxxx has never been suspended for any serious behavioral infractions (fighting, harassing, and threatening others etc.)

### Referral & Interventions History:

In April of 2009, Kxxx’s parents requested a psycho-educational evaluation via Sxx Gxxxx Unified School District (XXUSD) Parents were concern Kxxx’s emotional and mental health issues were impacting his academic progress. A number of supports and accommodation were provided by Kxxx’s private school before and after XXUSD’s evaluation including: preferential seating, tutoring, assignment modification, and extended time for assignments.

### State Test Scores

Previous scores were not available on file.

### Language

The home language is English. During testing, Kxxx understood all directions and instructions given to him. Per teacher and parent report, Kxxx adequately communicates his thoughts and feelings and is able to follow multi-step directions with some prompting. Per Psycho-Educational Report- 06/01/2009, Speech therapist reviewed all results of testing and found all areas of Kxxx’s speech and language to be within normal limits. There are no expressive or receptive language concerns at this time.
**Previous Assessments**
The following reports were found on file:


**Previous IEPs**
The following IEPs were found on file:

- Initial IEP Sxx Gxxxx Unified School District- 06/01/2009

**OBSERVATIONS:**

**Test Sessions**

Kxxx was observed and tested in the school psychologist’s office at Wxxx Middle School. Kxxx appeared as a typical teenage boy. He smiled and made good eye contact as the examiner introduce himself and explained the reasons why Kxxx was there. Rapport was quickly established as Kxxx enjoyed talking about his hobbies (air-soft guns, watching discovery channel, and exercising). Kxxx listened closely to the examiner’s instructions and made a concerted effort to do his best on each task. For the most part, Kxxx worked at a steady pace and persevered as test items became increasingly tedious and difficult. Kxxx maintained adequate attention in the beginning but needed some prompting towards the end of the session. On several occasions, Kxxx asked “Is this the last one?” During the CBRS interview, Kxxx asked “why is it asking me these questions?” “Only crazy people would say yes.” Despite these occasional disruptions, Kxxx responded well to the examiner’s prompts and encouragements. During testing, examiner observed what appeared to be several involuntary motor tics (Kxxx’s head twitched slightly as he concentrated on tasks). Kxxx’s “tics” did not appear to impact his performance or willingness to participate. All tests conducted were considered to be valid measures of Kxxx’s ability on the respective day of testing.

**PRESENT TEST RESULTS AND DISCUSSION:**

**Description of Ranges:**

<table>
<thead>
<tr>
<th>Range</th>
<th>Standard Score</th>
<th>Scaled Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior</td>
<td>130 and above</td>
<td>16 and above</td>
</tr>
<tr>
<td>Well Above Average</td>
<td>120 – 129</td>
<td>14 – 15</td>
</tr>
<tr>
<td>Above Average</td>
<td>110 – 119</td>
<td>11 – 13</td>
</tr>
<tr>
<td>Average</td>
<td>90 – 109</td>
<td>8 – 10</td>
</tr>
<tr>
<td>Low Average</td>
<td>80 – 89</td>
<td>6 – 7</td>
</tr>
<tr>
<td>Low</td>
<td>35 – 79</td>
<td>1 – 5</td>
</tr>
<tr>
<td>Very Low</td>
<td>1 – 34</td>
<td></td>
</tr>
</tbody>
</table>
Cognitive Ability

Ability tests measure only a portion of the competencies involved with human intelligence. Ability test results are best seen as estimates of likely performance in school and reflections of the degree to which children have mastered the middle-class cultural symbols and broad culturally rooted facts, concepts, and problem-solving strategies. This information is useful but limited. Ability tests do not reflect innate genetic capacity and the scores are not fixed. Some students exhibit significant increases or decreases in their measured intellectual ability.

Naglieri Nonverbal Ability Test-Individual Administration (NNAT-I)

The NNAT-I provides data regarding the student’s level of non-verbal thinking and reasoning abilities. The NNAT-I measures nonverbal problem-solving skills with minimal motor involvement and minimal verbal comprehension requirements; while reducing the effects of motor coordination, verbal skills, time pressure, and primary language. In particular, the items contain common shapes and designs. Items were created following several rules. The first rule, Pattern Completion, requires the examinee to look at a design in a large rectangle with a missing portion and determine which answer completes the pattern. Items following the second rule, reasoning by Analogy, were created so that the examinee has to recognize a logical relationship between geometric shapes. Items following the third rule, Serial reasoning, were constructed using a series of shapes that change across the row as well as columns throughout the design. Items following the fourth rule, Spatial Visualization, require that the examinee recognize how two or more designs would look if combined.

2010 Nonverbal Abilities | SS | Ability Level
--- | --- | ---
Overall NNAT-I | 99 | Average

Overall, Kxxx’s nonverbal thinking and reasoning levels fell in the Average range when compared to same age peers.

Cognitive Assessment System (CAS) (selected subtests)

The CAS measures cognitive processing in the areas of Planning, Simultaneous, Attention and Successive. Planning involves determining, selecting, applying and evaluating solutions to problems. Simultaneous processing involves integrating separate visual stimuli into a whole or group. Attention involves focus on needed information while ignoring information not needed for the task. Successive processing involves remembering ordered auditory information.

<table>
<thead>
<tr>
<th>Index/Subtest</th>
<th>Range</th>
<th>Scaled Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention</td>
<td>Low Average</td>
<td></td>
</tr>
<tr>
<td>Expressive Attention</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>Number Detection</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>Receptive Attention</td>
<td>85</td>
<td></td>
</tr>
</tbody>
</table>

Results suggest Kxxx’s ability to focus on useful information needed to complete a task while ignoring non-useful information is in the low average range when compared to other student his age.

Visual Perceptual/Motor Skills

Developmental Test of Visual-Motor Skills (VMI)

The VMI-VI is a developmental sequence of geometric forms to be copied with paper and pencil. The full version includes 30 items and is for ages 2 through 100. The VMI-VI is “designed to assess the extent to which individuals can integrate their visual and motor abilities (eye-hand coordination).” According to the authors “Research indicates that the Beery VMI is virtually culture-free.” According to the authors “the Beery VMI measures up at very high levels, between .80 and .95.” The VMI-VI has “two supplemental standardized tests, Visual Perception and Motor Coordination.” The VMI-VI has a Mean of 100 and a Standard Deviation (SD) of 15. The authors state, “‘Average’ can also be defined as one standard deviation above and below the mean, which would be standard scores of 85-115 and would include 68% of the age group.” Then Standard Scores (SS) of 70-84 are below average; SS of 55-69 are in the deficit range; and SS of 54 or less are in the extreme lower range (i.e., more than 3 Standard Deviations from the mean).
VMIs Standard Score: 96

Kxxx's score indicates visual-motor skills are in the Average range and represent an area of relative strength.

Developmental Test of Visual Perception (VMI)
The Visual perception test measures the perception and cognitive processing of visual stimuli.

Visual Perception Test Standard Score: 99

Kxxx’s score indicates visual perceptual abilities are in the Average range when compared to same aged peers.

Social emotional /Adaptive Skills

Per student interview (06/10/2011), Kxxx enjoys playing sports (air-soft and shooting basketballs) “hanging out with friends,” and watching discovery channel. He has a number of friends inside and outside of school. Kxxx’s favorite school subject is science. His least favorite subject is Math because “I never got into it, I get distracted easily.” When asked if anything makes him “sad” he said, “I’m not depressed or anything.” When asked if he is a confident person, he stated “I’m confident. I can accomplish things I guess.”

Per parent statement, Kxxx is a “smart, creative and beautiful boy. He is able to take care of his personal needs and hygiene. Kxxx is relatively social and interacts well with children his age. However, parents are very concerned with Kxxx’s emotional and mental health. Kxxx has severe emotional and defiant outbursts at home. He is verbally and physically abusive towards parents and health providers. Kxxx has a strong disposition to have things his way or nothing (can be vengeful if denied what he wants). Moreover, Kxxx often complains of aches and pains and will refuse to go to school or attend therapy sessions. At school, Kxxx does not present with same behaviors he does at home. However, he is easily distracted during class lectures and needs frequent prompts to complete assignments.
Behavior Assessment System for Children, Second Edition (BASC-2)

The Behavior Assessment System for Children, Second Edition (BASC-2) is a comprehensive set of rating scales and forms including the Teacher Rating Scales (TRS), Parent Rating Scales (PRS), Self-Report of Personality (SRP), Student Observation System (SOS), and Structured Developmental History (SDH). Together, they help understand the behaviors and emotions of children and adolescents. The narrative and scale classification in the BASC-2 are based on T-scores obtained using norms. Scale scores in the Clinically Significant range suggest a high level of maladjustment. Scores in the At-Risk range may identify a significant problem that may not be severe enough to require formal treatment or may identify the potential of developing a problem that needs careful monitoring.

- Parent completed the BASC Parent-Report on 05/16/2011
- Teacher completed the BASC Parent-Report on 06/08/2011

Parent report (PRS-A):

Clinically significant areas:

At risk areas:
Withdrawal and Functional Communication.

Critical items:
11. Has eye problems. Often
27. Sees things that are not there. Sometimes
40. Threatens to hurt others. Sometimes
132. Eats too little. Sometimes
144. Is easily annoyed by others. Almost always
Teacher Report (TRS-A):

Clinically significant areas:
Somatization, Attention Problems.

At risk areas:
Social Skills, Study Skills, and Leadership.

Critical items:
116. Is easily annoyed by others. Sometimes

Scales for Assessing Emotional Disturbance -Second Edition (SAED-2)

The SAED-2 provides school personnel such as teachers, counselors, educational diagnosticians, and psychologists with a means for rating student behavior problems that may interfere with academic functioning. It is a highly structured, norm-referenced rating scale that is useful for identifying students who are "at risk" for problematic behaviors. The 74-item scale rates the behaviors of student's ages 6-0 through 18-11 years. The total score estimates the degree of problems exhibited by children and adolescents referred for possible evaluation for special education eligibility.

Date: 5/06/2011
Examiner: E Sibrian-Rivera

<table>
<thead>
<tr>
<th>Scales</th>
<th>Scaled-Score</th>
<th>Descriptive term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inability to learn</td>
<td>15</td>
<td>Indicative of ED</td>
</tr>
<tr>
<td>Relationship Problems</td>
<td>12</td>
<td>Not Indicative of ED</td>
</tr>
<tr>
<td>Inappropriate Behaviors</td>
<td>13</td>
<td>Not Indicative of ED</td>
</tr>
<tr>
<td>Depression</td>
<td>12</td>
<td>Not Indicative of ED</td>
</tr>
<tr>
<td>Physical Symptoms</td>
<td>13</td>
<td>Not Indicative of ED</td>
</tr>
<tr>
<td>Socially Maladjusted</td>
<td>9</td>
<td>Not Indicative of ED</td>
</tr>
</tbody>
</table>

Scores from the SAEDS-2 rate 1 out of 6 “Emotional Disturbance Characteristics” as Indicative of Emotional Disturbance.

SCALES: Scales for Diagnosing Attention Deficit/Hyperactivity Disorder

The SCALES is modeled after the guidelines for ADHD in the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition-Text Revision (DSM-IV-TR). While maintaining the internal coherency of those criteria, it evaluates the child's behavior using three subtests to measure inattention, hyperactivity, and impulsivity in a home (HRS) and school environment (SRS). The SCALES is normed for children ages 5-18.

Examiner: E Sibrian-Rivera
Respondent: Mrs. Sxxx

<table>
<thead>
<tr>
<th>Home Rating Scales (HRS)</th>
<th>Non-ADHD SS</th>
<th>Level of Concern</th>
<th>Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inattention</td>
<td>20</td>
<td>Significantly Elevated</td>
<td>99 %</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>15</td>
<td>Significantly Elevated</td>
<td>95 %</td>
</tr>
<tr>
<td>Impulsivity</td>
<td>20</td>
<td>Significantly Elevated</td>
<td>99 %</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Rating Scales (HRS)</th>
<th>ADHD SS</th>
<th>Level of Concern</th>
<th>Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inattention</td>
<td>15</td>
<td>Significantly Elevated</td>
<td>95 %</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>10</td>
<td>Elevated</td>
<td>50 %</td>
</tr>
<tr>
<td>Impulsivity</td>
<td>14</td>
<td>Significantly Elevated</td>
<td>91 %</td>
</tr>
</tbody>
</table>

The SCALES measures Inattention and Hyperactive-Impulsive types of behaviors. Inattention types of behaviors refer to those behaviors, such as, (1) failing to give close attention to detail, (2) making accidental errors, (3) often producing messy work, (4) often appear as if they are elsewhere or not listening to what is being said,
etc…. Hyperactive-Impulsive types of behaviors are those that include a student being (1) fidgety or squirmy, (2) unable to remain in seat when expectations require to do so, (3) often appearing as though they are “on the go,” (4) excessive talking, etc….

The results of the HRS version indicate Christian’s Hyperactive, Impulsive, and Inattentive behaviors are significantly elevated compared to same age norm peers.

**Conner’s Comprehensive Behavior Rating Scale (CBRS)**
The CBRS is a rating scale that measures behaviors such as aggression, emotional distress, and separation fears.

**Self-Report** (Kxxx completed the CBRS on 06/10/11)

![Bar chart showing T-scores for various behaviors]

Clinically Significant: Violence Potential Indicator, Separation Fears, and Aggressive behaviors.

At Risk: No areas rated as such.

**DSM-IV-TR Symptom Scales:**
The Symptom Counts were *probably met* and the T-scores were elevated or very elevated for the following DSM-IV-TR Symptom scales: *Separation Anxiety Disorder*

**Other Clinical Indicators:**
Further investigation is recommended for the following issues: Bullying Victimization (rating = 1), Panic Attack (ratings: dizziness = 0, feels sick = 3, shortness of breath = 3), Pervasive Developmental Disorder (ratings: inflexibility = 3, problems with peer Relationships = 3, social or emotional reciprocity = 0), Posttraumatic Stress Disorder (ratings: traumatic event involving self = 1, traumatic event involving others = 3), Substance Use (inhalants) (rating = 3), and Tics (motor rating = 1).

*The Inconsistency Index score (raw score = 11, number of differentials ≥ 2 = 2) indicates a possible inconsistent response style. These scores need to be taken into consideration when interpreting results*
Conner’s Comprehensive Behavior Rating Scale (CBRS)
The CBRS is a rating scale that measures behaviors such as aggression, emotional distress, and separation fears.

Parent Report - Parent completed the CBRS on 05/06/11.


At Risk: No areas rated as such.

DSM-IV-TR Symptom Scales:
The Symptom Counts were probably met and the T-scores were elevated or very elevated for the following: ADHD Predominantly Inattentive Type, ADHD Predominantly Hyperactive-Impulsive Type, Oppositional Defiant Disorder, Major Depressive Episode Manic Episode, and Asperger’s Disorder

Other Clinical Indicators:
Bullying Perpetration (rating = 1), Bullying Victimization (rating = 1), Panic Attack (ratings: dizziness = 0, feels sick = 0, shortness of breath = 1), Tics (motor) (rating = 1) and Tics (vocal) (rating = 1).
Academic Achievement

“A NOTE ON USING THIS INFORMATION: A single test can provide only limited information. A student taking the same test more than once might score higher or lower in each tested area within a small range. You should confirm your child’s strength and needs in these topics by reviewing classroom work, standards-based assessments, and your child’s progress report during the year.”

Resource Specialist Program (RSP) Teacher sources of Academic Related Data

The Resource Specialist Program (RSP) Teacher administered various tests from the Kaufman Test of Educational Achievement, Second Edition (KTEA-II) to better understand the student’s current levels of academic performances. According to the KTEA-II, average Standard Scores (SS) fall between 85-115; below average SS fall between 70-84; and far -below average SS fall at 69 and below. The following is a summary of the results. For additional detail, please refer to the RSP Teacher Summary Report…

<table>
<thead>
<tr>
<th>KTEA-II Tests</th>
<th>Standard Score</th>
<th>Ability Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>READING COMPOSITE</td>
<td>113</td>
<td>Above Average</td>
</tr>
<tr>
<td>-Subtest 2: Letter and Word Recognition</td>
<td>107</td>
<td>Average</td>
</tr>
<tr>
<td>-Subtest 6: Reading Comprehension</td>
<td>116</td>
<td>Above Average</td>
</tr>
<tr>
<td>MATH COMPOSITE</td>
<td>107</td>
<td>Average</td>
</tr>
<tr>
<td>-Subtest 3: Math Concepts and Application</td>
<td>103</td>
<td>Average</td>
</tr>
<tr>
<td>-Subtest 5: Math Computation</td>
<td>110</td>
<td>Above Average</td>
</tr>
<tr>
<td>WRITTEN LANGUAGE COMPOSITE</td>
<td>111</td>
<td>Above Average</td>
</tr>
<tr>
<td>-Subtest 7: Written Expression</td>
<td>111</td>
<td>Above Average</td>
</tr>
<tr>
<td>-Subtest 8: Spelling</td>
<td>109</td>
<td>Average</td>
</tr>
</tbody>
</table>

Areas of significant strength include: Math Computation, Reading Comprehension, and Written Expression were in the above average range.
SUMMARY:

Kxxx is a 14-year-old boy in the 8th grade at Wxxx Middle School. He recently transferred to Wxxx from Sxx Gxxxx Christian School. Kxxx is an only child. He lives at home with his mother and step father. Kxxx presents various emotional and mental health difficulties that appear to be impacting his home life. Kxxx suffers from several medical conditions including: Oppositional Defiant Disorder, ADHD, Tourette's syndrome, Sleep Disorder, and Pervasive Developmental Disorder. Kxxx was referred for a special education evaluation by the Wxxx IEP team to help determine what supports and services he needs.

An estimate of Kxxx's current functioning was established through various assessment measures including: review of records, previous reports, standardized testing, interviews and observations in both formal and informal sessions. Kxxx's cognitive ability is estimated to fall in the average range. Relative strengths were noted in Kxxx’s Visual motor skills, Visual Perceptual Skills and Non Verbal Functioning. Academically, Math Computation, Reading Comprehension, and Written Expression were in the above average range.

Areas of Concern: Kxxx has severe emotional and defiant outbursts at home. He is verbally and physically abusive towards parents and health providers. Kxxx has a strong disposition to have things his way or nothing (can be vengeful if denied what he wants). Moreover, Kxxx often complains of aches and pains and will refuse to go to school or attend therapy sessions. At school, Kxxx does not present with same behaviors he does at home. However, he is easily distracted during class lectures and needs frequent prompts to complete assignments. He has poor study skills and rarely participates in class discussion. Kxxx’s inattentiveness and inability to stay on task is impacting his academic progress.

- Per Teacher and Parent BASC questionnaires, the following areas were found to be in the “Clinically Significant” range: Hyperactivity, Aggression, Conduct Problems, Somatization, A-typicality, Adaptability, Social Skills, Leadership, Attention Problems and Activities of Daily Living.

- Per parent CBRS questionnaire, the following areas were rated as “Clinically Significant”: Emotional Distress, Academic Difficulties, Math, Hyperactivity, Physical Symptoms, Violence Potential Indicator, Separation Fears, and Aggressive Behaviors.

- Per Self CBRS questionnaire, the following areas were rated as “Clinically Significant”: Violence Potential Indicator, Separation Fears, and Aggressive behaviors.

- Per results of the SCALES HRS version, Kxxx’s Hyperactive, Impulsive, and Inattentive behaviors are significantly elevated compared to same age norm- peers.

- Per results of the SAED-S 2 results, Emotional Disturbance Characteristic “Inability to Learn” was rated as Indicative of Emotional Disturbance.

Impact of disability:
Based on records reviews, interviews, observations, this examiner’s evaluation, along with the Resources Specialist Program (RSP) Teacher’s academic standardized scores results and guardian sources of information, Kxxx meets criteria for special education services under the eligibility of Other Health Impairment (OHI). Kxxx’s ADD/ADHD related symptoms are negatively impact his academic progress and overall class participation. At this time, Kxxx does not appear to meet criteria for services under Emotional Disturbance (ED) as Kxxx’s various emotional and defiant outbursts (exhibited at home) are not prevalent at school. Additionally, Kxxx does not exhibit a specific learning disability (SLD). See basis for determining eligibility section for more information.
BASIS FOR DETERMINING ELIGIBILITY:
The results of this psycho-educational assessment indicate that Kxxx meets the criteria for placement in special education under the primary eligibility of Other Health Impairment (OHI). This recommendation was made according to the following federal guidelines (Article 3.1 Individuals with Exceptional Needs, Section 3030(F)):

- There is a report from a physician documenting the health impairment. (Kxxx has a diagnosis of ADHD)
- This health impairment is not temporary in nature.
- The impairment adversely affects the student’s educational performance, and requires special education to meet the student’s needs

BASIS FOR (ED) ELIGIBILITY:
The results of this psycho-educational assessment indicate that (at this time) Kxxx does meet the criteria for placement in special education under the category of Emotional Disturbance. This recommendation was made according to the following federal guidelines (Article 3.1 Individuals with Exceptional Needs, Section 3030(i)):

The pupil does not exhibit the following characteristics (over a long period of time) to a marked degree, in a school setting which adversely affect educational performance:

1) An inability to learn which cannot be explained by intellectual, sensory, or health factors.
2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
3) Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations.
4) A general pervasive mood of unhappiness or depression.
BASIS FOR DETERMINING ELIGIBILITY:

The results of this psychological assessment indicate that Kxxx does not meet the criteria for placement in special education under the category of Specific Learning Disability. This recommendation was made according to the following federal guidelines (Article 3.1 Individuals with Exceptional Needs, Section 3030 <c>):

1. The student demonstrates a severe discrepancy between intellectual ability and achievement in one or more of the following areas:
   - Basic reading skills
   - Reading comprehension
   - Reading Fluency
   - Mathematics calculation
   - Mathematics reasoning
   - Written Expression
   - Listening comprehension
   - Oral expression

   *No severe discrepancy was found in any of the listed academic areas*

2. The discrepancy is due to a disorder in one or more of the basic psychological processes:
   - Attention
   - Auditory processing
   - Visual processing
   - Sensory–motor skills
   - Cognitive abilities: association, conceptualization, and expression

   *No deficits were found in any of the listed processing areas*

3. It has been determined by the assessment team that the learning problem is not the primary result of any of the following: visual, hearing, or motor disabilities; mental retardation; emotional disturbance, or environmental, cultural, or economic disadvantage.

4. It has been determined by the assessment team that the learning problems are not primarily the result of limited school experience or poor school attendance.
RECOMMENDATIONS

1. The IEP Team will make a final determination with respect to a Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE).

2. When students’ attentional behaviors demonstrate inconsistencies/challenges, the following classroom recommendations may assist in support the student’s unique educational needs. (NOTE: Some of these strategies may also be utilized within the home setting)…

3. Verbally praise the student for ongoing work.

4. Provide as much structure, routine, predictability and consistency in the daily classroom environment, schedule, and assignment as possible.

5. Closely monitor the student’s performance by providing frequent prompts and feedback.

6. Shorten assignments, and/or repeatedly remind student that “It’s alright not to finish an assignment.”

7. The student may need assistance in learning to shift focus from quantity to quality of work completed. The student needs to be discouraged from taking wild guesses and responding randomly.

8. If the student appears restless and fidgety in class, the student may need to be doing something with the hands while seated at the desk. It may be that doodling, handling a piece of clay, stretching an elastic band, or performing some other manual activity will help keep the student more aroused and alert, especially during periods where sustained listening is required.

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