

Candidate, C.I.T

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Report of Psychological Testing

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|--------|------------|--|
| NAME: | Client | <u>ASSESSMENT PROCEDURES:</u> |
| DOB: | 7-10-07 | Clinical Interview |
| DOE: | 04-12-2013 | Kaufman Brief Intelligence Test - II(KBIT-II) |
| AGE: | 5 years | Behavior Assessment System for Children-2 (BASC-2) |
| EDU: | K | Test Early Reading Ability-3 (TERA-3) |
| OCCUP: | Student | |

Referral Source:

Client was referred from Bethel Public Schools.

REASON FOR REFERRAL:

Client has been displaying some behavior issues such as defiance and hyperactivity in class. At times she does not socialize well with peers. As a result, her academic achievement in reading is suffering.

Family History: Client is being raised in a two-parent, bilingual household with her biological mother and her biological father. She has one brother, (Name), who is younger than her by 4 years. Her father works full time and her mother stays at home to take care of the children and household responsibilities.

Medical: Client is currently in good health. Her parents did mention that she has an occasional fever. She has had a chronic reoccurring cough this past winter and has met with a pulmonologist to decipher if the cough is asthma induced. Results of this diagnosis is still pending.

Client also suffers from Vitiligo but it does not impact her ability to function on a daily basis.

Education/Career: Client attends a full day Kindergarten program at ___ School in Any Town, CT. Prior to kindergarten Client received Birth to Three interventions through Easter Seals. She also attended Circle of Friends preschool in Bethel for two years. Client received services through Easter Seals and Circle of Friends for speech/language, occupational therapy, and physical therapy.

Behavior Observations:

Client arrived on time for her testing sessions. She was oriented to time and place. She was dressed appropriately for the weather and demonstrated no hygiene problems. She was cooperative and eager to engage in the testing sessions. She demonstrated some difficulties with attention to tasks. If she had a connection to one of the pictures and/or questions used in the testing she would tell a story associated with it. In addition to telling the story she also acted it out.

Results:

To screen Client's cognitive functioning, she was administered the Kaufman Brief Intelligence Test – 2nd Edition (KBIT-2). The KBIT-2 is a brief but reliable and well-normed instrument, commonly used to screen the cognitive condition of individuals. She obtained an IQ Composite of **113** placing her in the Average range of ability overall. Her Verbal Standard Score was **110** and her Nonverbal Standard Score was **112**; both scores place her in the Average functioning range. These scores suggest that Client's cognitive functioning is similar to the intellectual abilities of the majority of the population. Thus, cognition should not be a barrier to Client's functioning in the community. Her specific scores are as follows:

Kaufman Brief Intelligence Test – 2

Mean = 100
SD = 15
CI = 90%

| <u>Subtest</u> | <u>Standard Score</u> | <u>Confidence Interval</u> | <u>Functional Level</u> |
|---------------------|-----------------------|----------------------------|-------------------------|
| Verbal | 110 | 101 - 118 | Average |
| Nonverbal | 112 | 101 - 120 | Average |
| IQ Composite | 113 | 109 – 119 | Average |

Academic Functioning:

The Test of Early Reading Ability-Third Edition (TERA-3) is a unique, direct measure of the reading ability of young children ages 3-6 through 8-6. Rather than assessing children's "readiness" for reading, the TERA-3 assesses their mastery of early developing reading skills.

Client was administered the TERA-3 in two sessions. Client received a Reading Quotient of **100**, which placed her in the Average range of overall reading ability. Client also placed in the Average range for each of the three subtests which consisted of Alphabet (**10**), Conventions (**12**) and Meaning (**8**). Her scores indicate that she is performing within the limits of her current

grade level. Although she scored within average functioning, it is obvious that her strength was the Alphabet subtest. She scored the lowest on the Meaning subtest by performing on a beginning Kindergarten level. This indicates that Client is having a hard time constructing meaning from print.

Test of Early Reading Ability – 3rd Edition

Mean = 100
 SD = 1
 CI = 68%

| <u>Subtest</u> | <u>Standard Score</u> | <u>Grade Equivalent</u> | <u>Functional Level</u> |
|-------------------------|-----------------------|-------------------------|-------------------------|
| Alphabet | 10 | K.7 | Average |
| Conventions | 12 | K.4 | Average |
| Meaning | 8 | K.0 | Average |
| Reading Quotient | 100 | | Average |

Psychopathology/Behavior:

The BASC-2 is a norm-referenced, standardized behavioral assessment system designed to facilitate the differential diagnosis and classification of a variety of emotional and behavioral disorders of children and to aid in the design of treatment plans. The BASC-2 TRS and the BASC-2 PRS were both completed and the results are the following:

Teacher Rating Scales (TRS):

| <u>Composite</u> | <u>T-Score</u> | <u>Percentile</u> | <u>Descriptor</u> |
|---------------------------|----------------|-------------------|------------------------|
| Externalizing Problems | 71 | 96 | Clinically Significant |
| Internalizing Problems | 53 | 66 | Average |
| School Problems | 61 | 87 | At-Risk |
| Behavioral Symptoms Index | 69 | 95 | At-Risk |
| Adaptive Skills | 36 | 8 | At-Risk |

Mrs. A, Client’s classroom teacher has known her for approximately 8 months.

Mrs. A rated Client with a T score of 71 for the Externalizing Problems Index, which puts her in the clinically significant classification range. Within this index there are three categories including Hyperactivity, Aggression and Conduct Problems. Client’s T score on Hyperactivity is 70 and Aggression is 72. Both of these scores put her in

the clinically significant range. Her T score on Conduct Problems is 66, which puts her in the At-Risk classification range. With response to aggression Mrs. A indicated that she “often” argues when denied her own way as well as defies teachers. “Sometimes” she may call other children names or annoy others on purpose. Client does exhibit some of the characteristics in the Hyperactivity category as she “often” disrupts other children’s activities, has trouble staying seated, and acts without thinking.

Within the Internalizing Problems Index Client’s T scores are 43 for Anxiety, 53 for Depression and 61 for Somatization. Her overall T score for that index is a 53, which puts her in the average classification range. Although she tested average for the overall index her T score in the Somatization category is 61, which puts her in the At-Risk range. Mrs. A reports that Client “sometimes” complains about health and has fevers.

The School Problems Index placed Client in the At-Risk classification range with a T score of 61. The category of Attention Problems is rated a 62, which also put Client in the At-Risk range. This is demonstrated by having a short attention span and being easily distracted from class work by people and objects.

Client’s T score on the Behavioral Symptoms Index is 69. This puts her in the At-Risk classification range. Mrs. A noted that behaviors such as being unaware of others happen “often” and Client “sometimes” says things that make no sense.

Finally the index score for Adaptive Skills, Client’s T score is 36. All of the subcategories as well as the composite score fell within the At-Risk classification range. In the Functional Communication index her T score is 34 and Mrs. A reported that Client “sometimes” is unclear when presenting ideas and is able to describe feelings accurately.

Parent Rating Scales (PRS):

| <u>Composite</u> | <u>T-Score</u> | <u>Percentile</u> | <u>Descriptor</u> |
|---------------------------|----------------|-------------------|-------------------|
| Externalizing Problems | 65 | 92 | At Risk |
| Internalizing Problems | 65 | 92 | At Risk |
| Behavioral Symptoms Index | 57 | 80 | Average |
| Adaptive Skills | 64 | 93 | At-Risk |

Mrs. E, Client’s mother, completed the Parent Rating Scale version of the BASC-2 at home and returned it to school.

Mrs. E rated Client with a T score of 65 for the Externalizing Problems Index, which puts her in the At-Risk classification range. Within this index there are three categories including Hyperactivity, Aggression and Conduct Problems. Client's T score on Hyperactivity is 64 and Conduct Problems 68. Both of these T scores put her in the At-Risk classification range. Her T score on Aggression is 57, which puts her in the Average classification range. With response to Conduct Problems Mrs. E indicated that she "often" breaks the rules. "Sometimes" she may lie to get out of trouble and disobey. Client does exhibit some of the characteristics in the Hyperactivity category as she "often" cannot wait to take a turn, interrupts others when they are speaking and is "almost always" is overly active.

Within the Internalizing Problems Index Client's T scores are 66 for Anxiety, 49 for Depression and 70 for Somatization. Her overall T score for that index is a 65, which puts her in the At-Risk classification range. Although she tested At-Risk for the overall index her T score in the Somatization category is 70, which puts her in the Clinically Significant range. Mrs. E reports that Client "often" expresses fear of getting sick and "sometimes" complains of pain, has stomach problems and complains of being sick when nothing is wrong.

Client's T score on the Behavioral Symptoms Index is 57. This puts her in the Average classification range. Mrs. E noted that behaviors such as repeating one thought over and over as well as shows fears of strangers "sometimes" happens.

Finally the T Score for the Adaptive Skills Index is 64 with an At-Risk classification. The Activities of Daily Living subcategory, with a T score of 57, fell within the Average classification range. Mrs. E reported that Client "almost always" volunteers to help clean up around the house and attends to issues of personal safety.

DSM 4 Diagnosis

Axis I: 318.81 Conduct Disorder- Childhood Onset

Axis II: None

Axis III: Referred to Physician/Clinician for ADHD Diagnosis

Axis IV: None

Axis V: GAF = 60

Conclusions:

Client is a 5-year-old female who is functioning in the Average range of intelligence, measured verbally. Her reading achievement is similar to her same-age peers in most areas. Thus, she should be able to maintain grade level expectations within a school setting. As evident from the BASC-2, Client is displaying characteristics of hyperactivity, aggression and behavioral problems. These behaviors are impacting her relationships with peers and staff at school. Client does not qualify for special services in the area of reading however will receive services for her social/behavioral needs.