Client / Patient Copy

Psychological & Educational
Consultancy Services

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Intellectual Disability Assessment:

John Smith

Strictly Confidential

CONTENTS

For detailed descriptions of the tests and checklists, please see the separate Addendum document.

BIOGRAPHICAL DETAILS

Name:	John Smith
Date of Birth:	25/02/2011
Gender:	Male
Age:	5 years
Grade:	Pre Primary
School:	Subiaco Primary School
Address:	11 County Circuit MIDLAND WA 6056
Parent's Phone Number:	0411 111 111
Parent's Email Address:	janesmith@hotmail.com

REFERRAL INFORMATION

John was referred to Psychological and Educational Consultancy Services (PECS) by Dr James Brown (Consultant Paediatrician) for a *Cognitive and Adaptive Behaviour Assessment* to assist with the assessment for a possible Intellectual Disability

BRIEF BACKGROUND INFORMATION AND CLINICAL PRESENTATION

Relevant information reported during the initial interview session with John's mother:

- Was born with no apparent complications
- Reached all of the major developmental milestones (e.g., walking, speaking, toileting) later than the expected age ranges
- John wears a nappy because he is not toilet trained
- John uses orthotic inserts to address his balance and tone issues
- John had surgery to fix a squint at Princess Margaret Hospital
- Normal visual and auditory acuity reported (last tested in 2015)
- No prescription medication use
- Is solely right-handed/right-footed
- Has fine and gross motor coordination problems
- Because of John's fine motor difficulties, he needs help to eat smaller foods
- Things such as buttons and zips are too difficult for John to manipulate
- John finds writing and holding scissors very difficult
- John's awareness of danger with scissors is non existent
- At present, John is unable to walk alone, so he uses a walking frame
- John appears to be unaware of others in his path, and often hits people with his walker

- John was diagnosed with a Global Developmental Delay at age 1
- John's cousin has a Global Developmental Delay
- John is part of the NDIS
- John has had several interventions to address his difficulties; such as, OT, speech therapy, physiotherapy, eye tests, hip X-ray's, genetic blood tests, and an MRI
- John has been with Senses Australia since he was 18 months old, doing physio, speech, and OT
- John has participated in play group and hydrotherapy
- John needs full time assistance
- John is unable to dress himself or blow his nose
- John is severely behind his peers in all areas
- John has had an Educational Assistant (EA) in the classroom
- John is a very happy and social boy who loves school, but is often distracted by others
- John's sister has been diagnosed with ADHD
- John appears to be more entertained by watching others than joining in; however he likes to join in when he is capable of doing the activities
- John tries really hard to fit in and be part of everything, so he can get very frustrated when he can't physically do what others are doing
- John has a very limited vocabulary (50-70 words), and consequently uses short sentences (3-4 words)
- John says T or D for the 'G', 'C', and 'K' sounds

Information reported in Dr Jill White's, Paediatric Neurologist Report (May 2015 - at age 4 years):

- John presented at the age of 6 months with a serious form of epilepsy known as West Syndrome, which refers to a combination of "infantile spasms" (a type of brief tonic seizure), "hypsarrhythmia" (a very irregular electro-encephalogram with very frequent multifocal epileptic activity) and arrest of neurodevelopmental progress.
- Current working diagnosis is cryptogenic West syndrome.
- John's epilepsy has responded well to treatment. However, West syndrome is commonly associated with significant learning difficulties and impairment of frontal lobe executive functions and unfortunately John has shown significant delays in both linguistic and fine motor skill development, as well as impaired concentration and reading ability.
- He has been assessed by and received therapy from educational psychologists, speech pathologists and occupational therapists.
- Previous trials of stimulant medication have been unhelpful for his short attention span and have not improved his academic performance.

Please note that only a brief overview was obtained due to John and his parents already having provided more detailed background information to Dr Brown.

See checklists for more behavioural information.

COGNITIVE ASSESSMENT

Psychometric Tests Administered:

	Date of Administration
Wechsler Preschool and Primary Scale of Intelligence – Fourth Edition (WPPSI-IV, 2012)	17/06/2016

WPPSI-IV Overview:
The Wechsler Preschool and Primary Scale of Intelligence – Fourth Edition (WPPSI–IV) is an innovative measure of cognitive development for pre-schoolers and young children. This edition also places a strong emphasis on child-friendly, developmentally appropriate features, and includes new processing speed tasks, the addition of working memory subtests and an expanded factor structure.

The WPPSI–IV has been standardised on Australian and New Zealand children aged 2:6–7:7.

Examiner's Details:

EXAMINER:	Dr Shane Langsford
QUALIFICATIONS:	BPsych, BEd(First Class Hons), PhD
TEST SITE:	Office at Psychological & Educational Consultancy Services

Test Behaviour and Observations:
John's physical appearance was neat.

The examiner was able to establish good rapport with John.

John's coordination of movements and posture were observed to be normal.

His coordination of movements was observed to be a little clumsy, however, he was capable of manipulating the test materials.

John's was observed as having a lively affect and he seemed to genuinely enjoy completing the various tasks.

John's affect /mood was consistent throughout the assessment.

The examiner was unable to understand several of the answers given by John during the Information and Similarities subtest.

John's spoken language ability was judged to be below the level expected for someone his age.

John had difficulty remembering instructions.

The manner and sophistication of John's interaction with the examiner was judged as being reflective of a person with cognitive deficiencies.

John put in a reasonable amount of effort throughout the assessment and his level of concentration/attention was observed as being sufficient during testing (with an extra little break).

It is my opinion that the scores that John achieved on the WPPSI–IV are an accurate reflection of his cognitive functioning <u>at this particular point in time</u>.

Psychometric Test Results:

Age at Testing: 5 years 4 months

Table 1: WPPSI-IV Index Scores

WPPSI-IV Scale	Composite Score	Percentile Rank	95% Confidence Interval	Qualitative Intellectual Classification
Verbal Comprehension Index (VCI)	71	3	66-80	Borderline
Fluid Reasoning Index (FRI)	69	2	64-78	Extremely Low
Full Scale (FSIQ)	**63**	**1**	**59-70**	**Extremely Low**

Index scores have a mean Composite Score of 100 (50th percentile) and a standard deviation of 15
Percentile Rank refers to John's standing among 100 children of similar age.
Therefore, a Percentile Rank of 50 indicates that John performed exactly at the average level for his chronological age.

Table 3: WPPSI-IV Subtest Scaled Scores

Subtests	Scaled Score	Percentile Rank	Age Equivalent
Verbal Comprehension Index			
Information	4	2	<2:6
Similarities	4	2	<4:0
Visual Spatial Index			
Block Design	2	<1	<2:6
Fluid Reasoning Index			
Matrix Reasoning	6	9	<4:0
Picture Concepts	3	1	<4:0
Working Memory Index			
Picture Memory	6	9	3:0
Processing Speed IQ			
Bug Search	1	<1	<4:0

See Table1 for complete subtest descriptions

ADAPTIVE BEHAVIOUR ASSESSMENT

Adaptive Behaviour Tests Administered:

Test	*Date of Administration*
Adaptive Behaviour Assessment System–Second Edition (ABAS-II, 2008)	17/06/2016

ABAS-II Overview:
The Adaptive Behaviour Assessment System – Second Edition provides a comprehensive, norm-referenced assessment of adaptive skills for individuals ages birth to 89 years. The ABAS-II may be used to assess an individual's adaptive skills for diagnosis and classification of disabilities and disorders, identification of strengths and limitations, and to document and monitor an individual's progress over time.

ABAS-II Test Results:

(1) Parent/Primary Caregiver Form (Ages 0-5)

The Parent/Primary Caregiver Form is a comprehensive, diagnostic measure of the adaptive skills that have primary relevance for the functioning of infants, toddlers and pre-schoolers in the home and other settings, and can be completed by parents or other primary care providers. The Parent/Primary caregiver Form is used for children ages birth-5 years, and includes 241 items, with 22 to 27 items per skill area.

Age at Testing: 5 years 4 months

Table 1: Sum of Scaled Scores to Composite Score Conversions

Composite	Sum of Scaled Scores	Composite Score	Percentile Rank	95% Confidence Interval	Qualitative Range
Conceptual	7	52	0.1	45-59	Extremely Low
Social	3	50	<0.1	43-57	Extremely Low
Practical	4	41	<0.1	34-48	Extremely Low
GAC	**15**	**44**	**<0.1**	**40-48**	**Extremely Low**

Adaptive Domain scores have a mean of 100 (50th percentile) and a standard deviation of 15.
Percentile Rank refers to John's standing among 100 individuals of a similar age.

Table 2: Raw Score to Scaled Score Conversions

Skill Areas	Scaled Scores	Qualitative Range
Communication (Com)	1	Extremely Low
Community Use (CU)	1	Extremely Low
Functional Academics (FA)	3	Extremely Low
Home Living (HL)	1	Extremely Low
Health and Safety (HS)	1	Extremely Low
Leisure (LS)	1	Extremely Low
Self-Care (SC)	1	Extremely Low
Self-Direction (SD)	3	Extremely Low
Social (Soc)	2	Extremely Low

Scaled scores have a mean of 10 (50th pe1rcentile) and a standard deviation of 3.
Percentile Rank refers to John's standing among 100 individuals of a similar age.

(2) Teacher/Daycare Provider Form (Ages 2-5)

The Teacher/Daycare Provider Form is a comprehensive, diagnostic measure of the adaptive skills that have primary relevance for toddler's and preschooler's functioning in the daycare centre, home daycare, preschool or school setting. Teachers, teacher's aides, daycare instructors, or other daycare or childcare providers can be complete this form. The Teacher/Daycare Provider Form is used for children ages 2-5 years and includes 216 items, with 21 to 27 items per skill area.

Age at Testing: 5 years 4 months

Table 1: Sum of Scaled Scores to Composite Score Conversions

Composite	Sum of Scaled Scores	Composite Score	Percentile Rank	95% Confidence Interval	Qualitative Range
Conceptual	5	49	<0.1	44-54	Extremely Low
Social	4	53	0.1	47-59	Extremely Low
Practical	3	43	<0.1	35-51	Extremely Low
GAC	**13**	**42**	**<0.1**	**38-46**	**Extremely Low**

Adaptive Domain scores have a mean of 100 (50th percentile) and a standard deviation of 15.
Percentile Rank refers to John's standing among 100 individuals of a similar age.

Table 2: Raw Score to Scaled Score Conversions

Skill Areas	Scaled Scores	Qualitative Range
Communication (Com)	1	Extremely Low
Community Use (CU)	2	Extremely Low
Functional Academics (FA)	1	Extremely Low
Home Living (HL)	1	Extremely Low
Health and Safety (HS)	3	Extremely Low
Leisure (LS)	1	Extremely Low
Self-Care (SC)	2	Extremely Low
Self-Direction (SD)	1	Extremely Low
Social (Soc)	1	Extremely Low

Scaled scores have a mean of 10 (50th percentile) and a standard deviation of 3.
Percentile Rank refers to John's standing among 100 individuals of a similar age.

Adaptive Behaviour Summary:
John's overall level of adaptive behaviour is best described by his ABAS-II **General Adaptive Behaviour Composite** score (<0.1st percentile; Extremely Low), which is the score he was given on both the Parent and Teacher ABAS-II.

SUMMARY

Reason for Referral:

John was referred to Psychological and Educational Consultancy Services (PECS) by Dr James Brown (Consultant Paediatrician) for a *Cognitive and Adaptive Behaviour Assessment* to assist with the assessment for a possible Intellectual Disability.

Background and Clinical Presentation Information:

- John presented at the age of 6 months with a serious form of epilepsy known as West Syndrome, which refers to a combination of "infantile spasms" (a type of brief tonic seizure), "hypsarrhythmia" (a very irregular electro-encephalogram with very frequent multifocal epileptic activity) and arrest of neurodevelopmental progress.
- Current working diagnosis is cryptogenic West syndrome.
- John's epilepsy has responded well to treatment. However, West syndrome is commonly associated with significant learning difficulties/intellectual impairment and impairment of frontal lobe executive functions and unfortunately John has shown significant delays in both linguistic and motor skill development
- John was diagnosed with a Global Developmental Delay at age 1
- John has had several interventions to address his difficulties; such as, OT, speech therapy, physiotherapy, eye tests, hip X-ray's, genetic blood tests, and an MRI
- John has participated in play group and hydrotherapy
- John wears a nappy because he is not toilet trained
- Has fine and gross motor coordination problems
- At present, John is unable to walk alone, so he uses a walking frame
- John is unable to dress himself or blow his nose
- John needs full time assistance
- John is severely behind his peers in all areas
- John has had an Educational Assistant (EA) in the classroom
- John is a very happy and social boy who loves school, but is often distracted by others
- John appears to be more entertained by watching others than joining in; however he likes to join in when he is capable of doing the activities
- John tries really hard to fit in and be part of everything, so he can get very frustrated when he can't physically do what others are doing
- John has a very limited vocabulary (50-70 words), and consequently uses short sentences (3-4 words)

Please note that only a brief overview was obtained due to John and his parents already having provided more detailed background information to Dr Brown.

Cognitive Assessment:

John's overall performance on the WISC-IV (FSIQ = 1st percentile) fell within the **Extremely Low** range of intellectual functioning. John achieved index scores at the following levels:

- Verbal Comprehension Index (VCI) = 3rd percentile
- Fluid Reasoning Index (FRI) = 2nd percentile

Two subtests of the UNIT-2 were also conducted, which produced similarly low results.

Adaptive Behaviour Assessment:

John's overall level of adaptive behaviour is best described by his ABAS-II **General Adaptive Behaviour Composite** score (<0.1st percentile; Extremely Low), which is the score he was given on both the Parent and Teacher ABAS-II.

CONCLUSION AND SUMMARY OF INTELLECTUAL DISABILITY DSM-5 CRITERIA

Intellectual Disability (Intellectual Developmental Disorder) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. (DSM-5 Definition, p.33).

As per the DSM-5, the following three criteria must be met:

Criterion A. **Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgement, academic learning, and learning from experience, confirmed by both clinical assessment and individualised, standardised intelligence testing.**	
A1: Clinical Assessment.	**Criterion Met** (see Background and Clinical Presentation Information and Test Behaviour section)
A2. Intellectual Assessment	**Criterion Met** (as per FSIQ/Index/ Subtest scores in Cognitive Assessment section)
Criterion B. **Deficits in adaptive functioning that result in failure to meet developmental and socio-cultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community.**	
B. Adaptive Functioning	**Criterion Met** (see Background and Clinical Presentation Information and Adaptive Behaviour section)
Criterion C. **Onset of intellectual and adaptive deficits during the developmental period**	
C. Onset prior to age 18	**Criterion Met** (see Background and Clinical Presentation Information section)
Severity: **The various levels of severity are defined on the basis of adaptive functioning, and not IQ scores, because it is adaptive functioning that determines the level of supports required. Levels of severity are Mild, Moderate, Severe, and Profound.**	
Severity.	**Severe** (see Background and Clinical Presentation Information and Adaptive Behaviour section)

As indicated in the summary table above, John meets the criteria for a diagnosis of an Intellectual Disability, which can be described as being of a “Severe” nature.

RECOMMENDATIONS

Please note, PECS does not provide micro-strategies (e.g., sit student at front of classroom, etc) as part of their recommendations. PECS's provides recommendations on what further assessment is required, what intervention is necessary, and who is the most appropriate to provide the assessment/intervention recommended.

Paediatric Involvement:

(1) John should once again be seen by Dr James Brown, now that this new information is available for incorporation into his paediatric assessment.

School Involvement:

(1) A case-conference involving John's parents, the school psychologist, and key school personnel should be held to discuss John's individual learning requirements.

Disability Services Commission:

(1) John's parents should provide a copy of this report to the Disability Services Commission.

Dr Shane Langsford **Date of Report**
Managing Director -PECS
Registered Psychologist
APS College of Educational & Developmental Psychologists Academic Member