

SAMPLE PSYCHOEDUCATIONAL REPORT

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PSYCHOEDUCATIONAL EVALUATION

NAME: Sally Smith
AGE: 9 years, 3 months
GRADE: 4.3
SCHOOL: The Private School
PARENTS: Mr. and Mrs. John Smith
REFERRED BY: School Counselor
EVALUATED BY: (Name of APPA Psychologist)

Sally is a nine-year-old girl who is in the fourth grade at The Private School. She was referred for a psychological evaluation by her parents on the recommendation of Her school counselor. Although described by her teachers as being very intelligent, Sally's grades have begun to drop, she has trouble completing assignments within the allotted time, states that she "hates reading", and is becoming more oppositional both at home and in the classroom.

During the five hours of testing, Sally was polite and cooperative. As the day progressed, she became increasingly restless, but remained on task with encouragement. I believe that these results accurately reflect her current level of functioning.

ORGANIZATION OF REPORT

The information in the report is presented in a way that is **USER FRIENDLY, ACCURATE, CONCISE, and INTELLIGIBLE**. Your questions are answered using the latest in testing technology. Conclusions are based on objective findings, and recommendations are realistic. We do not tell teachers how to teach, doctors how to practice medicine, or parents how to parent. We do give you the information you need to meet your child's needs.

To make it even easier to understand the findings, a series of **colored charts** and **profiles** are employed to give you a visual summary of the test results.

Tables: Cognitive or Intellectual Abilities
Academic Achievement
Reading Aptitude
ADHD

Summary and Conclusions

In our sample case, Sally was found to have severe problems with Visual Processing (“letter reversals”) and very slow Processing Speed. These processing disabilities have resulted in a Specific Learning Disability in Reading. The Reading Aptitude profile summarizes her strengths and weaknesses in reading and should be useful to her teachers in planning a remediation program.

Sally also has an Attention Deficit Hyperactivity Disorder and is experiencing significant levels of anxiety. Her deteriorating school performance is the result of the combined effects of a Specific Learning Disability, ADHD, and anxiety.

Diagnosis: Attention Deficit Hyperactivity Disorder (ADHD)
 Generalized Anxiety Disorder
 Specific Learning Disability in Reading (Dyslexia)

 Psychological Processing Disorders:
 Visual Processing (“letter reversals”)
 Processing Speed: (Rapid Picture Naming)

Evaluation Process

The tests listed below are some that are utilized by APPA psychologists.

Gordon Diagnostic System
Test of Variables of Attention (TOVA): Auditory version
Test of Information Processing (TIPS)
Woodcock-Johnson IV
 Tests of Cognitive Ability (WJ IV COG)
 Tests of Oral Language (WJ IV OL)
 Tests of Achievement (WJ IV ACH)
Wechsler Intelligence Scale for Children-V (WISC-V): Similarities
Wechsler Adult Intelligence Scale – IV (WAIS-IV)
Kaufman Test of Educational Achievement-3 (KTEA-3):
Wechsler Individual Achievement Test-III (WIAT-III): XXX
Wide Range Assessment of Memory and Learning II (WRAML II): Verbal Learning
 and Sound-Symbol Learning
Comprehensive Test of Phonological Processing (CTOPP): Elision
Jordan Left-Right Reversals Test – 3rd Edition
The Beery-Buktenica Developmental Test of Visual-Motor Integration (VMI)
Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)
Reynold's Child Depression Scale 2
Revised Children's Manifest Anxiety Scale 2
Reynold's Adolescent Depression Scale 2
Piers-Harris Children's Self-Concept Scale 2
Conners Questionnaire
Child Behavior Checklist
Nelson-Denny Reading Test (Form G)
Millon Adolescent Personality Inventory (MAPI)
Symptom Checklist 90 Revised (SCL-90-R)
Brown Attention Deficit Disorder Scale for Adolescents
Brown Attention Deficit Disorder Diagnostic Form for Adolescents
Brown Attention Deficit Disorder Scale for Adults
Brown Attention Deficit Disorder Diagnostic Form for Adults
Autism Spectrum Rating Scale (ASRS)

Behavior Rating Inventory of Executive Function (BRIEF)
Wechsler Preschool and Primary Scale of Intelligence (WPPSI-IV)
Thematic Apperception Test
Incomplete Sentences Test

FINDINGS

This section presents what was found during the evaluation.

Intellectual Potential was measured with the Woodcock-Johnson IV Tests of Cognitive Abilities (WJ IV). The WJ IV is a well normed individual intelligence test that, in addition to yielding a total score, has multiple subscales that measure the many abilities which are necessary for learning. Sally's Broad Cognitive Ability Score (similar to an IQ) of 114 places her in the high average range at the 82nd percentile, i.e., she did as well or better on this test as 82 of 100 children her age.

There is a problem inherent in all IQ scores, (WJ IV, WISC-V, etc.), that are derived from an average of several subtests. If there is too great a range of scores, their "average" loses its usefulness as a means of summarizing the many abilities that combine to form human intelligence. A better approach is to consider each of the cognitive abilities separately in making predictions of potential. Human intelligence is much too complex to be compressed into any one score. Below are the cognitive (intellectual) abilities measured by the WJ IV.

Fluid Reasoning or the Ability to Think Logically: This is what most people think of when they think of higher level intelligence. How the person is able to process information and use it to solve abstract problems. *Fluid reasoning is an area of great strength for Sally. On a test of visual fluid reasoning that required her to utilize analysis and synthesis to solve puzzles, she placed in the superior range at the 97th percentile. She also placed in the superior range on the Similarities subtest from the WISC V, which indicates superior verbal fluid reasoning. Sally has a tremendous aptitude for abstract thinking and reasoning*

Comprehension and Knowledge: This is a measure of how much the child has learned and remembered. One of the better measures of Comprehension and Knowledge is vocabulary. *Sally's scores on the Verbal Comprehension and Picture Vocabulary tests indicate that she has an excellent vocabulary.*

Long-Term Retrieval (Learning and Long-Term Memory): An excellent feature of the WJ IV is its ability to test how well a person can learn new material and remember it. On the Story Recall subtest, Sally listened to a story and then repeated it, (i.e., one-trial verbal learning). She placed in the low average range on this test (19%), and on the *Visual-Auditory Learning subtest, Sally placed also in the low average range at the 20th percentile. She also placed in the low average range on the Verbal Learning subtest from the WRAML II (. These findings indicate that Sally has difficulty learning and remembering new information).*

Short-Term Working and Rote Memory: All learning is dependent upon short-term memory. An example is being able to remember a phone number long enough to dial it. The WJ III measures both **working** and **rote short-term memory**. *Sally placed in the average range on all tests of short-term memory.*

Cognitive Processing Speed: How quickly the person works on easy, routine tasks. *On the Visual Matching subtest, Sally placed at the lower limit of the low average range (SS = 80, 9%). This may indicate the presence of ADHD as a slow rate of processing information is associated with this disorder, or it may reflect the problems with visual processing noted above. She also did very poorly on a test of **rapid naming** (Rapid Picture Naming = 5%). Rapid naming is very important for reading and weaknesses can indicate the presence of a serious reading problem.*

Sally has a Psychological Processing Disorder for Processing Speed.

Auditory Processing: This refers to the ability to hear and manipulate the sounds which combine to form words. It is a skill which is very important in spelling and learning new words by hearing them, e.g., learning a foreign language.

It is not the same as Listening Comprehension which refers to the ability to grasp the meaning of what one hears. *Sally's auditory processing abilities are at the lower limit of the average range.*

Visual Processing: Being able to accurately see letters and numbers is an essential first step for reading and math, and the ability to recognize and remember objects that are seen is important for a broad range of tasks—art, drafting, architecture, or simply recalling the faces of friends. *Sally placed in the high average range on the visual processing subtest from the WJ IV (Visual Closure) and also did well on a test of her ability to copy designs (VMI).* However, because the WJ IV tests of visual processing do not measure the tendency to see numbers, letters, and words backward, the Jordan Left-Right Reversal Test was administered. Sally did very poorly on the Jordan; placing at the 0% for both Accuracy and Errors. This is a serious deficit in a child her age and suggests the presence of visually based dyslexia.

Sally has a Psychological Processing Disorder for Visual Processing: Sequencing that is often referred to as a "letter reversal problem".

Summary: Sally has high average intelligence (GIA or "IQ" = 114). Her greatest strength is fluid reasoning (higher order intelligence). She has several other strengths, but Psychological Processing Disorders were found for Processing Speed and Visual Processing ("letter reversals"). These disorders are likely the reason that she has trouble "completing assignments" and "reading".

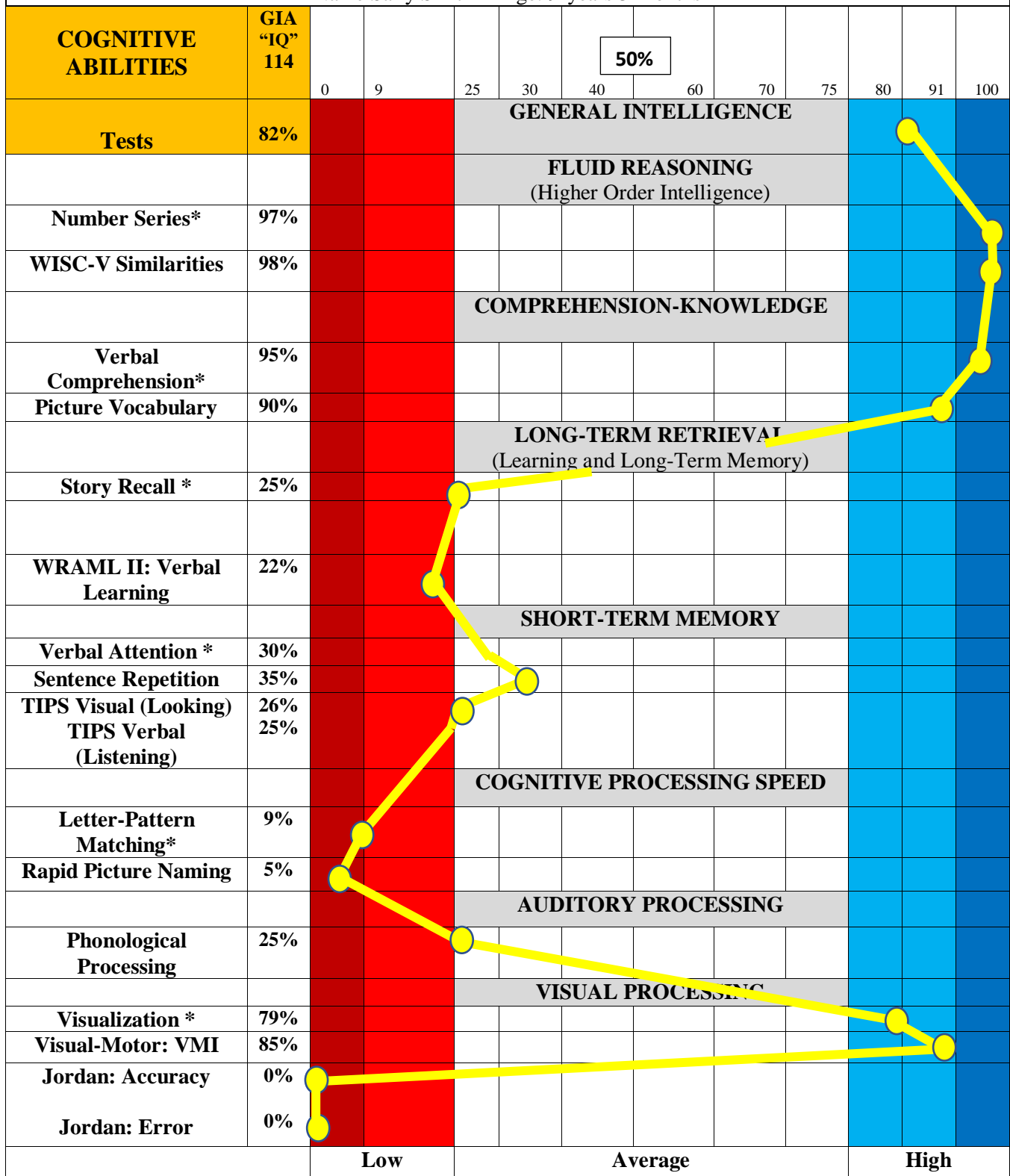
Findings such as the above are quite common in children referred to us for academic problems. They may be very bright in some areas but have significant weaknesses in others. As you can see from this summary, we augment the basic intelligence test with other instruments to assure that all of the basic abilities are adequately covered.

Making a differential diagnosis between LD, ADHD, ODD, and Emotional Problems is not an easy task. It can only be done if the appropriate tests are used.

The graph on the following page shows the results of the Intellectual (Cognitive) Testing. The goal is to make the findings easy to understand. To do this, all test scores are presented in graphic format and then described in the text.

COGNITIVE or INTELLECTUAL ABILITIES (WJ IV) AGE NORMS

Name Sally Smith Age: 9-years 3-months



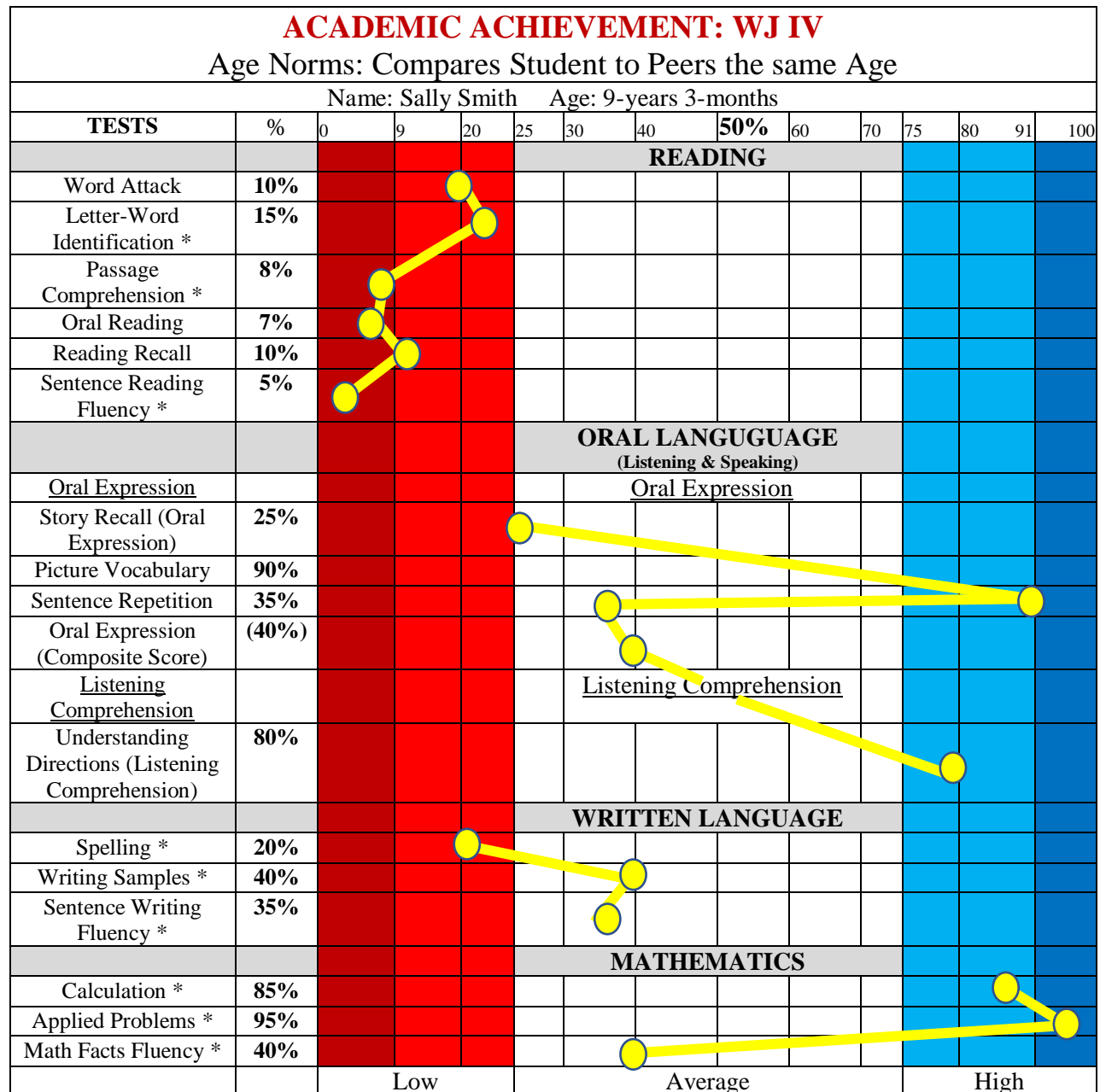
*=Used to calculate the GIA. Very Low Range = SS = 69 and below (0%-2%); Low Range SS = 70 to 79 (3% to 8%); Low Average Range SS = 80 to 89 (9% to 24%); Average Range SS = 90 to 110 (25% to 75%); High Average SS = 111 to 120 (76% to 91%); Superior Range SS = 121 to 130 (92% to 97%); Very Superior SS = 131 and + (98% to >99.9%)

Academic Achievement

Sally’s achievement scores are summarized in the graph that follows. They reveal that Sally is a very poor reader and should be diagnosed as having a Specific Learning Disability in Reading. The finding that her Listening Comprehension score is superior indicates that she does not have a generalized receptive language problem but one specific to reading. Good ability was also found in Expressive Language (oral and written) and Math.

The conclusion is that a SLD in Reading is playing a significant role in her declining school performance, especially as she is attending a highly competitive private institution. The causes of this reading problem are shown on in the preceding graph and the one that follows.

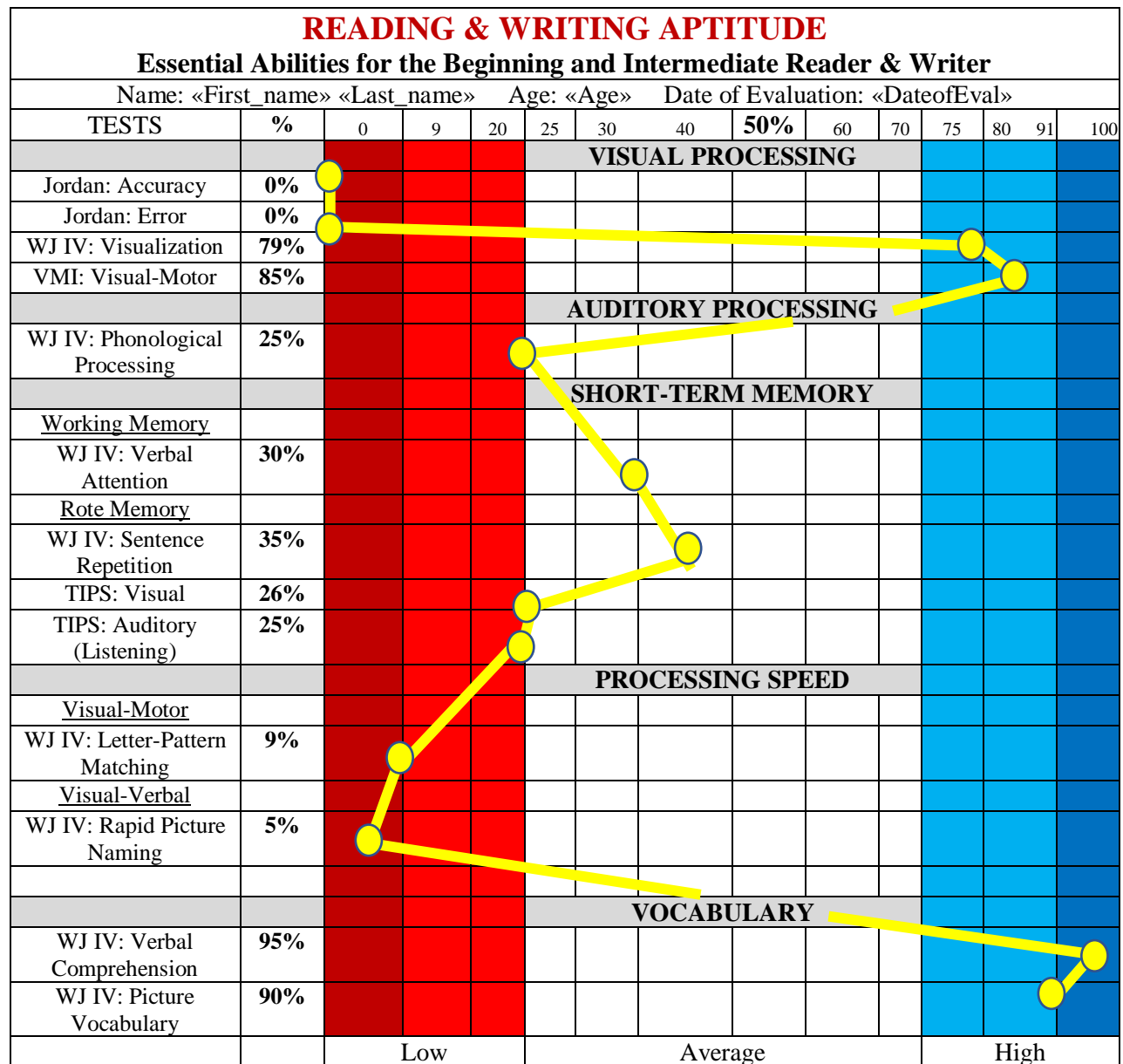
Sally has a Specific Learning Disability in Reading, (i.e., Dyslexia).



Reading and Writing Aptitude

Reading and writing are comprised of many basic abilities working together. To simply give a child an achievement test, find a weakness in reading or writing, and report that the child has a learning disability, offers little help to the teacher or parent. In addition to documenting **IF** a child has a problem, a good evaluation explains **WHY**.

The Reading and Writing Aptitude Graph shows why Sally is struggling in reading. This is because she has slow processing speed and trouble processing visual information, (i.e., she “makes sense of” information very slowly and reverses letters). It is not unusual to find that parents and teachers are unaware that a bright child such as Sally is a poor reader. Such children are often very good at compensating for reading weaknesses on short passages. In fact, they can read but only at a slow rate and with much effort. This detracts from the enjoyment and limits comprehension.



The above findings reveal that Sally's ability to read and write will be impaired by Psychological Processing Disorders for Processing Speed and Visual Processing ("letter reversals").

Given information on why the child is having difficulty with a subject the teacher can plan a remediation strategy that meets the specific needs of that child.

Attention Deficit Hyperactivity Disorder (ADHD)

Interpreting the ADHD Profile

The **ADHD PROFILE** recognizes that ADHD is not a unitary disorder but rather a collection of symptoms which vary in intensity from person to person. The profile has been designed so that someone reviewing the results of the testing can see at a glance the severity of the core ADHD symptoms.

The symptoms of ADHD, (i.e., impulsivity, inattention, hyperactivity, etc.) are present in all of us. Whether they become a problem depends upon 1) how severe they are, and 2) what we are trying to do. For example, the ability to pay attention for extended periods is very important for an air traffic controller but may be much less vital for some other line of work. Using the profile, it is possible to customize the ADHD test findings to a broad range of settings and tasks.

The ADHD PROFILE can be used to summarize current functioning as well as changes over time, e.g., after taking medication.

Organization of the Profile: The symptom categories are presented across the top of the profile. The primary symptoms are Impulsivity, Inattention, and Hyperactivity. Inattention is further divided into Short-Term Attention, Sustained Attention, and Distractibility. Secondary symptoms of ADHD are also included, e.g., Reaction Time, Variability In Reaction Time, and Processing Speed. These are all measured with **Objective Tests**. Parent and Teacher Ratings are summarized at the far right.

Interpreting the Profile: This is a "problem" profile in that the higher the percentile, the greater the problem. An impulsivity score of 93% means that the person is more impulsive than 92 out of 100 people of the same age. Consequently, in reading the profile, the higher the score the more problems the individual is likely to have. There are no absolute cut-off scores between "average" and ADHD. As is customary in ADHD research, we have used the 93rd percentile to represent the beginning of the ADHD range, and scores between 76% and 93% are considered Borderline ADHD. However, the strength of the profile is that the scores are all presented, and the person using them can decide what "cut-offs" to use.

Descriptions of Tests:

- **The Test of Variables of Attention (TOVA)** is a well validated and reliable neuropsychological test that has been specifically developed for use in screening, diagnosing, and treating neurologically-based Attention Deficit in children and adults. The standard version lasts 21.6 minutes, during which time the patient watches a computer screen and pushes a button each time he/she sees a symbol in a given location or hears a certain tone. It measures the number of correct responses (attention), the number of incorrect responses (impulsivity), Response Time, and Variability in Response Time (slow response time and high variability are characteristics of ADHD).
- **The Gordon Diagnostic System (GDS)** is a computerized series of tests that is well normed and validated on children and adolescents. There are subtests lasting eight or nine minutes for measuring impulsivity, sustained attention, and distractibility. Sustained Attention is tested by having the person

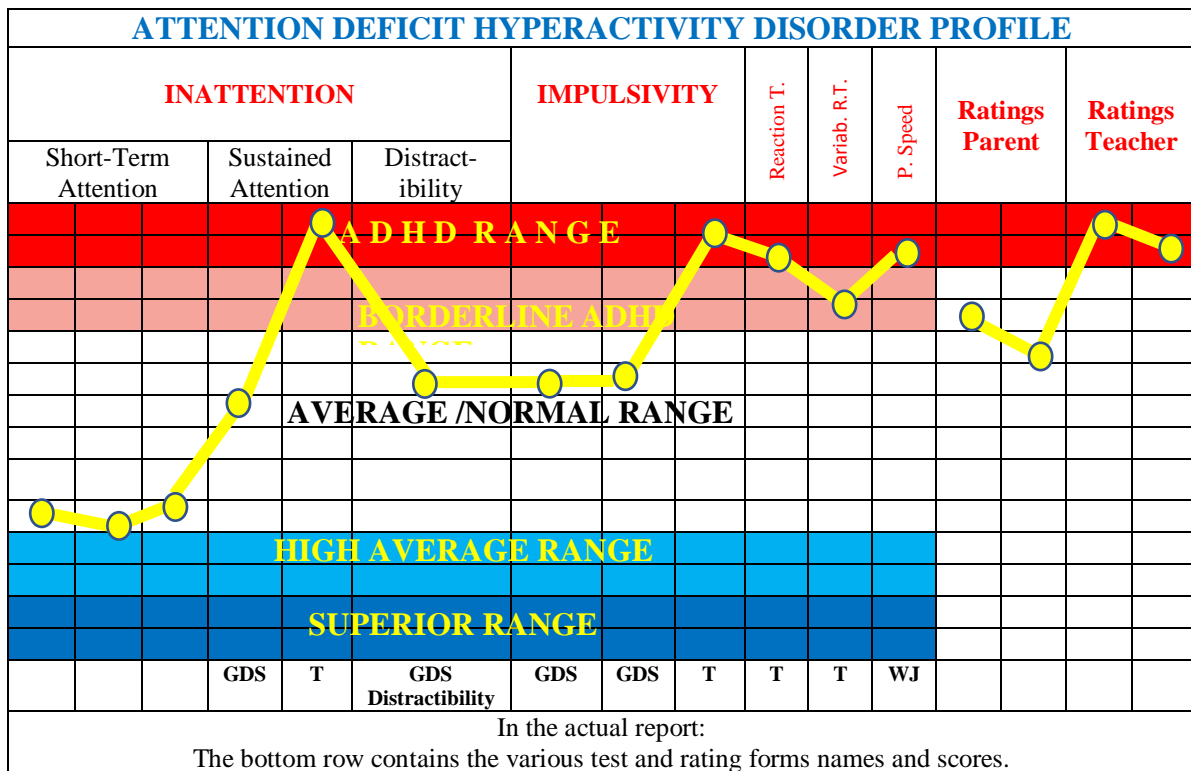
watch flashing numbers (one per second) and responding each time a 1-9 sequence is presented. Distractibility is measured by repeating the Sustained Attention test, but this time there are numbers flashing in adjoining panels to distract the person.

- **Behavior ratings** are obtained from parents and teachers with the Conner’s Questionnaire, the Child Behavior Checklist, or other rating forms.

In addition, the psychologist who administers the tests has the opportunity to get to know your child and how she/he acts in a “school like” setting. These **clinical observations**, along with test and rating results, allow the APPA psychologist to make an accurate diagnosis and useful recommendations.

Sally’s profile (presented below) indicates that she has good Short-term Attention and is able to Sustain Attention for approximately 10 minutes. (We know this because the **Gordon Diagnostic System Tests [GDS]** last nine minutes, and Sally placed in the average range on them.) However, if asked to attend for more than 10 minutes, Sally becomes both Inattentive and Impulsive. (This is shown by her ADHD level scores on the **TOVA** which is a 21.6-minute test). The ADHD diagnosis is supported by Sally’s Reaction Time and Processing Speed Scores. The difference in **Ratings** between her Parents (normal) and Teacher (ADHD) is not an unusual finding given the diverse demands placed on children at home and in the classroom.

Conclusion: Sally meets the criteria for ADHD.



Emotional Functioning

Emotional Factors were measured with two self-report tests, parent and teacher ratings, and a clinical interview: The tests used were the **Children’s Manifest Anxiety Scale** and the **Reynold’s Child Depression Scale**.

Sally’s responses to the CMAS place her at the 99th percentile in terms of the number of symptoms of anxiety she is experiencing in comparison to other girls her age. Examples of items she responded “yes” to include:

- *Often I have trouble getting my breath.*
- *I worry a lot of the time.*
- *I worry about what my parents will say to me.*
- *My feelings get hurt easily.*
- *I worry about what is going to happen.*
- *I have bad dreams.*
- *A lot of people are against me.*

On the Reynold’s, Sally indicated that she was having a normal number of symptoms of depression for her age.

These findings indicate that Anxiety is probably contributing to Sally’s problems.

A highly trained and experienced clinician is required to accurately diagnose and treat emotional problems. This is especially true in children as they often are not able to “put into words” what they are experiencing. The APPA Doctor of Psychology are trained in working with children and adolescents and have many years of applied experience with this population.

Conclusions

In our sample case, Sally was found to have severe problems with Visual Processing and very slow Processing Speed (Psychological Processing Disorders). These processing disabilities have resulted in a Specific Learning Disability in Reading. The Reading and Writing Aptitude profile summarizes her strengths and weaknesses in reading and should be useful to her teachers in planning a remediation program.

Sally also has a neurologically based Attention Deficit Hyperactivity Disorder and is experiencing significant levels of anxiety. Her deteriorating school performance is the result of the combined effects of a SLD, ADHD, and anxiety.

Diagnosis:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Generalized Anxiety Disorder
- Specific Learning Disability in Reading (Dyslexia)
 - Psychological Processing Disorders
 - Visual Processing (“letter reversal”)
 - Processing Speed

Recommendations: In a complete report, the Recommendations would contain suggestions for parents, teachers, and doctors regarding possible ways to treat the problems uncovered in the evaluation. Also included in a complete report are all of the raw scores from the tests and listings of other resources that may be able to provide additional information, treatment, or support.