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**CONFIDENTIAL PSYCHOLOGICAL EVALUATION**

**Name:** [Full Name]

**Date of Birth:** [DOB]

**Age:** [Exact Age]

**Grade:** [Grade]

**School:** [School]

**Dates of Evaluation:** [Eval Date]

**REASON FOR REFERRAL**

[Parents] are seeking a psychological evaluation for their [Son/Daughter], [First Name], in order to gain a better understanding of [His/Her] current cognitive, academic, and emotional functioning. Testing is also being pursued for diagnostic clarification.

**BACKGROUND INFORMATION**

[First Name] is a [Age]6th grader at Exploris Middle School. He lives with [His/Her] biological mother, father, and two sisters (ages 10 and 7). [First Name] was previously evaluated when he was 7 years-old (February, 2019) by Joanna Schechner, Psy.D., and diagnosed with attention deficit/hyperactivity disorder (combined type) and unspecified anxiety disorder. [First Name] started AD/HD medication at the beginning of 2021; he is currently taking Dyanavel. [His/Her] medication is managed by Amy Tracy, DNP, PMHNP-BC. [First Name] is also in private occupational therapy at Therapy and Education Connections in Holly Springs. [First Name] has an IEP in school through the “Other Health Impairment” category and receives interventions in reading, writing, and math. Despite these interventions, Mrs. [Last Name] said that [First Name] is still far behind peers academically.

Emotionally speaking, Mrs. [Last Name] said that [First Name] has expressed feeling sad and depressed for the past month. She said that she and her husband have talked to him about it and there is no clear trigger. She described [First Name] as a sensitive child who is quick to get down on himself. Socially, parents said that [First Name] tends to be a follower and struggles to advocate for himself. While he is popular and has many friends, Mrs. [Last Name] said that he can be very literal and struggles to understand social cues. [First Name]’s teacher, Ms. Emily Felker, wrote in the following strengths about [First Name] on the **BASC-3**: “[First Name] has several friends at school that he is extremely close to. He desires to be a good friend to those he cares about. He appears to genuinely care about the well-being of [His/Her] friends, even if he can't always take or see from the perspective of others.”

Mrs. Felker wrote in the following concerns about [First Name] on the **BASC-3:** “[First Name] has a difficult time staying attentive in class. He is very easily distracted from a given task. When playing with [His/Her] peers, [His/Her] behavior can quickly become overly physical, although not necessarily aggressive. When he caught by a teacher doing something he shouldn't be (out of [His/Her] seat, out of the classroom, doing an inappropriate or off-task thing), [His/Her] immediate reaction is almost always to deflect and/or lie. When called out on the deflection, he usually admits to the behavior.”

In regards to developmental history, [First Name] was born full-term and met all developmental milestones within normal limits. No head injuries or medical problems were reported. There is a significant family history of AD/HD.

**SOURCES OF INFORMATION**

Clinical Interview

Review of Records

Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V)

Woodcock-Johnson Tests of Achievement, Fourth Edition (WJ-IV)

Brown Executive Function/Attention Scales (Brown EF/A Scales)

The Behavior Assessment System for Children, Third Edition, Parent (BASC-3)

The Behavior Assessment System for Children, Third Edition, Teacher (BASC-3)

**CLINICAL FINDINGS**

*Behavioral Observations*

[First Name] was a friendly and cooperative adolescent. He had black hair, brown eyes, was casually dressed, and appeared [His/Her] stated age. He was oriented to person, time, and place. Eye contact was good. Speech was normal. He was relaxed and in a good mood throughout the evaluation. Behavior was calm; no hyperactivity or impulsivity was observed. [First Name] showed good attention and concentration in the structured one-on-one test setting. He was focused and able to stay on task without additional prompting or redirection. Overall [First Name] worked very hard, demonstrated good frustration tolerance, and showed a strong desire to succeed. The results of this assessment are considered to be both a reliable and valid representation of [His/Her] current level of functioning.

**RESULTS**

**COGNITIVE FUNCTIONING**

[First Name] obtained the following scores on the **Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V)**: a measure of cognitive abilities that highlights an individual’s strengths and challenges in thinking and processing. A standard score of “100” is considered the mid-point or “average”.

|  |  |  |  |
| --- | --- | --- | --- |
| **WISC-V Index** | **Composite Score** | **Percentile** | **Description** |
| Verbal Comprehension (VCI) |  |  |  |
| Visual Spatial (VSI) |  |  |  |
| Fluid Reasoning (FRI) |  |  |  |
| Working Memory (WMI) |  |  |  |
| Processing Speed (PSI) |  |  |  |
| Full Scale IQ (FSIQ)  |  |  |  |
| **General Ability Index (GAI)** |  |  |  |

|  |  |  |
| --- | --- | --- |
| **WISC-V Subtest** | **Scaled Score** | **Percentile** |
| *Verbal Comprehension Index (VCI)* |
| Similarities |  |  |
| Vocabulary |  |  |
| *Visual Spatial Index (VSI)* |
| Block Design |  |  |
| Visual Puzzles |  |  |
| *Fluid Reasoning Index (FRI)* |
| Matrix Reasoning |  |  |
| Figure Weights |  |  |
| *Working Memory Index (WMI)* |
| Digit Span |  |  |
| Picture Span |  |  |
| *Processing Speed Index (PSI)* |
| Coding |  |  |
| Symbol Search |  |  |

\*Mean scaled score is 10

|  |  |  |  |
| --- | --- | --- | --- |
| **WAIS-V Index** | **Composite Score** | **Percentile** | **Description** |
| Verbal Comprehension (VCI) |  |  |  |
| Perceptual Reasoning (PRI) |  |  |  |
| Working Memory (WMI) |  |  |  |
| Processing Speed (PSI) |  |  |  |
| **Full Scale IQ (FSIQ)**  |  |  |  |
| **General Ability Index (GAI)** |  |  |  |

|  |  |  |
| --- | --- | --- |
| **WAIS-IV Subtest** | **Scaled Score** | **Percentile** |
| *Verbal Comprehension Index* |
| Similarities |  |  |
| Vocabulary |  |  |
| Information |  |  |
| *Perceptual Reasoning Index* |
| Block Design |  |  |
| Matrix Reasoning |  |  |
| Visual Puzzles |  |  |
| *Working Memory Index* |
| Digit Span |  |  |
| Arithmetic |  |  |
| *Processing Speed Index* |
| Symbol Search |  |  |
| Coding |  |  |

Due to the significant difference between [First Name]’s performance on the five indexes, the **FSIQ** score may not be an accurate representation of [His/Her] true intelligence. Instead, the **General Ability Index (GAI)** was used as a measure of IQ. The **GAI** differs from the **FSIQ** in that it is not influenced directly by performance on the Working Memory Index or the Processing Speed Index.

[First Name]’s scores yield a **GAI of 94**, which is in the **34th percentile** and falls in the **Average** range of intelligence. Taking into consideration standard errors of measurement, there is a 95% chance that [His/Her] “true” GAI is somewhere between 89 and 100, which corresponds to the *23rd – 50th percentiles.*

The **Verbal Comprehension Index (VCI)** measured [First Name]'s ability to access and apply acquired word knowledge. Specifically, this score reflects [His/Her] ability to verbalize meaningful concepts, think about verbal information, and express [His/Her] himself using words. [First Name]’s performance on the **VCI** was in the *[VCI\_DESC]* range (*[VCI\_PCT]*). This is an area of relative strength for [Him/Her]. The **VCI** consists of two subtests: Similarities and Vocabulary. Similarities required [First Name] to describe a similarity between two words that represent a common object or concept. Vocabulary required [Him/Her] to define words that were read aloud.

The **Visual Spatial Index (VSI)** measured [First Name]'s ability to evaluate visual details and understand visual spatial relationships in order to construct geometric designs from a model. This skill requires visual spatial reasoning, integration and synthesis of part-whole relationships, attentiveness to visual detail, and visual-motor integration. [First Name]’s score on the **VSI** was in the *[VSI\_DESC]* range *([VSI\_PCT]*). The **VSI** consists of two subtests: Block Design and Visual Puzzles. During Block Design, [First Name] viewed a model and/or picture and used two-colored blocks to re-create the design. For Visual Puzzles, [First Name] viewed a completed puzzle and was required to select three response options that, when combined, reconstructed the puzzle.

The **Fluid Reasoning Index (FRI)** measured [First Name]'s ability to detect the underlying conceptual relationship among visual objects and use reasoning to identify and apply rules. Identification and application of conceptual relationships in the **FRI** requires inductive and quantitative reasoning, broad visual intelligence, simultaneous processing, and abstract thinking. [First Name]’s score on the **FRI** was in the *[FRI\_DESC]* range *([FRI\_PCT]*). The **FRI** is derived from two subtests: Matrix Reasoning and Figure Weights. Matrix Reasoning required [First Name] to view an incomplete matrix or series and select the response option that completed the matrix or series. On Figure Weights, [First Name] viewed a scale with a missing weight(s) and identified the response option that would keep the scale balanced.

The **Working Memory Index (WMI)** measured [First Name]'s ability to register, maintain, and manipulate visual and auditory information in conscious awareness, which requires attention and concentration. [First Name] performed in the *[WMI\_DESC]* range on the **WMI** ([*WMI\_PCT]*). This is an area of relative weakness. Within the **WMI**, Picture Span required [First Name] to memorize one or more pictures presented on a stimulus page and then identify the correct pictures (in sequential order, if possible) from options on a response page. On Digit Span*,* [First Name] listened to sequences of numbers read aloud and recalled them in the same order, reverse order, and ascending order.

The **Processing Speed Index (PSI)** measured [First Name]'s speed and accuracy of visual identification, decision making, and decision implementation. Performance on the **PSI** is related to visual scanning, visual discrimination, short-term visual memory, visuomotor coordination, and concentration. [First Name] scored in the *[PSI\_DESC]* range on the **PSI** (*[PSI\_PCT]*). The **PSI** consists of two timed subtests. Symbol Search required [First Name] to scan a group of symbols and indicate if the target symbol was present. On the Coding subtest, [First Name] used a key to copy symbols that corresponded with numbers.

**ACADEMIC ACHIEVEMENT**

[First Name]’s academic abilities were evaluated with select subtests of the **Woodcock Johnson Tests of Achievement – Fourth Edition (WJ-IV).** A standard score of “100” is considered the mid-point or “average”. The following norms are based on age level:

**TABLE OF SCORES**

| **CLUSTER/Test** | **Age****Equiv.** | **Grade****Equiv.** | **Standard****Score** | **Percentile** **Rank** |
| --- | --- | --- | --- | --- |
| READING |  |  |  |  |
| BROAD READING |  |  |  |  |
| BASIC READING SKILLS |  |  |  |  |
| MATHEMATICS |  |  |  |  |
| BROAD MATHEMATICS |  |  |  |  |
| MATH CALCULATION SKILLS |  |  |  |  |
| WRITTEN LANGUAGE |  |  |  |  |
| BROAD WRITTEN LANGUAGE |  |  |  |  |
| WRITTEN EXPRESSION |  |  |  |  |
| ACADEMIC SKILLS |  |  |  |  |
| ACADEMIC FLUENCY |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Letter-Word Identification |  |  |  |  |
| Applied Problems |  |  |  |  |
| Spelling |  |  |  |  |
| Passage Comprehension |  |  |  |  |
| Calculation |  |  |  |  |
| Writing Samples |  |  |  |  |
| Word Attack |  |  |  |  |
| Sentence Reading Fluency |  |  |  |  |
| Math Facts Fluency |  |  |  |  |
| Sentence Writing Fluency |  |  |  |  |

Performance on the **Broad Reading** cluster was in the *low average* range (*16th percentile*). The **Broad Reading** cluster is a combination of Letter-Word Identification, Passage Comprehension, and Sentence Reading Fluency. [First Name] performed in the *average* range on the **Basic Reading Skills** cluster (*25th*), which is a combination of Letter-Word Identification and Word Attack. On Letter-Word Identification (*27th percentile*), [First Name] was required to read a list of words of increasing difficulty. For Word Attack *(24th percentile),* he was required to read “nonsense” words. For Passage Comprehension (*31st percentile*), [First Name] was required to supply a missing word to sentences and paragraphs of increasing complexity. For Sentence Reading Fluency (*11th percentile*), [First Name] had three minutes to read a series of simple sentences and indicate if they were true, or false by circling yes, or no.

Performance on the **Broad Mathematics** cluster was in the *very low* range (*1st percentile*). The **Broad Mathematics** cluster is a combination of Applied Problems, Calculation, and Math Facts Fluency. For Applied Problems (*18th percentile)*, [First Name] was required to solve mathematical word problems read aloud to him. For Calculation (*2nd percentile*), he was required to perform paper and pencil math computations without a time limit. For Math Facts Fluency *(<0.1 percentile*), [First Name] was required to solve *simple* math problems (e.g. 1 + 3, 4 – 2, 7 + 5) *quickly* while being timed.

Performance on the **Broad Written Language** cluster was in the *low* range (*5th percentile*). The **Broad Written Language** cluster is a combination of Spelling, Writing Samples, and Writing Fluency. On Spelling (*3rd percentile),* [First Name] was required to spell dictated words of increasing difficulty. For Writing Samples (*21st percentile*), he was asked to write short sentences when given a verbal and/or picture cue. For Sentence Writing Fluency (*9th percentile*), [First Name] was given a set of three prompt words for each item and asked to construct as many sentences as possible within a five-minute time limit.

**ATTENTION AND EXECUTIVE FUNCTIONING**

Mr. [Last Name] and [First Name]’s teacher, Ms. Emily Felker, separately completed the **Brown Executive Function/Attention Scales**. The **Brown EF/A** measures symptoms of AD/HD and impairments in executive functioning. Out of the six categories or “clusters” on the **Brown EF/A** (listed below), Mr. [Last Name] reported clinically significant scores about [First Name] on all six cluster. Ms.. Felker reported clinically significant scores about [First Name] on Cluster 1, Cluster 2, Cluster 3, Cluster 5, and Cluster 6.

**Cluster 1. Activation: Organizing, Prioritizing, and Activating to Work:** The Activation cluster addresses difficulties individuals may have organizing tasks and materials, estimating time, prioritizing tasks, and getting started on work-like tasks (i.e., activities they have not usually chosen for pleasure). People with ADHD often have chronic difficulty with excessive procrastination. Often they will put off getting started on a task--even a task they recognize as important to them--until the very last minute.

**Cluster 2. Focus: Focusing, Sustaining, and Shifting Attention to Tasks:** The Focus cluster addresses problems individuals may have in sustaining attention and focus for work-like tasks or in shifting attention when needed from one activity to another. For people with ADHD, it is often difficult to focus on a specific task and sustain their attention on that task. At times, they may be easily distracted by things going on around them or by thoughts in their own minds. At other times, they may find themselves stuck on one thing, unable to shift to another task even when directed to do so.

**Cluster 3. Effort: Regulating Alertness, Sustaining Effort, and Adjusting Processing Speed:** The Effort cluster addresses problems individuals may have in staying alert and sustaining sufficient effort for work-related tasks. It also addresses difficulties with processing information, completing tasks, and maintaining performance consistency. Many with ADHD can perform short-term projects well but have much more difficulty with sustained effort over longer periods of time. It may take them longer than others to process and react to what they see or hear, and they may find it difficult to complete tasks on time, especially when they need to explain themselves in writing.

**Cluster 4. Emotion: Managing Frustration and Modulating Emotions:** The Emotion cluster addresses difficulties individuals may have with regulating emotional reactions to the extent that they take over much of what the individuals are thinking or doing. Although the DSM-5 does not recognize any symptoms related to emotion management as an aspect of ADHD, many with the disorder describe chronic difficulties managing frustration, anger, worry, disappointment, desire, and other emotions. They find it very difficult to put their emotions into perspective and get on with what they need to do.

**Cluster 5. Memory: Utilizing Working Memory and Accessing Recall:** The Memory cluster addresses problems individuals may have with forgetfulness in daily routines and recall of learned material. Very often, people with ADHD will report that they have adequate or exceptional memory for things that happened long ago but great difficulty remembering where they just put something, what someone has just said to them, or what they were about to say. They may describe having difficulty holding one or several things in mind while also attending to other tasks.

**Cluster 6. Action: Monitoring and Self-Regulating Action:** The Action cluster addresses problems individuals may have in recognizing appropriate behavior and self-regulating their actions. Many people with ADHD, even those without problems of hyperactive behavior, report chronic problems with inhibiting their actions. They often are impulsive in what they say or do and in the way they think, at times jumping too quickly to inaccurate conclusions. Many also report problems in monitoring the context in which they are interacting.

**EMOTIONAL FUNCTIONING**

Mrs. [Last Name] and [First Name]’s teacher, Ms. Emily Felker, each separately completed **The Behavior Assessment System for Children, Third Edition (BASC-3).** The **BASC-3** is an integrated 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. Any score in the Clinically Significant\*\* range suggests a high level of maladjustment. Scores in the At-Risk\* range identify either a significant problem that may not be severe enough to require formal treatment or a potential of developing a problem that needs careful monitoring. Parent and Teacher Ratings yielded the following results (PR = Mrs. [Last Name], TR= Ms. Felker):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Composite** | **Abilities Measured** | **PR1** | **PR2** | **TR** |
| **Clinical Scale** | **Externalizing Problems** | **Disruptive behavior problems** |  |  |  |
| Hyperactivity | Overactive, rush through work/activities & act without thinking |  |  |  |
| Aggression | Acting in a hostile & threatening manner, verbally or physically |  |  |  |
| Conduct Problems | Engaging in antisocial & rule breaking behavior, destroying property |  |  |  |
| **Internalizing Problems** | **Inwardly directed stress** |  |  |  |
| Anxiety | Nervousness, fear, or worry (about real or imagined problems) |  |  |  |
| Depression | Sadness & stress that affects everyday activities |  |  |  |
| Somatization | Overly sensitive, complain about relatively minor discomforts |  |  |  |
| **School Problems** | **Broad measure of school adaptation** |  |  |  |
| Attention Problems | Easily distracted, unable to concentrate for more than a few moments |  |  |  |
| Atypicality | Behaving in ways that are immature or “odd” |  |  |  |
| Withdrawal | Avoiding others and social contact |  |  |  |
| **Behavioral Symptoms Index** | **Overall level of problem behavior** |  |  |  |
|  |  |  |  |  |  |
| **Adaptive** | **Adaptive Skills** | **Important characteristics for functioning at school/home** |  |  |  |
| Adaptability | Readily adapting to changes in the environment |  |  |  |
| Social Skills | Skills necessary for interacting successfully with peers and adults |  |  |  |
| Leadership | Skills for accomplishing goals, including working with others |  |  |  |
| Activities of Daily Living | Performing simple daily tasks in a safe and efficient manner |  |  |  |
| Functional Communication | Expressing ideas, communicating in ways others easily can understand |  |  |  |
|  |  |  |  |  |  |
| **Content** | Anger Control | Ability to regulate affect and self-control under adverse conditions |  |  |  |
| Bullying | Acting in a threatening or intrusive manner |  |  |  |
| Developmental Social Disorders | Social and communications skills |  |  |  |
| Emotional Self-Control | Controlling reactions to environmental changes |  |  |  |
| Executive Functioning | Controlling and maintaining behavior and mood |  |  |  |
| Negative Emotionality | Reacting to changes in everyday activities or routines |  |  |  |
| Resiliency | Ability to overcome stress and adversity |  |  |  |

[First Name] also completed **The Behavior Assessment System for Children – Third Edition, Self-Report (BASC-3).** Any score in the Clinically Significant\*\* range suggests a high level of maladjustment. Scores in the At-Risk\* range identify either a significant problem that may not be severe enough to require formal treatment or a potential of developing a problem that needs careful monitoring. Self-Report (SR = [First Name]) yielded the following results:

|  |  |
| --- | --- |
| **Composite** | **SR** |
| **Clinical Scale** | **School Problems** |  |
| Attitude to School |  |
| Attitude to Teachers |  |
| Sensation Seeking |  |
| **Internalizing Problems** |  |
| Atypicality |  |
| Locus of Control |  |
| Social Stress |  |
| Anxiety |  |
| Depression |  |
| Sense of Inadequacy  |  |
| Somatization |  |
| **Inattention/Hyperactivity** |  |
| Attention Problems |  |
| Hyperactivity |  |
| **Emotional Symptoms Index** |  |
|  |  |  |
| **Adaptive** | **Personal Adjustment** |  |
| Relations with Parents |  |
| Interpersonal Relations |  |
| Self-Esteem |  |
| Self-Reliance |  |
|  |  |  |
| **Content** | Anger Control |  |
| Mania |  |
| Test Anxiety |  |
| Ego Strength |  |

[First Name] provided the following answers to questions measuring depression:

40. I used to be happier. (True)

46. I just don't care anymore. (True)

37. I feel good about myself. (False)

50. I don't seem to do anything right. (True)

55. Nothing about me is right. (True)

96. I feel sad. (Often)

134. I feel depressed. (Almost always)

167. I feel like my life is getting worse and worse. (Almost always)

**CONCLUSIONS AND RECOMMENDATIONS**

The results from this evaluation indicate that overall cognitive abilities are in the *average* range of intelligence (**GAI= 94, 34th percentile**). Verbal comprehension skills and visual spatial abilities are both in the *average* range and are areas of relative strength. Fluid reasoning abilities are in the *low average* range. Working memory and processing speed are both in the *very low* range. Working memory is an area of significant weakness. [First Name]’s lower scores on the **Processing Speed Index** and **Working Memory Index** help explain part of the reason why school is so challenging for him. Children with slow processing speed often become overwhelmed when given too much information at once, need additional time to complete assignments and chores, and need to read material multiple times for comprehension. Children with weak working memory cannot hold new information in their mind long enough to work with it and connect it with other information. This makes higher-order thinking, learning, and achievement much more challenging.

In regards to academic achievement, overall reading abilities are in the *low average* range. Overall mathematical abilities are in the *very low* range. Overall reading abilities are in the *low range*. Based on the results from the **WJ-IV** and [First Name]’s history of academic underachievement (despite interventions), he meets criteria for a specific learning disorder with impairment in reading (dyslexia), written expression (dysgraphia), and mathematics (dyscalculia). Parents are encouraged to share the results of this evaluation with [First Name]’s school to discuss adjustments that can be made to [His/Her] IEP in light of the results of this evaluation. Private tutoring is also strongly recommended. It is important to find a tutor who has experience with learning disorders.

Below are helpful websites that provide more information about learning disorders:

* + Understood: https://www.understood.org/en/articles/what-is-dyscalculia#item1
	+ International Dyslexia Association: https://www.dyscalculia.org/home
	+ National Center for Learning Disabilities: https://www.ncld.org/
	+ Learning Disabilities Association of America https://ldaamerica.org/
	+ Dysgraphia Life: https://www.dysgraphia.life/
	+ The Yale Center for Dyslexia: http://dyslexia.yale.edu/resources/parents/
	+ https://learningally.org/
	+ National Center for Learning Disability: https://www.ldonline.org/ld-topics/writing-spelling/what-dysgraphia

In regards to attention and executive functioning, data from the **Brown EF/A Scales** and the **BASC-3** are both positive for AD/HD. Clinical history is also consistent with AD/HD. The results from this evaluation confirm [First Name]’s previous diagnosis of attention deficit/hyperactivity disorder, combined type.

Results from the **BASC-3** completed by Mrs. [Last Name] show that [First Name] is struggling with various anxiety symptoms. Results from the **BASC-3** completed by [First Name] also show anxiety as well as significant depression. From a diagnostic perspective, [First Name] meets criteria for adjustment disorder with mixed anxiety and depressed mood. I highly recommend individual therapy for [First Name] and am happy to help parents find a good therapist for him. If [First Name]’s symptoms do not improve with therapy, then parents may want to set up an appointment with Amy Tracy, DNP, to discuss medication options.

**DIAGNOSIS**

F90.2 - Attention-deficit hyperactivity disorder, combined type

F43.23 - Adjustment disorder with mixed anxiety and depressed mood

F81.0 - Specific learning disorder with impairment in reading (dyslexia)

* + Reading fluency

F81.2 - Specific learning disorder with impairment in mathematics (dyscalculia)

* + Accurate math reasoning

F81.81 - Specific learning disorder with impairment in written expression (dysgraphia)

**ACADEMIC ACCOMMODATIONS**

1.) [First Name] should be provided extended time (50% extra) on both school and standardized tests.

2.) [First Name] should be given the option of taking tests in a separate room to eliminate distractions.

3.) [First Name] would benefit from small group activities with more focused and well-controlled peers.

4.) [First Name] should be given preferential seating in which he sits in the front of the classroom to reduce distraction and to help him better stay on task.

5.) Information should be broken down into smaller, more manageable chunks to facilitate better processing for [First Name].

6.) [First Name] should be provided with study guides for tests well in advance of the test.

7.) Modifying assignments and homework for length (not content) should be strongly

considered, given [First Name]’s AD/HD and learning disorders. For example, having [First Name] only do the even numbered problems.

8.) [First Name] should be allowed to use a calculator when working on word problems and algebraic equations.

9.) [First Name] should not be penalized for spelling errors.

10.) [First Name] should be provided a copy of class notes to supplement [His/Her] own.

11.) [First Name] should be provided a read aloud accommodation on tests and assignments (for

all subjects that are not measuring reading skills).

12.) Books on tape would be helpful. It is important for [First Name] to read along as he listens. Audio books can improve [His/Her] word recognition while modeling fluent oral reading.

13.) [First Name] would benefit from using a graphic organizer. The following website offers free graphic organizers: http://www.eduplace.com/graphicorganizer

 *I am available for further consultation as needed*.



Whitney E. Draper, Psy.D.

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