**KENNEDY KRIEGER INSTITUTE**
NEUROPSYCHOLOGY DEPARTMENT
Psychology Report

Name:
DOB:
Appt Date: 05/18/2017
Age: 7 yrs 2 mos

**NEUROPSYCHOLOGIST:**
**POSTDOCTORAL FELLOW IN NEUROPSYCHOLOGY:**
**START TIME OF ASSESSMENT:**

**REASON FOR REFERRAL:**

is a 7-year old boy with a medical history significant for achondroplasia and prematurity. He was referred for a comprehensive neuropsychological evaluation by , at the Phelps Center for Cerebral Palsy and Neurodevelopmental Medicine at Kennedy Krieger Institute (KKI) to obtain information regarding his current neuropsychological functioning and assist with treatment planning. Parent concerns include difficulties with attention, distractibility, organization, and planning.

**RELEVANT BACKGROUND INFORMATION:**

Background information was obtained through a review of available medical records and an interview with parents. The following information was thought to be relevant to the referral concerns.

lives with his biological parents, older brother (age 11), fraternal twin brother, and grandfather in Maryland. His mother completed a bachelor's degree and is currently employed full-time as an executive assistant and coordinator. father completed a master's degree and is employed as a teacher. Family history is significant for diabetes mellitus, obstructive coronary artery disease, mental health problems, and learning difficulties.

According to previous records, was delivered prematurely with his twin brother at 26 weeks gestation weighing 2 pounds, 4 ounces. His mother's pregnancy was complicated by placental abruption, which occurred the day before delivery. was in breech position and delivered vaginally. He was admitted to the neonatal intensive care unit (NICU) for approximately two months due to complications with respiratory distress syndrome, hypoglycemia, hypernatremia, jaundice, early hypovolemic shock, hyperphosphatemia, hypocalcemia, elevated alkaline phosphatase, urinary tract infection, feeding problems, and possible sepsis. At discharge, diagnoses included intracranial hemorrhage, grade 4 intraventricular hemorrhage (IVH), bilateral periventricular leukomalacia (PVL), schizencephaly, immature retinas, chronic lung disease, apnea, bradycardia, and hyponatremia."

Computed tomography (CT) of the head completed on 11/3/10 at Johns Hopkins Hospital (JHH) revealed "scalloping of ventricles with mild to moderate ventriculomegaly consistent with PVL and a small amount of extra-axial fluid anteriorly." While slight hydrocephalus was identified, a ventriculoperitoneal shunt was not determined to be necessary. Magnetic resonance imaging (MRI) of the brain on 8/26/11 revealed "a small foramen magnum; enlarged supratentorial ventricular system with reduced cerebrospinal fluid flow around the cervical medullary junction and elimination of phasic flow dorsally; moderate enlargement of the lateral and third ventricles; mild parieto-occipital periventricular white matter volume loss bilaterally (left greater than right); and stretched and thin corpus callosum." Repeat MRI on 1/16/15 and 8/22/16 were read as largely consistent with imaging from 2011.

In 2010, underwent an ophthalmology evaluation which revealed an intermittent esotropia and a pendular nystagmus, consistent with IVH. Follow-up ophthalmology evaluations in 2011 noted optic nerve atrophy, mild up gaze paresis, and myopia. At age 3, sustained a right eye globe rupture when he was hit with a toy and required surgical repair. He was also treated for immature retina and strabismus. Opthalmology follow-up in 2016 suggested worsening astigmatism. Currently, wears glasses for myopia.

On 3/28/11, underwent an orthopedics evaluation at JHH for limb shortness and was diagnosed with achondroplasia, associated thoracic kyphosis, and skeletal issues. In July 2016, presented with approximately one month of headaches accompanied by emesis. He was evaluated by his neurologist, neurosurgeon, and neuro-ophthalmologist, and hydrocephalus was ruled out. His exams were negative for

papilledema, dysphagia, and coordination difficulties. MRI in August 2016 was stable in comparison to previous imaging.

Medical history is also notable for inguinal hernia repairs and ear tube placement in 2011, which have since fallen out. Recent audiogram in 2016 suggested normal hearing. He was diagnosed with sleep apnea and subsequently underwent a tonsillectomy and adenoidectomy. He also uses continuous positive airway pressure to help his breathing while asleep. No other sleep or appetite concerns were reported. No history of recent headaches, seizures, or traumatic brain injury was reported.

Acquisition of gross and fine motor milestones was delayed. continues to have difficulties with his gait and ambulation. He uses ankle foot orthotics, benefits from a reverse walker for long distances, and falls frequently when not using the walker. He also has mild left-sided weakness, with weaker lower extremity than upper extremity. also has a history of speech and language delays, with persistent articulation difficulties. He has received regular physical, occupational, and speech and language therapies since infancy. He continues to receive weekly outpatient physical therapy to address balance and coordination. Speech and language therapy primarily addresses articulation concerns.

is currently in first grade at School in Maryland in a French immersion program. He has an individualized education program (IEP) and receives services under the disability code of Multiple Disabilities (difficulties in the areas of gross motor, fine motor, speech/language skills, academic, reading decoding, comprehension, math calculation, written language expression, and attention). He is on the diploma track. In school, receives support within the general education class for 2 hours a week to support his needs in reading, writing, and math. He also participates in reading interventions outside of general instruction and approximately 3 sessions (30 minutes) of speech and language services per month. Instructional services, including speech and language therapies, are conducted in English while generalized instruction is conducted in French. He receives a number of instructional and behavior supports for reading, writing, math, and attention, which are described in his IEP in more detail. He reportedly also receives assistance from a one-to-one aide in the classroom for the majority of activities. With respect to writing, continues to struggle with holding a pencil and forming letters. He is able to copy text from a computer, but has difficulty with organizing his thoughts and initiating sentences. His articulation difficulties interfere with communicating his thoughts to peers and teachers. He receives physical modifications and supports for his gross and fine motor difficulties.

According to IEP (March 2017), his reading, writing, and math skills are currently below age expectations at the kindergarten level. He continues to have difficulty with decoding simple words, reading fluency, and reading comprehension. At this time, he has difficulty with adding greater than single digit numbers and is often inconsistent in demonstrating previously learned skills. According to his mother, he "is not learning from his mistakes." She also reported concerns that his class is "too fast" for With respect to French language acquisition, he is also slow to progress but has acquired more vocabulary over the past year. Reportedly, knows approximately 20 French vocabulary words but misses a significant portion of French instruction due to pullout services for reading, math, and speech and language. Although he has improved in his French language skills over the past year, his English language is reportedly much stronger.

Socially, mother reported that he is very friendly and sociable, but that his difficulty with ambulation and articulation interfere with making friendships with same-age peers. He gets along best with older children and adults. He has a history of being teased, and his mother reportedly attempts to encourage to advocate for himself in social situations (e.g., walking through a crowded hallway). He is described as hardworking and eager to please others. He reportedly enjoys school and participating in extracurricular activities (e.g., Special Olympics, Jack and Jill of America, basketball).

Adaptively, has difficulty following instructions for self-care, primarily due to distractibility, and requires frequent reminders. He can use the bathroom independently when a toddler toilet is available, but requires

maximum assistance in public restrooms. His parents reported that motor difficulties and height interfere with completing most adaptive tasks.

was previously evaluated by in May 2015 when was age 5 years, 2 months. Results indicated overall verbal skills and nonverbal reasoning abilities in the average to high average range, respectively. He demonstrated below age level performance in the areas of verbal fluency, delayed recall, and visuo-motor integration. He also demonstrated relative weakness on measures of learning and memory, in addition to adaptive skills. Early academic skills were broadly within age expectations. Significant concerns regarding attention were reported by both parents and school and observed during the evaluation, which warranted a diagnosis of Attention-Deficit/Hyperactivity Disorder.

In April 2017, participated in a speech and language evaluation at KKI for assistive technology supports. Recommendations were made for word prediction software, use of QWERTY keyboarding, WordQ text prediction and speech to text software, and continued reading interventions.

**MEDICATIONS:**
was taking Flonase, Flovent, and albuterol at the time of assessment.

**TESTS ADMINISTERED / ASSESSMENT METHODS USED:**
Parent Interview
Behavioral Observations
Review of Available Records
Differential Ability Scales, Second Edition Early Years (DAS-II Early Years)
Selected subtests from the NEPSY-2
Select subtests from the Wide Range Assessment of Learning and Memory- Second Edition (WRAML-2)
Child and Adolescent Memory Profile (ChAMP)
Kaufman Test of Educational Achievement, Third Edition (KTEA-3)
Conners 3 Parent Report
Adaptive Behavior Assessment System, Third Edition (ABAS-3), Parent Report
ADHD-V Rating Scale
Vanderbilt Behavioral Rating Scales
Colorado Learning Difficulties Questionnaire
Academic Skills Rating Scale

**PARENT AND TEACHER REPORT:**
On a screening of academic functioning (Colorado Learning Difficulties Questionnaire), mother and teacher indicated concerns with spelling, phonics, reading fluency and comprehension, writing, and math.

mother rated his behavioral presentation on a number of different behavioral rating forms. Parent ratings (ADHD–V) resulted in clinical endorsement of 8 out of 9 inattentive symptoms and 0 of 9 hyperactive/impulsive symptoms. His teacher reported 7 out of 9 inattentive symptoms and 1 out of 9 hyperactive/impulsive symptoms. Regarding sluggish cognitive tempo, both his mother and teacher reported that he is very often "slow or delayed in completing tasks" and "needs extra time for assignments." He also very often appears "underactive, slow-moving, and requires energy," "seems to be in a world of his own," and "gets lost in his own thoughts."

mother and teacher did not endorse any overt symptoms of depression, anxiety, and or conduct problems in their ratings of his behavioral and emotional presentation (Vanderbilt Scales).

**BEHAVIORAL OBSERVATIONS:**
presented as friendly and cooperative. He was outgoing and friendly with the examiner and rapport was quickly established. He appeared comfortable with the testing situation. Affect was euthymic, although eye contact

was inconsistent.

appeared motivated and eager to please the examiner. He benefitted from significant praise, encouragement, and tangible reinforcement to persist through challenging tasks. Brief and sustained attention were poor, and demonstrated significant distractibility throughout the evaluation. He required frequent reminders to look at all of his choices during multiple choice tasks. He was also fidgety and often completed task demands while standing or seated on the floor, when possible. In general, worked impulsively and required frequent reminders to work carefully. In contrast, he also struggled to initiate responses to open-ended questions. often reintroduced preferred tasks into the conversation, such as coloring or returning to the playroom, and required frequent redirection.

Speech was notable for significant articulation difficulties. also often spoke quickly and was often unintelligible. Although he followed simple one-step instructions, he required modification and simplification of more complex instructions, when permissible, to complete tasks.

Fine motor skills qualitatively appeared below age expectations utilized a right-handed tripod grip during written tasks. Gait was notable for significant difficulty with balance and coordination. used a reverse walker for long distances but preferred to walk unassisted. However, he often lost his balance and fell while ambulating without the walker.

**VALIDITY:**

was compliant with testing and able to complete all administered tasks. He put forth adequate engagement as demonstrated by behavioral observations, embedded measures, and formal evaluation. Vision and hearing appeared appropriate for testing purposes. There were not behavioral indicators of pain observed during the assessment. was cooperative with testing and put forth adequate engagement as demonstrated by behavioral observations and embedded measures. The tests selected were appropriate for assessing intellectual, cognitive, and emotional status. Cultural and individual differences were considered in the process of test battery construction and interpretation, and modifications were not necessary. Given that was reportedly stronger in his English skills, all testing was conducted in English. Results of this assessment are felt to be a valid representation of his current level of functioning.

**TEST RESULTS:**

| **Standardized Score** | **Average Range of Scores** |
|---|---|
| Scaled Score (ScS) | 8 to 11 |
| Standard Score (SS) | 90 to 110 |
| T-score (T) | 43 to 57 |
| z-score (z) | -0.69 to 0.69 |

| **Neuropsychological Test** | | **Standardized Score (2017)** | **Description** | **Standardized Score (2015)** | **Description** |
|---|---|---|---|---|---|
| *Cognitive* | | | | | |
| DAS-II | | T-Score/Standard Score | | T-Score/Standard Score | |
| | Verbal Comprehension | T = 36 | Borderline | T = 50 | Average |
| | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| | Naming Vocabulary | T = 41 | Low Average | T = 39 | Low Average |
| | Verbal Composite | SS = 81 | Low Average | SS = 91 | Average |
| | Picture Similarities | T = 45 | Average | T = 58 | High Average |
| | Matrices | T = 43 | Average | T = 56 | Average |
| | Nonverbal Reasoning Composite | SS = 89 | Low Average | SS = 116 | High Average |
| | Pattern Construction | T = 42 | Low Average | T = 40 | Low Average |
| | Copying | T = 38 | Low Average | T = 34 | Borderline |
| | Spatial Composite | SS = 83 | Low Average | SS = 77 | Borderline |
| | GCA | SS = 80 | Low Average | SS = 91 | Average |
| | | | | | |
| *Language* | | | | | |
| NEPSY-II: Word Generation | | | | | |
| | Semantic | ScS = 10 | Average | ScS = 5 | Borderline |
| | Initial Letter | ScS = 13 | High Average | NA | NA |
| WRAML-2 | | | | | |
| | Sentence Memory | ScS = 14 | High Average | ScS = 13 | High Average |
| | | | | | |
| *Memory* | | Scaled Score/Standard Score | | | |
| DAS-II | | | | | |
| | Recall of Objects-Immediate | T = 40 | Low Average | T = 38 | Low Average |
| | Recall of Objects-Delayed | T = 44 | Average | T = 35 | Borderline |
| ChAMP | | | | | |
| | Lists | ScS = 11 | Average | NA | NA |
| | Lists Delayed | ScS = 9 | Average | NA | NA |
| | Lists Recognition | ScS = 10 | Average | NA | NA |
| | Objects | ScS = 9 | Average | NA | NA |
| | Objects Delayed | ScS = 6 | Low Average | NA | NA |
| | Memory Screening | SS = 100 | Average | NA | NA |
| | | | | | |
| *Motor* | | | | | |
| Grooved Pegboard | | z-score | | | |
| | Dominant (Right) | -0.24 | Average | NA | NA |

| | | | | | |
|---|---|---|---|---|---|
| | Non-Dominant (Left) | Discontinued due to hemiparesis | NA | NA | NA |
| | | | | | |
| *Academic Skills* | | | | | |
| KTEA-3 | | Standard Score | | | |
| | Letter and Word Recognition | SS = 80 | Low Average | NA | NA |
| | Math Computation | SS = 82 | Low Average | NA | NA |
| | | | | | |
| *Social/Emotional* | | | | | |
| Conners 3- Parent Report | | T-Score | | NA | NA |
| | Inattention | T = 80 | Very Elevated | NA | NA |
| | Hyperactivity/Impulsivity | T = 40 | Average | NA | NA |
| | Learning Problems | T = 86 | Very Elevated | NA | NA |
| | Executive Functioning | T = 76 | Very Elevated | NA | NA |
| | Aggression | T = 42 | Average | NA | NA |
| | Peer Relations | T = 81 | Very Elevated | NA | NA |
| | Global Index | T = 56 | Average | NA | NA |
| | DSM-V ADHD Inattentive | T = 73 | Very Elevated | NA | NA |
| | DSM-V ADHD Hyperactive/Impulsive | T = 40 | Average | NA | NA |
| | DSM-V Conduct Disorder | T = 44 | Average | NA | NA |
| | DSM-V ODD | T = 41 | Average | NA | NA |
| | | | | | |
| *Adaptive Skills* | | | | | |
| ABAS-3 Parent Form | | Scaled/Standard Score | | | |
| | Communication | ScS = 6 | Low Average | ScS = 11 | Average |
| | Community Use | ScS = 7 | Low Average | ScS = 10 | Average |
| | Functional Academics | ScS = 7 | Low Average | ScS = 10 | Average |
| | Home Living | ScS = 7 | Low Average | ScS = 4 | Impaired |
| | Health and Safety | ScS = 6 | Low Average | ScS = 8 | Average |
| | Leisure | ScS = 8 | Average | ScS = 13 | High Average |
| | Self-Care | ScS = 6 | Low Average | ScS = 7 | Low Average |
| | Self-Direction | ScS = 8 | | ScS = 8 | Average |

| | | | | | |
|---|---|---|---|---|---|
| | | | Average | | |
| | Social | ScS = 8 | Average | ScS = 8 | Average |
| | General Adaptive Composite | SS = 81 | Low Average | SS = 89 | Low Average |
| | Conceptual | SS = 83 | Low Average | SS = 100 | Average |
| | Social | SS = 89 | Low Average | SS = 105 | Average |
| | Practical | SS = 79 | Borderline | SS = 85 | Low Average |

**SUMMARY AND IMPRESSIONS:**

is a 7-year old boy with a medical history significant for achondroplasia and prematurity. He was referred for a comprehensive neuropsychological evaluation by , at the Phelps Center for Cerebral Palsy and Neurodevelopmental Medicine at KKI to obtain information regarding his current neuropsychological functioning and assist with treatment planning. Parent concerns include difficulties with attention, distractibility, organization, and planning.

Is there evidence of adaptive or academic dysfunction in presentation?

currently has an IEP under the classification of Multiple Disabilities and receives special education support in the general education classroom. At school, is reported to be performing below age expectations across reading, spelling, writing, and math. He struggles with fluency in reading and demonstrating knowledge of math facts, in addition to higher-order reading comprehension and understanding math concepts. Screening of academic skills conducted as part of the current assessment revealed performance in the low average range. Currently, he receives specialized instruction to address difficulties in reading, writing, and math. He also receives a number of behavioral supports to address persistent inattention and distractibility. Despite these supports, reportedly continues to learn at a rate that is much slower than his peers.

Adaptively, has many globally intact functional skills. However, he demonstrates concerns in the areas of communication, health and safety, and self-care. His skills in these areas are limited by his ongoing motor and speech difficulties. With regard to self-care activities, parent report suggested that he is also limited by significant inattention and distractibility. He requires significant prompting and reminders to complete a number of self-care and other daily living tasks, despite having demonstrated the ability to complete these activities.

Are there findings from the neuropsychological assessment that help explain these areas of academic and adaptive concern?

presents as a very friendly, engaging, and hard-working young boy. His current verbal and nonverbal reasoning abilities are in the low average range overall, and suggest that in comparison to previous testing, he has made slow but steady progress over time. demonstrated strengths in areas of language, including verbal fluency and repetition. With respect to memory, demonstrated stronger verbal memory. His verbal memory appears secure and in the average range. Visual memory was more variable, and ranged from borderline to average. However, overall verbal and visual memory appears in the average range. With respect to fine motor dexterity, his dominant right hand was solidly in the average range; however, he continues to demonstrate significant weakness in his non-dominant left hand.

Qualitatively, continued to exhibit difficulties with attention throughout the evaluation. He benefited from behavioral supports, but despite being in a one-to-one structured sending, required significant support to engage in testing. These observations are consistent with reported inattention and distractibility at home and school. Notably, also receives significant behavioral supports for attention at school, and despite these supports he continues to struggle with inattention and distractibility. Given the severity of inattention and distractibility, and the

extent to which impairs affects functioning in multiple settings, continues to meet criteria for attention deficit/hyperactivity disorder, inattentive type.

In addition to inattention and distractibility, demonstrated ongoing difficulties with fine motor tasks. This is likely to contribute to adaptive and academic performance.

At this time, appears to benefit greatly with the substantial scaffolding and support he receives in school. However, his difficulties with attention and fine motor skills place him at risk both academically and adaptively. Furthermore, his continued difficulties with articulation put him at greater risk for reading difficulties. Although participates in an immersion French program, at this time he has difficulty acquiring the French language due to his frequent intervention services and likely his long-standing language difficulties.

Is neuropsychological presentation consistent with his neurological history?
has a complex medical history, including variables/conditions such as prematurity, periventricular leukomalacia (PVL), intraventricular hemorrhage, and achondroplasia (ACH). It is difficult to isolate specific cognitive impacts of individual medical variables in this case. Of note, however, motor difficulties and inattention/distractibility are common cognitive features of each of these individual medical variables. As such, it is not surprising that presents with motor and attention problems given his combined medical history.

Has his presentation been stable over time?
Several of verbal and nonverbal reasoning standardized test scores are lower than previous testing. However, his current medical history does not suggest any progressive decline. It is likely that inattention and distractibility have interfered with his general ability to gain skills and have detracted from his developmental trajectory in a number of ways. That said, also appears to have benefited from speech and language therapies over the past two years, as his verbal fluency skills have improved over time. Furthermore, his academic skills appeared stable across time and consistent with his verbal and nonverbal reasoning.

**RECOMMENDATIONS:**
The following recommendations are provided in response to the findings described above:

*Home Recommendations*
It is recommended that family consult with his physician or a psychiatrist regarding medication for ADHD. His parents reported some concern about medication side effects and are encouraged to initiate a discussion with the medical provider regarding the potential benefits and side effects of medication for ADHD.

We recommend that and his parents initiate behavioral therapy in order to support his difficulties with attention and completion of adaptive skills in the home. A referral has been made on behalf of the family to the KKI Department of Behavioral Psychology.

Given functional concerns with daily living skills, his parents should consider engineering his home environment to facilitate easier access to kitchen counters, pantry, and cabinets (e.g. steps) to promote independence with household chores. His family may wish to consult with a physical or occupational therapist to ensure safe access with home modification.

Outside of school, would continue to benefit from structured extracurricular activities that may help maintain his self-esteem, and allow him to interact with peers in non-academic environments. At home, he will respond best to encouragement, praise, and rewards that focus on effort and success in independent work, rather than solely on outcome.

*Academic Recommendations*
Given ongoing needs in the areas of motor, speech and language, attention, and academic skills, we

support the ongoing provision of an IEP under the classification of Multiple Disabilities. We agree with his current supports and encourage his school to maintain instructional interventions in reading, math, and writing. In addition, we suggest that continue to receive occupational, physical therapy, and speech and language therapy supports in school. At this time, he receives three sessions (30 minutes) of speech and language therapy per month; however, given his level of articulation difficulties, would benefit from at least four sessions per month. Articulation difficulties put at risk for ongoing reading impairments and should be more intensively supported.

At this time, will be most successful in a small classroom setting, particularly for core academic subjects, with a small student to teacher ratio, and high level of 1:1 instruction that tailors teaching to his skill level and provides necessary support for language, attention, and initiation. He will likely require adult support for cues and ongoing monitoring to ensure that he starts tasks, remains focused, attends to relevant information, and understands material. If targeted interventions for inattention do not make more available for educational instruction, parents and educational team are encouraged to reevaluate his participation in the French immersion program, given ongoing difficulties with language and ADHD.

demonstrates motor deficits consistent with his achondroplasia diagnosis. The physical sequelae of achondroplasia are thought to disrupt ability to navigate the learning environment and express what he knows. Given visual-motor constructional difficulties, we recommend that he receive assistive technology devices (e.g., speech-to-text software). For instance, he may benefit from learning to use a regular or adapted keyboard for producing written work given his fine motor difficulties. Please refer to most recent speech and language evaluation for assistive technology (April 2017) for additional recommendations.

has ongoing difficulties in attention and executive functioning, consistent with his medical history. Thus, his overall educational program should be organized to support these skills. Providing him with preferential seating at the front of the room will assist him by providing close structure, supervision, prompting and cueing as necessary from his teacher or a resource teacher. He should be seated away from distractions (e.g. talkative peers, windows, air conditioners) and all extraneous materials should be cleared from his work area while he is completing a task.

may also have more difficulty with complex information or tasks that require multiple steps. Make sure you have his full attention before presenting such information. Using repetition or multi-modal presentation (verbal instruction with visual cues or with a written checklist) may be helpful.

It is recommended that receive testing accommodations that include extended time, given his difficulty with speech and language, attention, graphomotor speed, and initiation. Extended deadlines for classwork, homework, and longer assignments should also be provided. educational team may consider shortening assignments to a smaller quantity of work to demonstrate understanding of material. For example, he may complete every 3rd problem to cover all material with a reduced amount of work.

Given difficulty with attention, he would benefit from participation in a structured program that addresses his behavioral needs. This program should include a Behavioral Intervention Plan (BIP) with a Functional Behavioral Assessment (FBA) that guides providers' understanding of behaviors, triggers, and consequences. The behavior plan should be consistent across school and home, with the same expectations and consequences used in both settings. Expectations should be clearly presented to so that he understands what is expected of him, and should be posted somewhere where he can see them. This arrangement will give regular practice with following rules and expectations that are not self-created.

As part of his BIP and behavioral interventions, would benefit from participation in a reinforcement or token plan that encourages independence and attentional control. may benefit from a behavioral reward system that provides reinforcement for initiating tasks, responsibilities, statements of needs, or requests for help

without cues or prompts from his teacher/parents. Differentially rewarding the *initiation* of tasks or actions rather than simply the completion of tasks provides reinforcement of "self-starter" behaviors.

*Follow-up*
It is recommended that participate in a follow-up neuropsychological evaluation in 2-3 years, or earlier if there are changes to his medical status, to monitor his progress and update recommendations.

Thank you for the opportunity to work with We would be pleased to evaluate again in the future if concerns arise regarding his cognitive and adaptive functioning or if changes in mental status are noted. Please feel free to contact if you have any questions about this report at

These findings were reviewed with parents via a feedback session occurring on 6/6/17. Culture and individual learning differences were considered when constructing the feedback. parents were given the opportunity to ask questions, and demonstrated a strong understanding of these findings and recommendations.

**Diagnoses/Problems**
Disorder of central nervous system

**Activity Hours/CPT Codes:**

**Religious, Cultural, Spiritual, and Other Needs**
No Accommodations Requested
Information was reviewed and there are no changes.

**Signature:** This visit , ABPP-CN

**Date/Time:** 06/15/2017 at 4:42 PM