

**FEDERALIST UNIFIED SCHOOL DISTRICT
INITIAL PSYCHOEDUCATIONAL ASSESSMENT REPORT**

Student Name: Phillip Hamilton	
Chronological Age: 3-7	Date of Birth: 10/XX/2017
Home School: Madison Preschool	Grade: Preschool
Parent/s: Eliza Hamilton	Student's Primary Language: English
Phone: 123-456-7890	Address: 1800 Uptown St., New York, NY 54321
Dates of Assessment: 03/2021-04/2021	Date of Report: 05/XX/2021

MULTIDISCIPLINARY ASSESSMENT TEAM

School Psychologist: Angelica Schuyler
School Psychologist Practicum Student: Aaron Burr
Special Education Teacher: Thomas Jefferson
Speech-Language Pathologist: Maria Reynolds

PURPOSE OF ASSESSMENT

Reason for Referral – Phillip was referred for a special education preschool evaluation by his mother, Ms. Eliza Hamilton, on 03/XX/2021 due to a recent Jersey Regional Center diagnosis of autism spectrum disorder (ASD). Ms. Hamilton is concerned with Phillip's verbal and non-verbal communication skills, lack of spoken words, ability to follow basic directions, and understand his name. Ms. Hamilton received and signed the assessment plan proposed by Federalist Unified School District on 03/XX/2021.

Initial – The purpose of this assessment is to determine whether Phillip is eligible for and requires special education and related services to access his educational program as a student with autism, an intellectual disability, or a speech and language impairment.

Assessment Questions and Answers – The current report is presented in a questions-based format. The assessment questions are used as headings to organize information. After each question, the answer is provided as an italicized summary, followed by more detailed information, and supporting data to answer each question.

The current evaluation intends to answer the following questions:

1. How does Phillip's background, developmental, or educational history impact his educational functioning?

2. What are Phillip's current levels of pre-academic skills? How might these impact his functioning in a school environment?
3. What are Phillip's cognitive strengths and weaknesses? How might these impact his learning and functioning in school?
4. What are Phillip's social, emotional, and behavioral strengths and weaknesses? How might these impact his learning and functioning in school?
5. Is Phillip eligible for, and does he require special education services to learn and function in school?

ASSESSMENT PROCEDURES

Record Review

- Jersey Regional Center Psychological Evaluation 02/XX/2020
- Jersey Regional Center Telehealth Psychological Evaluation 02/XX/2021
- Federalist Unified School District Speech and Language Evaluation. 03/XX/2021
- Federalist Unified School District Academic Achievement and Physical Development Evaluation 03/XX/2021

Interviews

- Parent interviews 03/XX/2021 & 03/XX/2021

Observations

- Virtual home observation 03/XX/2021
- In-person assessment observations 03/XX/2021 & 04/XX/2021
- Mental status exams 03/XX/2021 & 04/XX/2021

Cognitive, Developmental, Autism, and Adaptive Behavior Rating Scales

- Adaptive Behavior Assessment System, Third Edition (ABAS-III) 03/XX/2021
- Autism Spectrum Rating Scale (ASRS) 03/XX/2021
- Childhood Autism Rating Scale, Second Edition (CARS-2) 04/XX/2021
- Developmental Assessment of Young Children, Second Edition (DAYC-2) 03/XX/2021

ASSESSMENT QUESTIONS AND RESULTS

How does Phillip's background, developmental, or educational history impact his educational functioning?

Phillip is a 3-year, 7-month-old child living in New York, NY. He lives with his mother, Ms. Hamilton, and his maternal grandparents. Phillip is an only child, and his biological father has not been actively involved in his life since birth. At home, Ms. Hamilton and her parents primarily speak English and some Tagalog. Phillip enjoys playing with blocks and Legos, watching cartoons on his tablet, and playing with his Maui doll. Ms. Hamilton's pregnancy, labor, and delivery with Phillip were healthy. However, Phillip experienced a fever after birth and spent three days in the

neonatal intensive care unit. Phillip's early motor milestones were typical for his age, and several of his early social, language and communication milestones were delayed. Phillip is not yet toilet trained, nor does he communicate to an adult when he requires a diaper change. Jersey Regional Center evaluated Phillip from 01/2020 to 02/2020 and diagnosed him with autism spectrum disorder. Following the evaluation, Phillip attended a preschool program at John Lawrence Development & Learning Center from 02/2020 to 03/2020. Ms. Hamilton unenrolled Phillip from preschool and requested to suspend his Jersey Regional Center case shortly after the start of the COVID-19 pandemic. Phillip has not attended a structured preschool program or received community services since then. Jersey Regional Center requested a second psychological assessment on 02/XX/2021 to address Ms. Hamilton's ongoing concerns with Phillip's language and communication development and to assist with determining his eligibility and services. Based on the telehealth assessment results, Phillip's diagnostic impression was autism spectrum disorder with accompanying language and intellectual impairment. The assessor concluded that Phillip required very substantial support in social communication and restricted, repetitive behaviors.

Phillip is a 3-year, 7-month-old child living in New York, NY. He currently lives at home with his mother, Ms. Hamilton, and his maternal grandparents. Phillip is an only child, and his biological father has not been actively involved in his life since birth. At home, Ms. Hamilton and her parents primarily speak English and some Tagalog. During an interview with Ms. Hamilton on 03/XX/2021, she reported that Phillip enjoys playing with blocks and Legos at home. He also likes to watch cartoons on his tablet and play with his Maui doll from the movie *Moana* that talks and sings. Ms. Hamilton describes Phillip's physical strength and energy as his greatest strengths. She noted that he could climb, run, and jump independently.

Ms. Hamilton reported that her pregnancy, labor, and delivery with Phillip were healthy. However, Phillip experienced a fever after birth, spent three days in the neonatal intensive care unit, and was released without further treatment. Currently, Phillip is allergic to whole milk and nuts but is otherwise healthy. Phillip passed vision and hearing screenings provided by his pediatrician on 02/XX/2021. According to Ms. Hamilton and previous Jersey Regional Center evaluations, Phillip's early motor development milestones were typical for his age. He sat alone at seven months, crawled at ten months, and walked at 13 months. His early social, language and communication milestones were delayed. He began vocalizing simple sounds at nine months old and grunting at two years old. Phillip is not yet toilet trained, nor does he communicate to an adult when he requires a diaper change.

Phillip was previously evaluated by Jersey Regional Center from 01/2020 to 02/2020 and was diagnosed with autism spectrum disorder at two years old. Following the evaluation, Phillip attended a preschool program at John Lawrence Development and Learning Center from 02/2020 to 03/2020 before the COVID-19 school closures. Ms. Hamilton indicated concerns with Phillip's ability to follow teacher directives and separate from her at drop-off during his month in preschool. Ms. Hamilton unenrolled Phillip from preschool and requested to suspend his Jersey Regional Center case shortly after the start of the pandemic to limit his exposure to COVID-19. Since then, Phillip has not attended a structured preschool program or received community services.

Jersey Regional Center requested a second psychological assessment on 02/XX/2021 to address Ms. Hamilton's ongoing concerns with Phillip's language and communication development and

to assist with determining his eligibility and services. Ms. Hamilton agreed to a telehealth assessment conducted by Mr. James Madison, a Licensed Clinical Psychologist. Based on the assessment results, Phillip's diagnostic impression was autism spectrum disorder with accompanying language and intellectual impairment. Mr. Madison concluded that Phillip required very substantial support in social communication and restricted, repetitive behaviors.

What are Phillip's current levels of pre-academic skills? How might these impact his functioning in a school environment?

Ms. Hamilton's ABAS-III ratings of Phillip's functional pre-academic skills were in the extremely low range (ss = 1) compared to same-aged peers. According to Ms. Hamilton, Phillip can turn book pages one by one, look at picture books, and touch books with different textures when an adult initiates the activity. Phillip is not yet able to engage in other pre-academic skills like pointing to at least one body part with asked, pointing to pictures in books when asked, and drawing recognizable faces. During an in-person testing observation, Ms. Schuyler attempted to engage Phillip with a book about farm animals and alphabet blocks. Phillip did not engage with the toys, and he was preoccupied with the removal of his tablet. Based on Ms. Hamilton's reports, ABAS-III ratings, and an in-person testing observation, Phillip exhibits difficulties with initiating and engaging in pre-academic skills, such as looking at books and showing interest in alphabet toys and songs. Phillip's current levels pre-academic skills are below average for his age and may adversely affect his ability to engage in foundational preschool learning tasks.

Ms. Hamilton completed the Adaptive Behavior Assessment System, Third Edition (ABAS-III) caregiver form on 03/XX/2021. The ABAS-III measures different adaptive skills areas, including functional pre-academic skills such as counting objects, writing, drawing, and naming letters and shapes. Ms. Hamilton's ABAS-III ratings of Phillip's functional pre-academic skills were in the extremely low range (ss = 1) compared to same-aged peers. According to Ms. Hamilton, Phillip can turn book pages one by one, look at picture books, and touch books with different textures when an adult initiates the activity. On the ABAS-III, Ms. Hamilton indicated that Phillip is not yet able to engage in many other pre-academic skills like pointing to at least one body part with asked, pointing to pictures in books when asked, and drawing recognizable faces.

Phillip's pre-academic skills were also observed during an hour-long, in-person testing session with the school psychologist, Ms. Schuyler. Phillip cried throughout most of the session after Ms. Hamilton removed his tablet to encourage engagement with Ms. Schuyler. At one point in the session, Phillip was presented with various toys, including books and colorful alphabet blocks. Ms. Schuyler attempted to hand Phillip a book about farm animals, and he used his hand to push it away. Additionally, Ms. Schuyler pointed to the alphabet blocks and named the letters out loud. However, Phillip did not engage with the blocks and continued to cry for his tablet. Ms. Hamilton also reported that she and Phillip's grandparents play alphabet and counting songs for him at home, and he will sometimes smile at the beginning of the songs.

Based on Ms. Hamilton's reports, ABAS-III ratings, and an in-person testing observation, Phillip exhibits difficulties with initiating and engaging in pre-academic skills, such as looking at books and showing interest in alphabet toys and songs. During the in-person observation, Phillip's lack

of engagement with books and alphabet blocks may have been impacted by his maladaptive tantrum behavior following the removal of his tablet. Phillip's current pre-academic skill levels are below average for his age and may adversely affect his ability to engage in foundational preschool learning tasks.

What are Phillip's cognitive strengths and weaknesses? How might these impact his learning and functioning in school?

In 2020, Phillip's Bayley Scales of Infant and Toddler Development, Third Edition (Bayley-III) cognitive composite score was well below average for his age (ss = 70). These findings indicate that, at age 2, Phillip exhibited cognitive delays, particularly in the areas of sensorimotor development, exploration, memory, and object permanence. On 03/XX/2021, Ms. Hamilton's ratings on the Developmental Profile 3 (DP-3) indicated that Phillip's overall cognitive score was consistent with his Bayley-III score in the well below average range (SS= <50) at age 3. For the current assessment, Ms. Schuyler attempted to administer the DAYC-2 using a direct assessment with Phillip. When presented with a non-preferred task, Phillip cried, hugged Ms. Hamilton, attempted to reach for his tablet, and eloped across the room. Ms. Schuyler then administered the DAYC-2 as a parent interview. Ms. Hamilton's ratings indicated that Phillip's score in the cognitive domain was well below average (SS=69), consistent with his Jersey Regional Center evaluation scores. Phillip's cognitive abilities were further observed in a virtual observation at home and a second in-person testing session. During the virtual observation, Phillip stacked three blocks then knocked over the blocks and eloped to another room. During a second in-person testing session, Ms. Schuyler attempted to engage Phillip in a matching activity. She presented Phillip with a triangle picture and instructed him to match the card to the picture of a triangle in a book. Phillip eloped under the table and to a chair near the door. Phillip's cognitive assessment was compromised by maladaptive behaviors, including tantrum and elopement when denied access to preferred items and presented with non-preferred tasks. Therefore, it is recommended that Phillip's cognitive functioning assessment is attempted again at his subsequent evaluation to better understand his developmental level of thinking, reasoning, and understanding.

Phillip's cognitive abilities were evaluated through a review of records and the Developmental Assessment of Young Children, Second Edition (DAYC-2). On 01/XX/2020, Mr. Madison administered the Bayley Scales of Infant and Toddler Development, Third Edition (Bayley-III) to measure Phillip's development in the areas of adaptive behavior, cognition, language, motor skills, and social-emotional skills. Phillip's composite score in the cognition domain was well below average for his age (ss = 70). These findings indicated that, at age 2, Phillip exhibited cognitive delays, particularly in the areas of sensorimotor development, exploration, memory, and object permanence. Similarly, on 02/XX/2021, Mr. Madison interviewed Ms. Hamilton using the Developmental Profile 3 (DP-3) to measure Phillip's functioning across various developmental domains. Ms. Hamilton's ratings on the DP-3 indicated that Phillip's overall cognitive score was consistent with his DAYC-2 score in the well below average range (SS= <50) at age 3. Phillip's score reflected delays in perception, concept development, number relations, memory, reasoning, time concepts, and mental acuity tasks. Mr. Jefferson further evaluated Phillip's cognitive development using the Hawaii Early Learning Profile (HELP Strands 03 years old) interview with Ms. Hamilton. According to Mr. Jefferson's results, Phillip's 1-1 development of symbolic play reflects an age equivalent of 6 to 11 months old. His use of an action to achieve of a specific goal

(“means-ends”) is similar to a 13.5-19-month-old child, and his understanding of cause and effect is near 18 to 22 months old.

For the current assessment, Ms. Schuyler attempted to administer the DAYC-2 using observation and direct assessment with Phillip on 03/XX/2021. At the beginning of the testing session, Phillip entered the room with his tablet. Ms. Hamilton directed Phillip to sit in a chair next to a small table that held toys. Ms. Schuyler sat across from Phillip at the table. Ms. Hamilton removed Phillip’s tablet to promote engagement with Ms. Schuyler, and he began to cry. Ms. Schuyler used the tablet as a reinforcer for engaging in tasks by using “first-then” statements such as “first blocks, then tablet.” Phillip cried, disengaged, hugged Ms. Hamilton, attempted to reach for his tablet, and eloped across the room for most of the testing session. Ms. Schuyler then administered the DAYC-2 as a parent interview. Ms. Hamilton reported on Phillip’s cognition in attention, memory, planning, decision-making, and discrimination. Her ratings indicated that Phillip’s score in the cognitive domain was well below average (SS=69), consistent with his Jersey Regional Center evaluation scores. Ms. Hamilton reported that Phillip could roll wheeled toys, hand objects to an adult to have them repeat or start a desired action, place small objects into small containers, and stack six to seven blocks. Phillip does not yet imitate scribbling, combine two related objects during play, imitate activities using substitute objects to represent real ones or match five or more objects to corresponding pictures.

Phillip’s cognitive abilities were further observed in a virtual observation at home on 03/XX/2021 and a second in-person testing session on 04/XX/2021. During the virtual observation, Ms. Hamilton turned off their television and encouraged Phillip to play with toys. Phillip first resisted, then joined Ms. Hamilton near his toy area. Ms. Hamilton handed Phillip blocks, and he began stacking them independently. He stacked three blocks then knocked over the block tower and eloped to another room. During the second testing session, Ms. Schuyler attempted to engage Phillip in a matching activity using stickers as a reinforcer. Ms. Schuyler allowed Phillip to play with the stickers, counted down from five, and used the “first-then” statement, “first matching shapes, then more stickers.” Ms. Schuyler presented Phillip with a small picture of a triangle and instructed him to match the card to a triangle in a book. Phillip eloped under the table and to a chair near the door. Phillip implemented various prompts (e.g., gestures, verbal, partial physical, hand-over-hand) to support Phillip’s success with the task.

Previous evaluation results indicated that Phillip’s overall cognitive scores were well below average for his age. Phillip’s cognitive assessment was compromised by maladaptive behaviors, including tantrum and elopement when denied access to preferred items and presented with non-preferred tasks. Therefore, it is recommended that Phillip’s cognitive functioning assessment is attempted again at his subsequent evaluation to better understand his developmental level of thinking, reasoning, and understanding.

What are Phillip’s social, emotional, and behavioral strengths and weaknesses? How might these impact his learning and functioning in school?

Phillip has difficulty using verbal and non-verbal communication to initiate, engage in, and maintain social contact with peers and adults. Observation results indicated that Phillip’s eye

contact was fleeting with Ms. Hamilton and the assessors, and he mostly displayed interest in interacting only with Ms. Hamilton. He initiated social contact by pulling Ms. Hamilton's hand to a preferred item (e.g., tablet, fruit snacks) that he wanted to access. Phillip responded to his name by turning his head in the speaker's direction in 57% of opportunities during the first observation and 29% of opportunities during the second observation. According to Ms. Hamilton, Phillip holds a bottle to feed himself, pulls off his socks, feeds himself finger foods, cooperates in dressing and undressing, and sleeps through the night. Phillip cannot yet independently drink through a straw, help with simple household tasks, or fuss when his diaper needs to be changed. Although below average for his age, Phillip's motor skills are an area of personal strength compared to other skill areas. He often requires a bottle or his tablet when transitioning from his home to another environment. Phillip's stereotypy, or engagement in unusual, repetitive behaviors and body movements, is an area of concern. Ms. Hamilton reported that he used to hit his head against walls when he was one year old. Currently, he squints his eyes, tenses his arms, and flails and separates his fingers. Additionally, Phillip displays some abnormal sensory difficulties, including oversensitivity to the sound of the vacuum and a preoccupation with digging his fingers into the dirt. As previously stated, Phillip does not yet use spoken words to communicate. He most often gains attention and requests items or help by pulling an adult's hand to a preferred item or place. He engages in babbling sounds and grunting noises and does not yet imitate sounds and words. In the area of nonverbal communication, Phillip does not yet nod his head "yes," shake his head "no," or point to gain attention. Phillip's maladaptive behaviors appear to be related to his difficulties with age-appropriate communication skills. Phillip has difficulties engaging in appropriate forms of communication to escape non-preferred tasks, gain access to preferred items, and gain attention from Ms. Hamilton.

Phillip's social, emotional, and behavioral skills were evaluated using a review of records from multidisciplinary assessors, parent rating scales and interviews, and virtual and in-person observations. The results for this section are organized into three subsections that best capture Phillip's functioning: social skills, adaptive behavior, and communication.

Social-Emotional Skills

Ms. Schuyler and Mr. Burr, the school psychologist practicum student, administered the Autism Spectrum Rating Scales parent rating form (ASRS) and the Childhood Autism Rating Scale, Second Edition (CARS-2) with Ms. Hamilton during in-person testing sessions. Both tools are used to measure behaviors and characteristics associated with ASD. The ASRS includes a total score and subscale scores in various areas, including social/communication, peer socialization, adult socialization, and social/emotional reciprocity. Ms. Hamilton rated Phillip's skills across these areas in the very elevated range. For example, according to her social/communication skills rating ($T=76$), Phillip has difficulty using verbal and non-verbal communication to initiate, engage in, and maintain social contact. He also has trouble engaging in activities that develop and maintain relationships with peers ($T=84$) and adults ($T=78$). Similarly, Phillip's CARS-2 rating for the relating to people category was considered atypical for his age (score of 3.5).

Observation results indicated that Phillip's eye contact was fleeting with Ms. Hamilton and the assessors, and he mostly displayed interest in interacting only with Ms. Hamilton. He initiated social contact by pulling Ms. Hamilton's hand to a preferred item (e.g., tablet, fruit snacks) that he wanted to access. For instance, he grabbed Ms. Hamilton's hand and set it on the tablet screen to

indicate that he wanted it turned on. Ms. Hamilton responded, “oh, you want to turn it on? It doesn’t have battery baby.” Phillip then cried and hit the top of the table with an open hand. Phillip responded to his name by turning his head in the speaker’s direction (e.g., Ms. Hamilton, Ms. Schuyler, or Mr. Burr) in 57% of opportunities during the first in-person testing observation and 29% of opportunities during the second in-person testing observation. Although peer interaction could not be observed for the current assessment, Phillip showed some interest in peers during an in-person testing session. During the observation, the classroom door was open, and children played outside at a distance. Phillip first turned his head towards the door when he heard the children, then walked towards the door to look outside. Mr. Burr said, “Phillip, do you hear the kids outside?” and Phillip walked to another area in the classroom.

Ms. Hamilton reported many concerns with Phillip’s social/emotional reciprocity skills ($T=75$) on the ASRS. Her ratings indicated that Phillip has limited ability to provide an appropriate emotional response to another person in a social situation. His emotional response score on the CARS-2 (score of 2) also suggested some concerns with his ability to respond and react to different types of situations. According to Ms. Hamilton, Phillip has a range of facial expressions that match situations appropriately. For example, when Phillip was denied access to a preferred item or presented with a non-preferred task, he cried and appeared distressed. During a parent interview, the assessors and Ms. Hamilton sat on the floor. Phillip approached Ms. Hamilton from behind, hugged her neck, smiled, and laughed. However, when Ms. Hamilton presented Phillip with preferred items, such as fruit snacks and stickers, his facial expression remained stagnant.

Adaptive Behavior

According to previous Jersey Regional Center evaluations, Ms. Hamilton rated Phillip’s adaptive skills using the Vineland Adaptive Behavior Scales, Third Edition (VABS-3) on 02/XX/2020 and 03/XX/2021, and the DP-3 on 02/XX/2021. Her VABS-3 adaptive behavior composite ratings (SS=48 at both times) indicated that Phillip’s overall adaptive skills are moderately delayed for his age. Similarly, Ms. Hamilton’s DP-3 ratings in the adaptive behavior domain produced a score in the moderately delayed range (SS=51).

Ms. Hamilton’s current ratings on the DAYC-2 adaptive behavior domain (SS=60) and Adaptive Behavior Assessment System, Third Edition (ABAS-III) general adaptive composite (SS=53) indicated scores in the well below average range for Phillip’s age. The DAYC-2 was used to measure Phillip’s independent functioning and self-help skills (e.g., toileting, feeding, dressing) in his natural environments. According to Ms. Hamilton, Phillip holds a bottle to feed himself, pulls off his socks, feeds himself finger foods, cooperates in dressing and undressing, and sleeps through the night. Phillip’s ability to hold a bottle and pull off his shoes was also observed during an in-person testing session and appeared average for his age. However, Phillip cannot yet independently drink through a straw, help with simple household tasks, or fuss when his diaper needs to be changed.

The ABAS-III parent ratings were consistent with Phillip’s DAYC-2 and Jersey Regional Center assessment results. As mentioned, Ms. Hamilton rated Phillip’s general adaptive skills in the well below average range. The ABAS-III also provides three composite scores in conceptual skills, social skills, and practical skills. Conceptual skills are those needed to communicate with others, apply academic skills, and manage and accomplish tasks. Social skills are needed to act with social

responsibility and engage in interpersonal interactions and leisure time. Finally, practical skills are required to address personal and health needs at home, school, and the community. Ms. Hamilton rated Phillip's abilities in all composites in the well below average range (conceptual SS=50, social SS=53, practical SS=51).

The ABAS-III also assesses 11 skill areas within the three composites, such as community use, motor skills, health and safety, and self-direction. Ms. Hamilton's rating of Phillip's motor skills was in the low range (ss=5). Although below average for his age, this is an area of personal strength compared to the other skill areas. Ms. Hamilton also identified Phillip's physical abilities as his strength during an interview. During in-person testing observations, Phillip walked independently, picked up and grasped items, and stood up from a sitting position. He also used two fingers to pull stickers from a sheet and place them on paper. At times, the stickers stuck to his fingers, and he attempted to take them off independently. In these instances, Phillip did not seek help from an adult.

Phillip's adaptive skills were further assessed through virtual and in-person observations. In two of three observations, Phillip held his bottle and set it down when he finished. He also held his tablet appropriately and used touchscreen features to navigate YouTube. When Ms. Hamilton offered Phillip snacks during the in-person assessments, he fed himself by reaching in the bag and eating one snack at a time. He threw the bag on the floor when he finished with his snacks. Ms. Hamilton instructed Phillip to throw his trash away; when he did not comply, she threw it away.

Ms. Hamilton reported elevated concerns with Phillip's unusual behaviors ($T=68$) and behavioral rigidity ($T=65$), indicating that he has difficulty tolerating changes in his routine and activities and prefers an unchanged environment. Phillip's CARS-2 adaptation to change category score (3) also suggested difficulties in this area. Ms. Hamilton reported that Phillip requires a bottle or his tablet when transitioning from home to another environment. During the first in-person testing session, Phillip struggled to transition from watching his tablet to engaging with Ms. Schuyler. Ms. Hamilton gave him a bottle and he stopped crying for a short time. However, the tantrum behavior persisted.

Phillip's stereotypy, or engagement in unusual, repetitive behaviors and body movements, is an area of concern. Ms. Hamilton rated his stereotypy on the ASRS in the very elevated range ($T=73$). She also reported that he used to hit his head against walls when he was one year old. Currently, he squints his eyes, tenses his arms, and flails and separates his fingers. According to Ms. Hamilton, these behaviors occur when Phillip is happy; Mr. Burr also observed them twice during an in-person testing session. Phillip first engaged in these behaviors while he sat on the floor with his tablet and a second time while he played with stickers. Additionally, Ms. Hamilton reported that Phillip displays some abnormal sensory difficulties, including oversensitivity to the sound of the vacuum and a preoccupation with digging his fingers into the dirt.

Communication Skills

Ms. Reynolds, the speech-language pathologist, evaluated Phillip's speech and language skills on 03/XX/2021 and 03/XX/2021. She assessed his oral motor, articulation, voice and fluency, receptive and expressive language, and pragmatic skills. Below is a summary of her assessment findings:

“Due to Phillip’s limited verbal expression, articulation, voice, and fluency could not be observed and were not directly assessed at this time. It is recommended that these areas continue to be monitored as he develops expressive language. Based on the DAYC-2, Phillip presents with receptive and expressive language skills that are significantly below average for his chronological age. A language sample could not be collected at this time due to Phillip’s limited verbal expression. There were no concerns noted regarding Phillip’s facial feature structure or muscular function. Clinical observations and parent reporting indicate Phillip’s pragmatic language skills are also significantly below average for his chronological age. His most reliable forms of communication are non-symbolic in nature.”

Phillip’s communication skills were further assessed during in-person and virtual observations. As previously stated, Phillip does not yet use spoken words to communicate. He most often gains attention and requests items or help by pulling an adult’s hand to a preferred item or place. His CARS-2 verbal communication score (4) indicates significant concerns with his use of speech and language. He engages in babbling sounds and grunting noises and does not yet imitate sounds and words. In nonverbal communication, Phillip’s CARS-2 score (3) suggests that his functioning in this area is abnormal for his age. He does not yet nod his head “yes,” shake his head “no,” or point to gain attention.

Through direct observations and anecdotal data collection, Phillip’s maladaptive behaviors appear to be related to his difficulties with age-appropriate communication skills. For instance, when Ms. Hamilton and Ms. Schuyler denied Phillip access to his tablet, he engaged in tantrum behaviors, such as crying and hitting his hand against the top of the table. He also pulled Ms. Hamilton’s hand to express his wants and needs. In addition, when Ms. Schuyler and Ms. Hamilton presented Phillip with non-preferred tasks, such as stacking blocks and matching shapes, he eloped into another room at home, and under a table, and towards the door in the classroom. In one instance of elopement, Phillip ran towards the door, stopped at the doorway, turned his body, and made eye contact with Ms. Hamilton. She then walked to Phillip, picked him up, and brought him back to the testing area. Overall, Phillip had difficulties engaging in more appropriate forms of communication to escape non-preferred tasks, gain access to preferred items, and gain attention from Ms. Hamilton.

Is Phillip eligible for, and does he require special education services to learn and function in school?

Phillip is a 3-year, 7-month-old child living in New York, NY. He was referred for a special education preschool evaluation by his mother, Ms. Hamilton, due to a recent Jersey Regional Center evaluation and diagnosis of autism spectrum disorder (ASD). Ms. Hamilton is concerned with Phillip’s verbal and non-verbal communication skills, lack of spoken words, and ability to follow basic directions and understand his name. Phillip is not currently enrolled in an educational program. Assessment results indicate that Phillip displays ASD-related behaviors and characteristics that may impact his functioning in school across multiple domains. Additionally, data show that Phillip’s pre-academic, cognitive, social, emotional, and behavioral skills are

below average for his age. To address these concerns, Phillip appears to require special education services to support his learning in preschool.

Due to Phillip's presenting concerns, he was assessed in the following disability areas:

AUTISM

Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, and adversely affecting a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

(A) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in subdivision (b)(4).

(B) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in subdivision (b)(1) of this section are satisfied.

Summary: Phillip meets the eligibility criteria under Autism due to ongoing concerns with characteristics of autism spectrum disorder that significantly affect his verbal and nonverbal communication and social interaction. These characteristics also adversely impact Phillip's educational performance and ability to participate in age-appropriate learning activities.

INTELLECTUAL DISABILITY

Intellectual Disability means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance.

Summary: Although Phillip presents with adaptive behavior deficits and below average cognitive development, his needs are better represented under the Autism eligibility category. Therefore, Phillip does not meet the eligibility criteria under Intellectual Disability.

LANGUAGE OR SPEECH DISORDER

A pupil has a language or speech disorder as defined in Section 56333 (c) of the Education Code, and it is determined that the pupil's disorder meets one or more of the following criteria:

1. Articulation Disorder – The pupil displays reduced intelligibility or an inability to use the speech mechanism that significantly interferes with communication and attracts adverse attention. Significant interference in communication occurs when the pupil's production of single or multiple sounds on a developmental scale of articulation competency is below that expected for his or her chronological or developmental level and adversely affects educational performance.
2. Fluency Disorder – A pupil has a fluency disorder when the flow of verbal expression including rate and rhythm adversely affects communication between the pupil and listener.

3. Abnormal Voice – A pupil has an abnormal voice which is characterized by persistent, defective voice quality, pitch, or loudness.
4. Language Disorder – The pupil has a receptive or expressive language disorder when he or she meets one of the following criteria:
 - a. The pupil scores at least 1.5 standard deviations below the mean, or below the 7th percentile, for his or her chronological age or developmental level on two or more standardized tests of the following areas of language development: morphology, syntax, semantics, or pragmatics.
 - b. The pupil scores at least 1.5 standard deviations below the mean, or below the 7th percentile, for his or her chronological age or developmental level on two more or standardized tests in one of the areas listed in subsection (a) and displays inappropriate or inadequate usage of expressive or receptive language as measured by a representative spontaneous or elicited language sample of a minimum of 50 utterances. The language sample must be recorded, transcribed, and analyzed, and the results included in the assessment report. If the pupil is unable to produce this sample, the language, speech, and hearing specialist shall document why a 50-utterance sample was not obtained and the contexts in which attempts were made to elicit the sample.

Summary: Phillip displays deficits in receptive, expressive, and pragmatic language. However, his language concerns and needs are better represented under the Autism eligibility category. Therefore, he does not meet the eligibility criteria under Intellectual Disability. It is important to note that a student does not need to meet eligibility criteria under Speech/Language Impairment to receive speech and language services. Phillip's current needs in this area warrant speech and language services as a student with Autism.

RECOMMENDATIONS

The IEP team should convene at an Individualized Educational Program (IEP) meeting with all involved stakeholders to discuss Phillip's unique educational needs and determine special education eligibility and services within the least restrictive environment. The team should review the following recommendations:

- Specialized academic instruction in a special education classroom that is designed to support Phillip's language, communication, and social skills development
- Speech and language services in a small group setting to encourage peer interaction while working on Phillip's individualized goals
- Goals in the areas of functional communication, transitioning between tasks, engaging in pre-academic activities, and following adult directives
- Due to Phillip's struggles with tolerating non-preferred tasks and transitions, he may require priming using a visual schedule and "first/then" statements. He may also benefit from a reinforcement schedule, such as a token board, to reinforce his engagement in educational activities in the absence of maladaptive behaviors

- To further address Phillip's tantrum and elopement behaviors, he may require explicit teaching of alternative communication methods that he can use to meet his needs, such as a picture exchange communication system

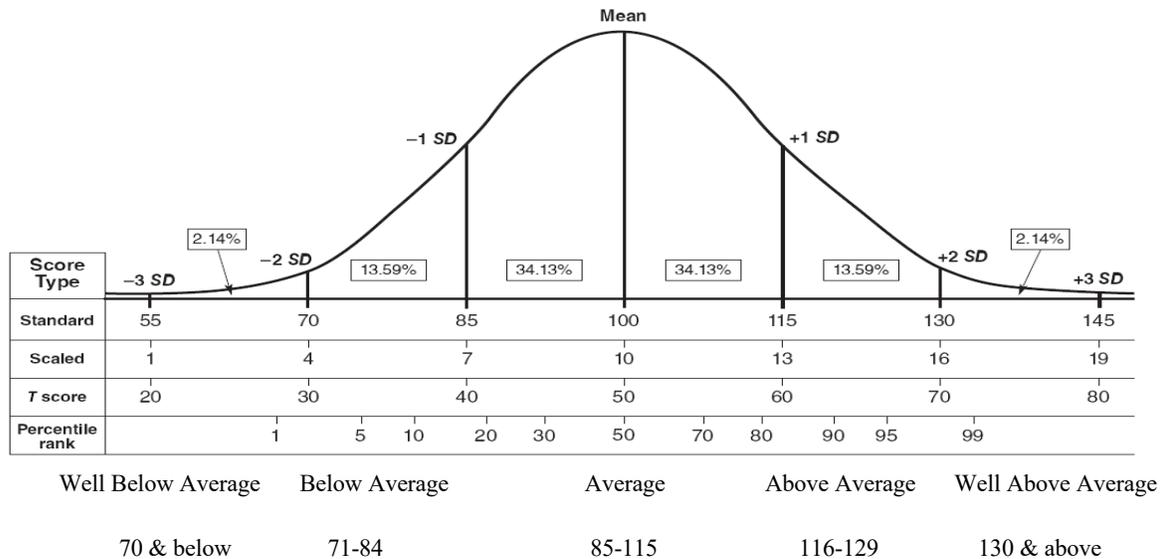
Respectfully Submitted,

School Psychologist Practicum Student

Appendix

Standardized Assessment Results: Standard Scores (SS), Scaled Scores (ss), and T Scores

The table below serves as a reference for interpreting student performance on standardized assessments. The “average range” indicates where a student is expected to perform when compared to same-aged peers. The “below average” to “well below average” ranges indicate potential areas of weakness for a student. The “above average” to “well above average” ranges indicate potential areas of strength for a student.



Description	Normative	Standard Score	Scaled Score	Percentile Rank
Well Above Average	Score is similar to 16% of population (1 standard deviation or more above average)	131 and above	Above 16	Above 97 th
Above Average		116 to 130	13 to 16	85 th to 97 th
High Average	Within normal limits: Score is similar to 68% of population (within 1 standard deviation of average)	110 to 115	13	76 th to 84 th
Average		90 to 109	8 to 12	25 th to 75 th
Low Average		85 to 89	7	16 th to 24 th
Below Average	Score is similar to less than 16% of population (1 standard deviation below average)	70 to 84	3 to 6	3 rd to 15 th
Well Below Average		69 and below	Below 3	Below 2 nd

Developmental Assessment of Young Children, Second Edition (DAYC-2)

The DAYC-2 is a battery of five subtests that measure different but interrelated developmental abilities. It is designed to use with children from birth through age 5 years, 11 months, and was built to measure five areas of development.

The DAYC-2 Cognitive Domain consists of items that measure skills and abilities that are conceptual in nature. Cognitive skills include abilities such as attention, memory, purposive planning, decision-making, and discrimination.

Domain	Standard Score
Cognitive	69

The DAYC-2 Adaptive Behavior domain consists of items that measure a child's independent functioning in his or her environment. Self-help skills include toileting, feeding, dressing, and personal responsibility.

Domain	Standard Score
Adaptive Behavior	60

Adaptive Behavior Assessment System, Third Edition (ABAS-III)

The Adaptive Behavior Assessment System, Third Edition (ABAS-III) is a comprehensive, norm-referenced assessment of adaptive skills needed to care for oneself, respond to others, and meet environmental demands at home, school, work and in the community effectively and independently. The ABAS-III is designed to evaluate whether an individual displays various functional skills necessary for daily living without the assistance of others. It measures skills that are important to everyday life. The need to communicate, display suitable social and academic skills, function effectively at home and in the community, engage in leisure and work, and care for individual health and safety needs begins early in life and remains important all of one's life. The General Adaptive Composite (GAC) represents a comprehensive and global estimate of overall adaptive functioning. The GAC is based on information obtained from all relevant adaptive domains and adaptive skill areas.

Adaptive Skill Area	Standard Score/Scaled Score	95% Confidence Interval
Conceptual	50	42-58
Communication	1	
Functional Pre-Academics	1	
Self-Direction	1	
Social	53	44-62
Leisure	2	
Social	1	
Practical	51	45-57
Community Use	1	
Home Living	1	
Health and Safety	1	
Self-Care	1	
Motor *included in GAC but not adaptive domains	5	
General Adaptive Composite (GAC)	53	48-58

Autism Spectrum Rating Scales (ASRS)

The Autism Spectrum Rating Scales (ASRS) is used to measure behaviors of children and youth aged 2 through 18 years, reported by parents and/or teachers that are associated with Autism Spectrum Disorders (ASD). When used in combination with other information, results from the ASRS can help determine the likelihood that a child has symptoms associated with ASD.

<i>T-Score</i>	<i>Guideline</i>
70+	Very Elevated Score (many more concerns than are typically reported)
65-69	Elevated Score (more concerns than are typically reported)
60-64	Slightly Elevated Score (somewhat more concerns than are typically reported)
40-59	Average Score (typical levels of concern)
<40	Low Score (fewer concerns than are typically reported)

Parent Ratings

<i>Scale</i>	<i>T-Score</i>	<i>Classification</i>	<i>Interpretive Guideline</i>
<i>TOTAL SCORE</i>			
Total Score	77	Very Elevated	Has many behavioral characteristics similar to children diagnosed with Autism Spectrum Disorder
<i>ASRS SCALES</i>			
Social/Communication	76	Very Elevated	Has difficulty using verbal and non-verbal communication appropriately to initiate, engage in, and maintain social contact
Unusual Behaviors	68	Elevated	Has trouble tolerating changes in routine. Engages in apparently purposeless, stereotypical behaviors. Overreacts to certain sensory experiences.
<i>DSM-5 SCALE</i>			
DSM-5 Scale	83	Very Elevated	Has symptoms directly related to the DSM-5 diagnostic criteria for Autism Spectrum Disorder
<i>TREATMENT SCALES</i>			
Peer Socialization	84	Very Elevated	Has limited willingness and capacity to successfully engage in activities that develop and maintain

			relationships with other children.
Adult Socialization	78	Very Elevated	Has limited willingness and capacity to successfully engage in activities that develop and maintain relationships with adults
Social/Emotional Reciprocity	75	Very Elevated	Has limited ability to provide an appropriate emotional response to another person in a social situation
Stereotypy	73	Very Elevated	Engages in apparently purposeless and repetitive behaviors
Behavioral Rigidity	65	Elevated	Has difficulty tolerating changes in routine, activities, or behavior; aspects of the environment must remain unchanged.
Sensory Sensitivity	59	Average	Overreacts to certain experiences sensed through touch, sound, vision, smell, or taste.
Attention/Self-Regulation	66	Elevated	No significant attention/self-regulation problems reported.

Childhood Autism Rating Scale, Second Edition (CARS-2)

The Childhood Autism Rating Scale, Second Edition (CARS-2) Standard Version asks about 15 areas of behavior defined by a unique rating system developed to assist in identifying individuals with autism spectrum disorder (ASD) and distinguishing them from individuals with other diagnoses. CARS-2 ratings can be made from a combination of observations in various settings, parent reports, and clinical records. Scores range from 1 to 4; a score of 1 indicates behavior within normal limits while a score of 4 indicates extremely abnormal behavior. *For this evaluation, items were rated based on direct observation during observations and parent input.*

Category	Ratings (Scores 1 – 4)
Relating to people rates how the child behaves in a variety of situations involving interactions with other people.	3.5: Phillip avoids eye contact and does not respond to his name. He does not respond to bids for social contact, such as greetings, questions, etc. Phillip appears generally aloof and persistent attempts are required to gain his attention. Phillip did not initiate any social contact, except when he wanted something (such as his tablet), and he did so through crying, whining, or pulling an adult's hand.

Imitation rates how the child imitates both verbal and nonverbal acts.	4: Phillip is not yet imitating any sounds, words, or movements.
Emotional Response rates how the child reacts to both pleasant and unpleasant situations.	2: Parent reports that Phillip has a range of facial expressions that match the situation appropriately. Phillip is sometimes reported to engage in blank stares. During the assessment, Phillip was observed to alternate between appearing distressed and content.
Body Use rates both coordination and appropriateness of body movements.	3: Phillip is reported to engage in hand flapping and toe walking. He engages in a “jerky” movement with his hands/arms and squints his eyes. He is reported to do this when he is happy. When Phillip was one year old, he would hit his head on walls. He no longer engages in this behavior.
Object Use rates both the child’s interest in toys or other objects, and his or her uses of them.	1.5: Parent reports that Phillip plays with toys normally and does not put toys in his mouth. During the assessment, Phillip showed limited interest in the toys presented to him.
Adaptation to Change rates difficulty in changing established routines or patterns and in changing from one activity to another.	3: Phillip does best when he is provided with something to help distract him with changes in his routine. When a preferred item is taken away to begin a new task, Phillip can become upset. Sometimes, Phillip likes to have his toys in a particular way. If someone tries to change it, he will push them away and continue doing it his way.
Visual Response rates unusual visual attention patterns, such as the child’s response when he or she is required to look at objects or material.	3: Phillip makes limited eye contact with others. He often stares off. He was observed to frequently engage in squinting his eyes. He is reported to put his face right up to the television or tablet.
Listening Response rates unusual listening behavior or unusual responses to sounds.	3: Phillip doesn’t like the noise of the vacuum cleaner or fireworks. He does not respond when his name is called. Parent reports that he will stop doing something if she yells his name in a loud, stern voice.
Taste, Smell, and Touch Response and Use rates the child’s to stimulation of the taste, smell and touch senses.	1.5: Phillip is reported to use his sense of taste and smell appropriately. In regard to touch, he is reported to love digging his hands in any type of dirt or soil.

Fear or Nervousness rates unusual or unexplainable fears.	1: None reported
Verbal Communication rates all facets of the child's use of speech and language.	4: Phillip does not yet use any words to communicate. He has difficulty imitating sounds and words. He primarily engages in babbling sounds and grunting noises.
Nonverbal Communication rates the child's nonverbal communication through the use of facial expression, posture, gesture and body movement.	3: Phillip is not yet nodding "yes" or "no." He is reported to shake his head sometimes but without indicating true meaning of the gesture. He is not yet pointing or using any signs. He will pull/push an adult to what he wants. He will also pull an adult's hand to what he wants.
Activity Level rates how much the child moves about in both restricted and unrestricted situations.	2: Parent reports that his activity level is typical at home and that he's able to calm down for bed at night. During the assessment, Phillip's energy appeared somewhat low, as he preferred to lay down and needed physical prompts to sit up.
Level and consistency of Intellectual Response rates both the child's general level of intellectual functioning and with the consistency or unevenness of functioning from one type of skills to another.	2: Phillip was not able to participate in any direct cognitive testing. However, there were no unusual cognitive skills or problems. Per the DAYC-2, his cognitive development appears delayed.
General Impressions:	3.5: Phillip appears to present with characteristics within the moderate to severe range on the autism spectrum. These characteristics will have an impact on Phillip's educational performance and his ability to participate in age-appropriate activities, such as communicating and socializing with his peers and teachers.
Total Raw Score: 40 / T-Score: 52 Phillip's score on the CARS-2 indicates that he falls within the "severe symptoms of autism spectrum disorder" range.	