

## Confidential Psychological Report

**Student:**  
**Parent/Guard.:**  
**Address:**

**DOE:**  
**DOB:**  
**CA:**

**Phone:**

**Grade:**

**Examiner:** Damian Bariexca, Ed.S., NCSP  
School Psychologist

### Reason for Evaluation

XXX was referred for Child Study Team evaluation by his guidance counselor due to concerns about his pervasive failing grades. The purpose of this evaluation is to gather information about XXX's educational and psychological needs, generate appropriate modifications & accommodations, and assist in determining XXX's eligibility for special education & related services.

### Background Information

A review of available records indicates that XXX transitioned into XXX High School as a freshman in September 2008. His final grades for his freshman year are as follows: [redacted for portfolio inclusion].

Current teacher reports indicate that XXX presents as bright and capable, but fails primarily due to work refusal, both in and out of class. Teachers report immature behavior, primarily in the form of teasing and taunting peers, as well as a general lack of awareness of social skills. Teachers also report that XXX has difficulty sitting still, and will often fidget and move around during class. XXX's therapist corroborated much of the teachers' behavioral observations. Dr. XXX saw XXX on a weekly basis during his 8<sup>th</sup> grade year, but much less regularly during 9<sup>th</sup> grade. XXX will resume weekly sessions with Dr. XXX in the fall of 2009.

### Information from the Student

XXX indicated that his favorite classes were Graphic Tech, Drafting, and PE; XXX "love[s] technology" and the drawing aspect of drafting, as well as exercising in PE. His least favorite class was Advanced Academic Literacy because he felt that he would often "get yelled at, and I wasn't doing anything wrong." XXX considers handwriting to be the most difficult task in school; he describes his handwriting as "sloppy" and he prefers to type when he is allowed. XXX cites his ability with Photoshop software and tactical problem-solving, such as the type found in video games, as personal strengths. He also claims to have a very good memory, especially for literature. He believes he is most engaged in school when movies are shown in class.

XXX enjoys playing video games and riding his bike outside of school. He was also a member of the fencing team in the 2008-2009 school year. Currently, he is considering going to college for video game design or joining the Marines after high school.

### **Information from the Parent/Guardian**

XXX's mother shared with the initial planning team that XXX is a "super sensitive" young man who does not appear to care about failing his classes. She reports that XXX was on medication for Attention Deficit-Hyperactivity Disorder for approximately one year (since discontinued), and that she has signed him up for both group and individual tutoring. She also reports trying to reward desired behaviors while providing negative consequences for undesired behaviors. According to Mrs. XXX, none of these measures have had any significant impact on his academic achievement.

Mrs. XXX also reported that XXX does not always relate well to other adolescents, and that he was the target of bullying in middle school (this was reportedly stopped by administration once the students reached high school). XXX's parents have considered military school as an option for him; he believes that should he attend, it will be "like a camp". Mrs. XXX reported that XXX used to see a psychiatrist once per week, but he now meets with him much less frequently.

### **Previous Test Results**

This is an initial Child Study Team evaluation; no previous test results are available.

### **Observations and General Impressions**

XXX presented appropriately, but fidgeted a great deal during the approximately 90-minute evaluation session, both with items from this examiner's desktop and with his seating position. XXX appeared to take all tasks seriously, but seemed to rush many of his responses. He also appeared to audibly grind his teeth or create some similar guttural noises throughout the evaluation process. When he was unable to provide a solution to some items, particularly in the Matrix Reasoning subtest, he made statements such as "none of these go together"; these statements seemed to indicate a belief that there was no possible correct answer to the item. He also seemed hyperfocused during tasks requiring short-term memory recall, such as the Digit Span and Letter-Number Sequencing subtests.

### **Evaluation Procedures**

Review of School Records

Unstructured Parent/Guardian Interview

Unstructured Therapist Interview

Structured Student Interview

Wechsler Intelligence Scale for Children – Fourth Edition (WISC-IV)

Behavior Assessment System for Children, Second Edition: Self Report – Adolescent (BASC-2: SRP-A)

Behavior Assessment System for Children, Second Edition: Parent Rating Scales – Adolescent (BASC-2: PRS-A)

Behavior Assessment System for Children, Second Edition: Teacher Rating Scales – Adolescent (BASC-2: TRS-A)

Asperger Syndrome Diagnostic Scale (ASDS)

## Summary of Findings/Interpretation of Assessment Results

### **WISC-IV**

The following information reflects XXX's functioning on the Wechsler Intelligence Scale for Children Fourth Edition (WISC-IV). Possible scaled scores range from 1 to 19, with a score of 8 to 12 falling within the average range. IQ/Index scores falling between 90 and 109 are also considered average. Moreover, these scores will be reported with corresponding ranges at the 95% confidence level.

A full WISC-IV score report, as well as descriptions of each subtest, appears at the end of this report.

Cognitive testing results indicate that XXX is functioning within the High Average range of intellectual ability. On the WISC-IV, XXX's Full Scale IQ is 112, placing him at the 79<sup>th</sup> percentile.

The **Verbal Comprehension Index (VCI)** measures verbal comprehension, reasoning, and knowledge acquired from one's environment. XXX's VCI score falls in the High Average range (VCI=114; 82<sup>nd</sup> percentile), and is equal to or better than 82 percent of his age-level peers. XXX's score on the Vocabulary subtest (ss=15; 95<sup>th</sup> percentile) fell in the Superior range, and was noted as a statistically significant strength. His scores on other VCI subtests fell at the high end of the Average range. This suggests that tasks requiring XXX to verbalize (e.g., debate, discussion, oral presentation), as well as to draw upon his font of acquired knowledge, should speak to his strengths.

The **Perceptual Reasoning Index (PRI)** measures non-verbal problem-solving ability and visual-motor integration. XXX's PRI score falls in the High Average range (PRI=110; 75<sup>th</sup> percentile), and is equal to or better than 75 percent of his age-level peers. XXX's scores on the PRI subtests were varied; his score on the Matrix Reasoning subtest (ss=14; 91<sup>st</sup> percentile) fell in the Superior range, and was noted as a statistically significant strength, while his score on the Picture Concepts subtest (ss=9; 37<sup>th</sup> percentile) fell in the Average range, and was noted as a statistically significant weakness. His score on the Block Design subtest (ss=12; 75<sup>th</sup> percentile) fell in the Average range. These discrepancies suggest that while XXX will likely do well overall on tasks requiring non-verbal reasoning, he may have more difficulty with tasks that require abstract thought and reasoning than those that are more concrete in nature.

The **Working Memory Index (WMI)** measures a child's ability to utilize short-term memory, sustain attention, and process auditory information. XXX's WMI score (WMI=116; 86<sup>th</sup> percentile) falls in the High Average range, and is equal to or better than 86 percent of his age-level peers. No statistically significant strengths or weaknesses were noted in the Working Memory Index.

The **Processing Speed Index (PSI)** measures the child's speed of mental operation, hand-eye coordination, attention, concentration, and ability to discriminate details. XXX's PSI score falls toward the low end of the Average range (PSI=91; 27<sup>th</sup> percentile), and is equal to or better than 27 percent of his age-level peers. No statistically significant strengths or weaknesses were noted in the Processing Speed Index.

There are some statistically significant discrepancies noted between XXX's Composite Index scores. His Processing Speed Index score (PSI=91; 27<sup>th</sup> percentile) was significantly lower than his other three Index scores. This discrepancy suggests that while XXX's ability to problem-solve and retain information is above average, the speed with which he can attend to tasks, while still average in comparison to his peers, is significantly less developed. This may mean that XXX requires significantly more time and cognitive effort to process and act upon new information.

## **BASC-2: SRP-A**

XXX responded to the items on the Behavior Assessment System for Children-Second Edition: Self-Report (Adolescent) in order to provide information regarding his own thoughts and feelings. The rater's responses to items on the BASC scales are scored and compared to a normative sample of ratings of other children similar in age. From these responses, *T*-scores are derived:

- Scores of **70T and above** fall in the **Clinically Significant** range, and suggest a high level of maladjustment.
- Scores of **60T-69T** fall in the **At-Risk** range, and may identify either a significant problem that is not be severe enough to warrant a formal diagnosis or a developing problem that needs careful monitoring.
- Scores ranging from **41T-59T** are considered **average**.
- Scores ranging from **31T-40T** fall in the **At-Risk** range on selected scales.
- Scores of **30T and below** fall in the **Clinically Significant** range on selected scales.

XXX's responses earned ratings of "Acceptable" on all Validity Indices; these scores can be considered a reasonably accurate assessment of his current social-emotional state.

XXX's scores on the five major composite scales are as follows:

<b>Composite Scale</b>	<b>T-Score</b>	<b>Percentile Rank</b>
<b>School Problems</b>	68	95
<b>Internalizing Problems</b>	57	79
<b>Inattention/Hyperactivity</b>	60	84
<b>Emotional Symptoms Index</b>	49	53
<b>Personal Adjustment</b>	40	16

*School Problems.* XXX's score of **68T** on the **School Problems** composite scale is in the At-Risk range. His scores on the **Attitude to School** and **Attitude to Teachers** scales also fall in the At-Risk ranges. XXX reports disliking school and sometimes wishing to be elsewhere, and generally considers his teachers to be unfair, uncaring, and/or overly demanding.

<b>School Problems Scale</b>	<b>T-Score</b>	<b>Percentile Rank</b>
Attitude to School	69	95
Attitude to Teachers	69	95
Sensation Seeking	54	66

*Internalizing Problems.* XXX's score of **57T** on the **Internalizing Problems** composite scale falls in the Average range; however, his scores on the **Social Stress** and **Locus of Control** scales fall in the At-Risk and Clinically Significant classification ranges, respectively. XXX reports feeling like he has little control over events occurring in his life, as well as being blamed for things he did not do. He also reports sometimes feeling isolated or lonely and having difficulty establishing or maintaining close relationships with others.

<b>Internalizing Problems Scale</b>	<b>T-Score</b>	<b>Percentile Rank</b>
Atypicality	54	75
Locus of Control	74	98
Social Stress	62	88
Anxiety	35	3
Depression	55	76
Sense of Inadequacy	52	65
Somatization	59	81

*Inattention/Hyperactivity.* XXX's score of **60T** on the **Inattention/Hyperactivity** composite scale falls in the At-Risk range. His score on the **Attention Problems** scale fell in the At-Risk range, and indicates that XXX sometimes has difficulty maintaining attention in school; this may interfere with his academic performance, as well as general functioning in other areas.

<b>Inattention/Hyperactivity Scale</b>	<b>T-Score</b>	<b>Percentile Rank</b>
Attention Problems	60	83
Hyperactivity	57	78

*Emotional Symptoms.* XXX's score of **49T** on the **Emotional Symptoms** index falls in the Average range. XXX's score on the **Interpersonal Relations** scale falls in the At-Risk range, and indicates that XXX reports having difficulty establishing and maintaining relationships with others. The **Attitude to School, Attitude to Teachers,** and **Social Stress** scales (described above) also appear in this index.

<b>Emotional Symptoms Scale</b>	<b>T-Score</b>	<b>Percentile Rank</b>
Sensation Seeking	54	66
Attitude to School	69	95
Attitude to Teachers	69	95
Atypicality	54	75
Social Stress	62	88
Anxiety	35	3
Depression	55	76
Interpersonal Relations	37	11

*Personal Adjustment.* XXX's score of **40T** on the **Personal Adjustment** composite scale falls in the At-Risk range. His scores on the **Interpersonal Relations** and **Relations with Parents** scales fall in the At-Risk and Clinically Significant ranges, respectively. XXX reports having a poor relationship with and little trust in his parents, as well as feeling incidental to family life and decision making.

<b>Personal Adjustment Scale</b>	<b>T-Score</b>	<b>Percentile Rank</b>
Relations with Parents	27	2
Interpersonal Relations	37	11
Self-Esteem	59	84
Self-Reliance	48	39

*Content Scales.* XXX's responses were also grouped into Content Scales in the following areas: Test Anxiety, Anger Control, Mania, and Ego Strength. His responses to these questions indicate that he has a tendency to become irritable quickly and has difficulty maintaining self-control when faced with adversity; his score on the **Anger Control** scale falls in the Clinically Significant range.

<b>Content Scale</b>	<b>T-Score</b>	<b>Percentile Rank</b>
Test Anxiety	37	9
Anger Control	70	96
Mania	54	69
Ego Strength	42	21

**BASC-2: PRS-A**

XXX's mother responded to the items on the Behavior Assessment System for Children-Second Edition: Parent Rating Scales – Adolescent in order to provide information regarding her observations of her son's behavior. Scores and comparisons are derived in the same way as the BASC 2: SRP-A.

Mrs. XXX's responses earned ratings of "Acceptable" on all Validity Indices; these scores can be considered a reasonably accurate assessment of her observations.

Reported scores on the four major composite scales are as follows:

<b>Composite Scale</b>	<b>T-Score</b>	<b>Percentile Rank</b>
<b>Externalizing Problems</b>	52	66
<b>Internalizing Problems</b>	42	21
<b>Behavioral Symptoms Index</b>	55	75
<b>Adaptive Skills</b>	45	29

*Externalizing Problems.* The obtained score of **52T** on the **Externalizing Problems** composite scale is in the Average range. Mrs. XXX does not report observing aggression or hyperactivity in XXX any more often than others of his age, but the score of **60T** on the **Conduct Problems** scale falls in the At-Risk range, and indicates that XXX sometimes engages in rule-breaking behaviors.

<b>Externalizing Problems Scale</b>	<b>T-Score</b>	<b>Percentile Rank</b>
Hyperactivity	41	18
Aggression	54	72
Conduct Problems	60	86

*Internalizing Problems.* The obtained score of **42T** on the **Internalizing Problems** composite scale is in the Average range. Mrs. XXX reports observing relatively few anxiety-based behaviors in XXX compared to others his age, and depressive behaviors and health-related problems at about the same degree as others his age.

<b>Internalizing Problems Scale</b>	<b>T-Score</b>	<b>Percentile Rank</b>
Anxiety	36	7
Depression	45	39
Somatization	49	57

*Behavioral Symptoms.* The obtained score of **55T** on the **Behavioral Symptoms** composite scale is in the Average range. The scores of **65T** on the **Withdrawal** scale and **63T** on the **Attention Problems** scale both fall in the At-Risk range; Mrs. XXX reports that XXX is seemingly alone, has difficulty making friends, and/or is sometimes unwilling to join group activities. She also reports that XXX has difficulty maintaining necessary levels of attention at school. The **Hyperactivity, Aggression, and Depression** scales (reported above) also appear in this index.

<b>Behavioral Symptoms Index</b>	<b>T-Score</b>	<b>Percentile Rank</b>
Hyperactivity	41	18
Aggression	54	54
Depression	45	39
Atypicality	57	81
Withdrawal	65	92
Attention Problems	63	88

*Adaptive Skills.* The obtained score of **45T** on the **Behavioral Symptoms** composite scale is in the Average range. The score of **36T** on the **Activities of Daily Living** scale falls in the At-Risk range; Mrs. XXX reports that XXX has difficulty performing simple daily tasks in a safe and efficient manner. Otherwise, Mrs. XXX reports that XXX demonstrates typical communication skills, creativity, social skills, and adaptability when compared to other students his age.

<b>Adaptive Skills Index</b>	<b>T-Score</b>	<b>Percentile Rank</b>
Adaptability	53	56
Social Skills	43	27
Leadership	46	36
Activities of Daily Living	36	9
Functional Communication	50	45

*Content Scales.* Mrs. XXX's responses were also grouped into Content Scales in the following areas: Anger Control, Bullying, Developmental Social Disorders, Emotional Self-Control, Executive Functioning, Negative Emotionality, and Resiliency. Her responses indicate that XXX has difficulty overcoming stress and adversity, as well as some problems concerning social skills and communication. Obtained scores on the **Developmental Social Disorders** and **Resiliency** scales both fall in the At-Risk range.

<b>Content Scale</b>	<b>T-Score</b>	<b>Percentile Rank</b>
Anger Control	53	68
Bullying	54	73
Developmental Social Disorders	67	94
Emotional Self-Control	41	21
Executive Functioning	52	65
Negative Emotionality	50	56
Resiliency	38	13

## **BASC-2: TPRS-A**

Four of XXX's teachers responded to the items on the Behavior Assessment System for Children-Second Edition: Teacher Rating Scales – Adolescent in order to provide information regarding their observations of XXX's behavior. Scores and comparisons are derived in the same way as the BASC-2: SRP-A.

All teacher responses earned ratings of "Acceptable" on all Validity Indices, with one exception. One teacher's responses earned a rating of "Extreme Caution" on the F-Index; this means that her responses tended to be overwhelmingly negative, but not necessarily invalid. This teacher, however, also earned two "Acceptable" Validity Index ratings. As such, these scores should be interpreted with caution, but can most likely be considered a reasonably accurate assessment of XXX's overall behavior in these classes.

The narrative descriptions of each section below will appear without score charts; please refer to the matrix on page 10 for the *T*-scores and Percentile Ranks derived from each teacher's responses. **Bold** numbers indicate scores in the statistically atypical range (At-Risk or Clinically Significant).

*Composite Scales.* Overall, XXX's teachers reported significant concerns in the **School Problems** and **Behavioral Symptoms** Indices. All four teachers reported that XXX displays significant attentional difficulties that impede his academic performance; additionally, they all report that XXX is seemingly alone and demonstrates substantial difficulty and/or unwillingness to join groups and make friends. His Math and Advanced Academic Literacy (AAL) teachers reported that XXX demonstrates strange or odd behaviors, seems disconnected from his surroundings, and also seems to have difficulty comprehending and completing schoolwork. Two teachers also indicated significant concerns in the area of **Externalizing Problems**.

*Externalizing Problems.* XXX's English and AAL teachers reported observing statistically atypical behaviors in the areas of hyperactivity and aggression (which may take the form of being defiant, threatening, or argumentative). Both teachers' responses produced **Hyperactivity** *T*-scores in the Clinically Significant range and **Aggression** *T*-scores ranging from At-Risk to Clinically Significant.

*Internalizing Problems.* XXX's teachers reported no atypical observations related to anxiety or somatization; however, three teachers indicated observing potential symptoms of depression: XXX has appeared withdrawn, pessimistic, and/or sad in their classes. *T*-scores derived from these three respondents for the **Depression** scale fall in the At-Risk and Clinically Significant ranges.

*School Problems.* All four respondents indicated statistically atypical *T*-scores on the **Attention Problems** scale; two in the At-Risk range, and two in the Clinically Significant range. Two *T*-scores on the **Learning Problems** scale fell in the At-Risk range; the other two scores, both **59T**, fell at the high end of the average range, close to At-Risk. XXX appears to demonstrate significant difficulty maintaining necessary levels of attention at school, as well as comprehending and completing assigned work.

*Behavioral Symptoms.* All four respondents indicated statistically atypical *T*-scores on the **Withdrawal** scale; one in the At-Risk range, and three in the Clinically Significant range. Three respondents indicated Clinically Significant *T*-scores on the **Atypicality** scale. XXX's teachers have observed him engaging in strange or odd behaviors significantly more frequently than his peers; they also report that he seems disconnected from his surroundings and is generally alone, and may be unable or unwilling to join group activities.



*Adaptive Skills.* All four teachers indicated statistically atypical *T*-scores on the **Adaptability, Social Skills, Leadership, Study Skills, and Functional Communication** scales. Of the combined twenty *T*-scores obtained under this scale, only one was not in the At-Risk or Clinically Significant range. XXX's teachers report observing his difficulty adapting to change situations, communicating effectively, efficiently, and in a socially acceptable manner, making decisions, working cooperatively with others, organization, and punctuality in submitting assignments.

*Content Scales.* As in the Self-Report and Parent Rating Scale forms, XXX's teachers' responses were grouped into Content Scales. On this form, those scales are Anger Control, Bullying, Developmental Social Disorders, Emotional Self-Control, Executive Functioning, Negative Emotionality, and Resiliency.

All four respondents produced *T*-scores in the At-Risk or Clinically Significant ranges for the **Developmental Social Disorders, Anger Control, and Resiliency** scales. Across settings, XXX has been observed having significant difficulty maintaining self-control when faced with adversity, appropriately socializing and communicating with others, and overcoming stress and adversity.

Three teachers produced *T*-scores in the At-Risk or Clinically Significant ranges for the **Bullying, Emotional Self-Control, and Negative Emotionality** scales. In these settings, XXX has been observed being disruptive and intrusive toward peers, frustrating or angering easily, and reacting negatively to change.

Two teachers produced statistically atypical *T*-scores for the **Executive Functioning** scales (one At-Risk; one Clinically Significant). These respondents report that XXX sometimes has difficulty controlling and maintaining his behavior and mood.

Portfolio Work Sample ~

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**BASC-2: TPRS-A**

Scale/Index	Sci		Eng		AAL		Math	
	T-Score	%ile Rank	T-Score	%ile Rank	T-Score	%ile Rank	T-Score	%ile Rank
Externalizing Problems	56	78	<b>70</b>	96	<b>81</b>	99	56	78
Internalizing Problems	45	36	48	49	56	80	55	77
School Problems	<b>63</b>	90	<b>65</b>	92	<b>75</b>	98	<b>67</b>	94
Behavioral Symptoms Index	<b>63</b>	90	<b>81</b>	99	<b>94</b>	99	<b>69</b>	95
Adaptive Skills	<b>29</b>	2	34	6	23	1	30	3
Hyperactivity	55	79	<b>82</b>	98	<b>76</b>	96	55	79
Aggression	59	85	<b>67</b>	92	<b>84</b>	98	59	85
Conduct Problems	52	71	58	83	<b>77</b>	97	52	71
Anxiety	39	9	39	9	39	9	56	77
Depression	56	81	<b>62</b>	89	<b>84</b>	98	<b>64</b>	91
Somatization	43	21	43	21	43	21	43	21
Attention Problems	<b>66</b>	91	<b>68</b>	94	<b>80</b>	99	<b>70</b>	96
Learning Problems	59	83	59	83	<b>66</b>	91	<b>62</b>	86
Atypicality	51	72	<b>96</b>	99	<b>92</b>	99	<b>79</b>	97
Withdrawal	<b>75</b>	97	<b>78</b>	98	<b>100</b>	99	<b>66</b>	93
Adaptability	<b>27</b>	2	<b>35</b>	8	<b>19</b>	1	<b>31</b>	4
Social Skills	<b>28</b>	1	<b>30</b>	2	<b>26</b>	1	<b>28</b>	1
Leadership	<b>31</b>	2	<b>36</b>	9	<b>29</b>	1	<b>36</b>	9
Study Skills	<b>30</b>	1	<b>33</b>	5	<b>31</b>	2	<b>28</b>	1
Functional Communication	<b>40</b>	17	44	28	<b>25</b>	1	<b>40</b>	17
Anger Control	<b>65</b>	91	<b>62</b>	88	<b>77</b>	98	<b>65</b>	91
Bullying	56	81	<b>67</b>	92	<b>80</b>	98	<b>61</b>	87
Developmental Social Disorders	<b>73</b>	98	<b>79</b>	99	<b>90</b>	99	<b>74</b>	98
Emotional Self-Control	53	73	<b>69</b>	94	<b>95</b>	99	<b>66</b>	92
Executive Functioning	54	74	<b>66</b>	91	<b>78</b>	98	51	68
Negative Emotionality	53	71	<b>70</b>	95	<b>88</b>	99	<b>62</b>	87
Resiliency	<b>32</b>	4	<b>30</b>	3	<b>19</b>	1	<b>32</b>	4

Portfolio Work Sample

## ASDS

XXX's mother and four of his teachers also responded to the Asperger Syndrome Diagnostic Scale (ASDS) in order to provide information regarding the prevalence of specific behaviors that are symptomatic of Asperger Syndrome. Rater responses to items on the ASDS are scored and compared to a normative sample of ratings of children with Asperger Syndrome ages 5-18.

ASDS items are grouped by five subscales: Language, Social, Maladaptive, Cognitive, and Sensorimotor. Standard scores are derived for each subscale, as well as an overall Asperger Syndrome Quotient (ASQ) score:

- ASQ scores of **111 and above** suggest the presence of Asperger Syndrome is **Very Likely**.
- ASQ scores of **90-110** suggest the presence of Asperger Syndrome is **Likely**.
- ASQ scores of **80-89** suggest the presence of Asperger Syndrome is **Possible**.
- ASQ scores of **70-79** suggest the presence of Asperger Syndrome is **Unlikely**.
- ASQ scores of **69 and below** suggest the presence of Asperger Syndrome is **Very Unlikely**.

Reported scores are as follows:

Subscale	Parent		Sci		Eng		AAL		Math	
	Std. Score	%ile Rank	Std. Score	%ile Rank	Std. Score	%ile Rank	Std. Score	%ile Rank	Std. Score	%ile Rank
Language	3	1	1	<1	1	<1	9	37	7	16
Social	3	1	5	5	9	37	9	37	7	16
Maladaptive	3	1	3	1	6	9	10	50	10	50
Cognitive	5	5	5	5	8	25	5	5	5	5
Sensorimotor	6	9	6	9	6	9	6	9	7	16
<b>AS Quotient</b>	<b>54</b>	<b>&lt;1</b>	<b>52</b>	<b>&lt;1</b>	<b>71</b>	<b>2</b>	<b>84</b>	<b>12</b>	<b>82</b>	<b>9</b>

Although this instrument cannot be used as the sole diagnostic criteria for determining the presence of Asperger Syndrome, score reports derived from behavioral observation data indicate an overall improbability that XXX has Asperger Syndrome.

### **Social-Emotional Summary**

Generally, XXX presented as pleasant but highly fidgety during the testing session. He was eager to talk about video games after the session, and he attempted to show this examiner an example of an online game he likes (which could not be done due to an unexpected lack of Internet access). Social-emotional evaluation revealed an adolescent who reports experiencing extremely negative feelings toward school and teachers, and who has difficulty controlling his anger and frustration. XXX also reported having significant attentional difficulties, as well as problems forming and maintaining positive relationships with teachers, peers, and family members.

XXX's teachers and parent also noted his severe attentional difficulties, along with odd behaviors, lack of work attempts/completion, difficulties forming and maintaining appropriate social relationships with peers, social isolation, inability to deal well with adversity, inappropriate conduct, and possible

symptoms of depression. Finally, based on responses from XXX's mother and teachers on the ASDS, it appears unlikely that further investigation into the presence of Asperger Syndrome is necessary.

### **Recommendations**

Results of this evaluation should be shared with the IEP Team and used in conjunction with the Educational Evaluation to determine XXX's eligibility for special education and related services.

Given the statistically significant discrepancies in his cognitive profile, as well as his documented social-emotional issues, XXX would likely benefit from the following accommodations in the classroom: copies of class notes per student request, reasonable extended time for tests and quizzes, reasonable extra time for assignments when agreed upon in advance by teacher and student, provide written outline or study guide prior to tests per student request, chunk larger assignments into smaller parts as needed, supplement verbal instructions with written instructions, check for understanding, re-focus as needed, allow verbal expansion on written work, use of calculator when appropriate, provide option of oral testing.

While XXX's continued therapeutic relationship with Dr. XXX is strongly encouraged, XXX would also likely benefit from school-based counseling services to provide another, more immediately accessible layer of social-emotional support.

### **Summary**

XXX is a 14-year-old 9<sup>th</sup> grader who is being evaluated as part of the initial eligibility for special services determination process. Cognitive testing results indicate that XXX is functioning within the High Average range of intellectual ability. On the Wechsler Intelligence Scale for Children – Fourth Edition, XXX's Full Scale IQ is 112 (79<sup>th</sup> percentile).

XXX's cognitive profile suggests significant disparity between his ability to perform tasks and the speed with which he processes information and performs them, as well as some difficulty with abstract thought and reasoning. XXX's cognitive strengths seem to lie in tasks requiring verbal expression, as well as those dealing with concrete thought.

Social-emotional evaluation revealed an adolescent who experiences moderate to severe difficulty with attention & focus, creating & maintaining interpersonal relationships, completion of schoolwork, anger management, and socially appropriate conduct. Asperger Syndrome seems an unlikely contributing factor at this time.

Given the statistically significant discrepancies in his cognitive profile, as well as his documented social-emotional issues, XXX would likely benefit from the following accommodations in the classroom: copies of class notes per student request, reasonable extended time for tests and quizzes, reasonable extra time for assignments when agreed upon in advance by teacher and student, provide written outline or study guide prior to tests per student request, chunk larger assignments into smaller parts as needed, supplement verbal instructions with written instructions, check for understanding, re-focus as needed, allow verbal expansion on written work, use of calculator when appropriate, use of word processing program when appropriate, provide option of oral testing.

While XXX's continued therapeutic relationship with Dr. XXX is strongly encouraged, XXX would also likely benefit from school-based counseling services to provide another, more immediately accessible layer of social-emotional support.

### **Certification Statement**

I certify this report is in accordance with the conclusion of eligibility of the student. The student's eligibility determination for classification of "Eligible for Special Education and Related Services" occurs collaboratively via the IEP team consistent with requirements of NJAC 6A:14.

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**Damian N. Bariexca, Ed.S., NCSP**  
**School Psychologist**

**Date**

*Portfolio Work Sample ~*

*www.DamianBariexca.net*

## Psychological Testing Scores – WISC-IV

**Student:**

**Date:**

**Examiner:** Damian Bariexca, Ed.S., NCSP  
School Psychologist

### WISC-IV

<u>Index/Subtest</u>	<u>Standard Score/ Scaled Score</u>	<u>Percentile</u>	<u>95% Confidence Interval</u>	<u>Classification</u>
<b>Full Scale IQ</b>	<b>112</b>	<b>79</b>	<b>107-117</b>	<b>High Average</b>
<b>Verbal Comprehension</b>	<b>114</b>	<b>82</b>	<b>106-120</b>	<b>High Average</b>
<b>Perceptual Reasoning</b>	<b>110</b>	<b>75</b>	<b>102-117</b>	<b>High Average</b>
<b>Working Memory</b>	<b>116</b>	<b>86</b>	<b>107-122</b>	<b>High Average</b>
<b>Processing Speed</b>	<b>91</b>	<b>27</b>	<b>83-101</b>	<b>Average</b>
<b>Verbal Subtests</b>				
• Similarities	12	75		Average
• Vocabulary (S)	15	95		Superior
• Comprehension	11	63		Average
<b>Perceptual Subtests</b>				
• Block Design	12	75		Average
• Picture Concepts (W)	9	37		Average
• Matrix Reasoning (S)	14	91		Superior
<b>Working Memory Subtests</b>				
• Digit Span	14	91		Superior
• Letter-Number Seq.	12	75		Average
<b>Processing Speed Subtests</b>				
• Coding	7	16		Low Average
• Symbol Search	10	50		Average

(S) = Statistically significant strength

(W) = Statistically significant weakness

## Test Descriptions

### **WISC-IV**

The Wechsler Intelligence Scale for Children – Fourth Edition (WISC-IV) is a test of problem solving and intelligence that reports the Full Scale (overall) IQ as well as four Index scores: Verbal Comprehension (VCI), Perceptual Reasoning (PRI), Working Memory (WMI), and Processing Speed (PSI). These scores are determined through the administration of core subtests, each of which tests different areas of cognitive functioning.

The following is a brief description of each core subtest as presented in the WISC-IV manual:

**Block Design:** While viewing a constructed model or a picture in the Stimulus Book, the child uses red-and-white blocks to re-create the design within a specified time limit.

**Similarities:** The child is presented two words that represent common objects or concepts and describes how they are similar.

**Digit Span (DS):** Digit span comprises two parts, DS Forward and DS Backward. With DS Forward, the child repeats numbers in the same order as presented aloud by the examiner. For DS Backward, the child repeats numbers in the reverse order of that presented aloud by the examiner.

**Picture Concepts:** The child is presented with two or three rows of pictures and chooses one picture from each row to form a group with a common characteristic.

**Coding:** The child copies symbols that are paired with simple geometric shapes or numbers. Using a key, the child draws each symbol in its corresponding shape or box within a specified limit of time.

**Vocabulary:** For picture items, the child names pictures that are displayed in the stimulus book. For verbal items, the child gives definitions for words that the examiner reads aloud.

**Letter-Number Sequencing:** The child is read a sequence of numbers and letters and recalls the numbers in ascending order and the letters in alphabetical order.

**Matrix Reasoning:** The child looks at an incomplete matrix and selects the missing portion from given response options.

**Comprehension:** The child answers questions based on his or her understanding of general principles and social situations.

**Symbol Search:** The child scans a search group and indicates whether the target symbol(s) matches any of the symbols in the search group within a specified time limit.