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### **Neuropsychological and Psychological Evaluation**

**Client's Name:** Sarah Catherine E. Spaulding  
**BNS Patient ID:** 8123-1  
**Date of Birth:** 04/29/2003  
**Date of Evaluation:** 04/01/2021  
**Age:** 17 years, 11 months  
**Grade:** currently completing 10<sup>th</sup> grade level coursework online  
**Examiner:** Kaitlyn Switalski, Ph.D.

### **REFERRAL**

Sarah Catherine's parents reported a lengthy, complex history of legal disputes with the Framingham and Natick Public school committees regarding Sarah Catherine's residency, and thus which school she should attend. Sarah Catherine's mother hypothesized that some of the school committees' behavior has been related to her own involvement in legal matters bringing the committees' financial issues to light, which she believes they then took out on her daughter. Sarah Catherine's parents reported that while in attendance at both Framingham and Natick public schools, she experienced significant bullying by the school staff members who reportedly often asked her about where she slept at night as well as other personal questions, so as to attempt to prove that she should not be at the schools. Sarah Catherine's parents reported that they do not know all of the details of staff interactions with Sarah Catherine, as Sarah Catherine is not a good self-advocate or reporter, but they attempted to report this bullying, which was never formally investigated. They are seeking this evaluation to understand the subsequent emotional symptoms that Sarah Catherine has experienced, and to understand her emotional and educational needs for the future. This evaluation will serve to evaluate cognitive, neuropsychological, academic, and social-emotional functioning as well as provide recommendations to plan for any educational and social-emotional needs.

### **SOURCES OF INFORMATION**

This report is based on an interview with Sarah Catherine's mother and father during an intake evaluation, an interview with Sarah Catherine during this evaluation, a review of records, formal testing, and clinical observations. Note: due to the COVID-19 crisis, and thus a desire to reduce the amount of time spent in face-to-face testing, some tests were administered via computer-to-computer video conference and the help of digital stimuli, with permission from the test publishers. Tests administered in portion or fully in this manner are noted with an asterisk (\*):

**Tests:**

- Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV)\*
- Woodcock-Johnson Tests of Achievement, Fourth Edition (WJ-Ach IV)\*
- Rey Complex Figure Test and Recognition Trial (RCFT)
- California Verbal Learning Test, Third Edition (CVLT-3)\*
- Conners Continuous Performance Test, Third Edition (CPT-3)
- Delis-Kaplan Executive Function System (DKEFS): selected subtests\*
- Sentence Completion Task
- Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) – Module 4

**Rating Forms:**

- Conners 3<sup>rd</sup> Edition (Conners-3) — Parent Self-Report Forms
- Behavior Rating Inventory of Executive Function, Second Edition (BRIEF-2) – Parent and Self Report Forms
- Behavior Assessment System for Children, Third Edition (BASC-3) — Parent and Self Report Forms
- Autism Spectrum Rating Scale (ASRS) – Parent Report Forms
- Beck Youth Inventories, Second Edition (BYI-2)
- Beck Depression Inventory, Second Edition (BDI-2)
- Beck Anxiety Inventory (BAI)
- Personality Assessment Inventory – Adolescent (PAI-A)
- Adaptive Behavior Assessment System, Third Edition (ABAS-3) – Parent Report Forms

**PRIMARY CONCERNS**

Sarah Catherine's parents reported that Sarah Catherine has a long history of shyness, cautiousness, and difficulty with self-advocacy that began as early as preschool. She also had anxiety during times of transition. They stated that by the age of 10, they began to notice significant anxiety in their daughter, which coincided with concerns about school staff bullying her. Currently, Sarah Catherine's parents expressed that she has significant, pervasive anxiety. She is triggered when someone asks something of her or when she does not know what to expect. She worries about what others think of her. She is also afraid to leave her home or even go down the street. Her mother commented that Sarah Catherine would be afraid to even wave to a neighbor, as this would draw attention to her. Sarah Catherine's parents reported that her anxiety impacts her ability to initiate even basic communication like texting or using the phone with anyone other than her parents. Sarah Catherine also engages in skin picking and hair pulling in times of stress to the degree that she may bleed. However, she has engaged successful in some coping strategies to keep her hands busy so that she does not do these behaviors. Sarah Catherine has reportedly been diagnosed with a variety of anxiety-related conditions including Generalized Anxiety Disorder, Social Anxiety, Agoraphobia, and Selective Mutism.

Sarah Catherine's parents reported a history of significant depression which they related to Sarah Catherine's stress about school and her experiences at school. She has made suicidal threats in the past, typically in written form, and these have resulted on three occasions in inpatient hospitalizations. Sarah Catherine's parents reported that they do not think that she has suicidal thoughts or intent currently. She has no history of current self-harm behaviors. Sarah Catherine's mother indicated that she does not think that Sarah Catherine is depressed currently, but noted that Sarah Catherine seems to lack hope, as she is keenly aware that she is not like her peers, and is

feeling upset that she will not graduate high school at the same time as her peers.

Sarah Catherine's mother stated that there have been speculations in the past that Sarah Catherine has an Autism Spectrum Disorder (ASD), but no formal diagnosis has ever been made, and it has been assumed that her behaviors stem from anxiety. Sarah Catherine's parents reported that when interacting with them, she has appropriate eye contact and has good conversational skills. However, with all other people, including relatives she knows, she has avoidant eye contact and can have some difficulty sustaining conversations. They characterized Sarah Catherine as socially immature. She has reportedly had friends in the past, but does not have any currently, which her mother stated she believes makes Sarah Catherine feel terrible. Sarah Catherine's parents also noted that Sarah Catherine lacks trust in adults, given her history, so has difficulty interacting with adults. Sarah Catherine's parents denied any restricted interests or unusual behaviors, other than previously stated hair pulling and skin picking. Sarah Catherine's parents also denied any atypical language. They stated that Sarah Catherine understands sarcasm and humor.

When asked about learning concerns, Sarah Catherine's parents stated that they are primarily concerned with her inability to ask for help and do things independently. They denied attentional concerns, but reported that self-initiation is difficult. They indicated some concerns were suggested for executive dysfunction at previous evaluations. Central Auditory Processing Disorder has also been diagnosed in the past (see evaluation summarized later within this report). Her parents explained that sometimes Sarah Catherine seems to mishear sounds, even when focused.

## **RELEVANT HISTORY**

### ***Developmental/Medical History***

Sarah Catherine was born at 42 weeks gestation via a caesarean section delivery following a typical pregnancy. She weighed 8 lbs., 4 oz. She was reportedly very healthy and discharged two days after birth. Regarding developmental milestones, Sarah Catherine spoke her first words at 8 months of age and spoke in two-word phrases by 10 months of age. There were no gross or fine motor concerns. She did not require Early Intervention. Sarah Catherine's medical history is significant for oral surgery. She also has been diagnosed with scoliosis. She has no known history of unusual staring spells, seizures, or concussions. Her parents stated that she is a low energy person who sleeps often. She typically goes to bed between 7pm-8pm with the aide of melatonin for sleep onset. She wakes up at 7:30am. She also sometimes naps in the afternoons. Sarah Catherine's parents indicated that she does obsess about her weight and counts her calories and tries to work out to control her weight. However, she does not engage in restrictive eating or compensatory strategies such as purging to control her weight. Sarah Catherine is prescribed Cymbalta 90 mg for anxiety by her PCP. Her parents stated that this does seem to help her. Family mental health history is significant for depression and anxiety.

### ***Family/Psychosocial History***

Sarah Catherine currently lives during the week with her mother, Ms. Corey Spaulding, and lives with her father, Mr. John Spaulding, on the weekends. Her parents have been divorced for the last 17 years. They noted that their homes are very different, as Ms. Spaulding's home is very relaxed, in contrast to Mr. Spaulding's home which is very structured. Sarah Catherine does not have any siblings.

Other than bullying by school staff members that Sarah Catherine's parents reported, they denied any knowledge of history of bullying by Sarah Catherine's classmates or other children. They also denied any other known abuse or neglect. However, they noted that the Department of Children

and Families (DCF) has been involved with their family, as Sarah Catherine's school has in the past filed neglect complaints because Sarah Catherine did not attend school due to an oral surgery. The school has also reportedly filed because of concerns about Sarah Catherine's mother's mental health and wellness.

Sarah Catherine has had a number of therapists in the past. Her mother stated that these interactions often have not gone well, because Sarah Catherine refuses to speak and needs her mother in the room with her. However, she has been able to make some positive connections with therapists. Sarah Catherine has had neurofeedback in the past. Sarah Catherine has also had several inpatient stays (October 2015, November 2015, December 2018), which her mother stated were all related to school-related stress and anxiety. Sarah Catherine currently does not have a therapist. She does have a therapy dog.

### ***Educational/Occupational History***

Sarah Catherine has attended a number of different schools in the past, partially due to conflicts in determining which public school district (Framingham or Natick) had legal obligations to provide her education, and partially due to the need for private educational settings related to Sarah Catherine's emotional needs. Sarah Catherine attended Barbieri Elementary, part of the Framingham Public School district from 2009-2013. Her mother reported that in 2009 and 2010 she was evaluated by the Framingham Public School district and was not found to qualify for any services or accommodations. Per mother report, because of Framingham district policies, Sarah Catherine was told she could no longer attend schools within this district because she was not sleeping in a home within the district every night.

Sarah Catherine began to attend Wilson Middle School, part of the Natick Public School district in 2013, and she attended until 2015. The Natick Public School district evaluated Sarah Catherine at the end of 2014, and in early 2015 found her ineligible for services or accommodations. By December of 2015, per parent report, Sarah Catherine's school held a team meeting and indicated that she was in need of further testing including a 45-day placement. Ms. Spaulding indicated that Sarah Catherine's therapist at the time was against this, as she did not want Sarah Catherine to have to transition from this 45-day placement to yet another school. At this point, Sarah Catherine was placed on an Individualized Education Program (IEP).

Sarah Catherine next attended Gifford School in Weston, MA, a school designed for students with special needs. Ms. Spaulding indicated that she ultimately decided to take Sarah Catherine out of this school, as Sarah Catherine was very uncomfortable there, since staff were reportedly asking her about where she slept, again related to concerns about which public school district she was to attend. She was also concerned that Sarah Catherine had no friends at this school or any neurotypical peers around her. Sarah Catherine had an outpatient evaluation in 2017 by Dr. Dinklage (summarized below), which indicated that Sarah Catherine did not need a therapeutic placement like Gifford, but did require a 504 Accommodation Plan, although the public school district did not agree or put one in place.

Next, Sarah Catherine attended her freshman year at Marian High School, a private school. This was funded by Sarah Catherine's parents. Her parents reported that she only was able to attend one year, as the school shut down at the end of the 2018 year. After this, Sarah Catherine's mother stated that she made attempts to enroll Sarah Catherine once again in the Framingham Public School district while Sarah Catherine completed some courses online, but was told that she was

not within that district, and should be served by the Natick public school district, who also disagreed.

Sarah Catherine currently attends at Park City Independent, an online high school. She is currently completing grade-level work at approximately the 10<sup>th</sup> grade level. This is not because she has technically repeated a grade, but rather with all of the changes to her education, she has not completed sufficient coursework to be in 12<sup>th</sup> grade, where she would typically be given her age. Her mother reported that she is doing well in this program, but also noted that she needs to assist Sarah Catherine a great deal. Sarah Catherine does not have a current 504 Accommodation Plan or Individualized Education Program (IEP) plan. Sarah Catherine's parents denied any specific concerns with Sarah Catherine's abilities in any subject area, and stated that she is very bright. Sarah Catherine's mother noted that she feels that if Sarah Catherine was in a school environment where she trusted the adults, she would be able to attend in-person school once again with supports through a 504 Accommodation Plan. However, this would not be the case in either the Natick or Framingham system, where she does not feel that Sarah Catherine trusts or feels safe around any of the adults.

### **SUMMARY BACKGROUND DOCUMENTS/PREVIOUS EVALUATIONS**

#### *Psychological/Psychoeducational Evaluations*

Sarah Catherine participated in a Psychological Assessment conducted by Friderika G. Reif Small, MS, CAGS, of the Framingham Public School district in March/April 2010. This indicated the following WISC-IV index scores: VCI: 124, PRI: 117, WMI: 107, PSI: 112. All NEPSY-2 scores were in the at expected or above expected range. She had a VMI score of 93. Social-emotional measures including questionnaires, the Roberts Apperception Test and drawings were also given. The evaluation indicated that Sarah Catherine presented as a very well behaved, socially skilled, generally well adjusted, mature child. Assessment results did not support an ADD diagnosis, but did suggest that Sarah Catherine had a propensity to respond with anxiety.

Sarah Catherine participated in an evaluation by the Sage department of the Framingham Public School district to determine need for gifted services. On the Test of Creative Thinking, she earned a score with a 60-percentile rank. On the NNAT, she earned a score with a 70-percentile rank. On the interview and/or writing samples task, she earned a score with a 60-percentile rank. On a screening assessment for gifted students, as compared to normal students, she had a score with an 89-percentile rank, but as compared to gifted students, her score was a 48-percentile rank.

Sarah Catherine participated in a Psychological evaluation conducted by Priscilla Chan, MA, and Ovsanna Leyfer, Ph.D., at the Boston University's Center for Anxiety and Related Disorders in April 2013. This evaluation consisted of a structured interview and questionnaires. Based on this evaluation, a principal diagnosis of Generalized Anxiety Disorder was assigned, with a secondary diagnosis of Social Phobia.

Sarah Catherine participated in a Psychoeducational evaluation by Jamie Manfra, Ed.S. NCSP, of the Natick Public School district in November 2014. At that time she received the following WISC-IV index scores: VCI: 100, PRI: 104, WMI: 91, PSI: 97, FSIQ: 99. WRAML-2 scores were as follows: Story Memory: 9, Story Memory Recall: 9, Story Memory Recognition: 12, Verbal Learning: 11, Verbal Learning Recall: 14. Questionnaires were also completed by Sarah Catherine, her parents, and her teachers, which resulted in maternal concerns regarding anxiety, somatization, and withdrawal, in contrast to generally average ratings by father and teachers, with the exception



of some elevations in anxiety by a teacher. Sarah Catherine also indicated average functioning on a questionnaire, but endorsed a number of fears and worries, and on more open-ended activities indicated that she may “freak out a little” when unexpected things occurred. No diagnosis or conclusion was included in this evaluation report.

Sarah Catherine participated in an outpatient Neuropsychological evaluation by Shelley L. Rattet, Ph.D., in April/May/June of 2015. As specific scores were not provided within this report, the summary provided by the evaluator is discussed here. Dr. Rattet indicated that Sarah Catherine’s anxiety was consistent with Generalized Anxiety Disorder. She also noted some weakness in executive functioning, based on inconsistent functioning on tasks demanding attention, working memory, and difficulties organizing novel information. She also suggested some characteristics of an auditory processing disorder including difficulty discriminating similarly sounding letters and words, which she suggested could be underlying communication issues and episodes of selective mutism. The evaluator formally diagnosed Communication Disorder, Not Otherwise Specified (given selective mutism, social communication disorder, word finding problems and auditory processing problems), as well as ADHD, Not Otherwise Specified and Learning Disorder, Not Otherwise Specified. School accommodations and therapy were recommended.

Sarah Catherine participated in an outpatient Neuropsychological evaluation by David Dinklage, Ph.D., in May 2017. She had the following WISC-V index scores: VCI: 111, VSI: 111, FRI: 123, WMI: 97, PSI: 103. CTOPP-2 scores were as Elision: 9, Blending Words: 11, Phonemic Isolation: 11, Rapid Digit Naming: 7, Rapid Letter Naming: 7. Sarah Catherine had CELF-5 Recalling Sentences score of 12 and Understanding Spoken Paragraphs of 13. Her ROCF was reportedly accurate, well organized, and precisely aligned. She had NEPSY-II scores of Arrows: 12, Geometric Puzzles: 10. ChAMP scores were all at or above age level. CPT-3 and CATA testing indicated that she was unlikely to have attention problems. WCST performance was reportedly very good, as was performance on DKEFS. KTEA-3 scores were as follows: Letter and Word Identification: 113, Nonsense Word Decoding: 109, Spelling: 93, Reading Comprehension: 105, Silent Reading Fluency: 87, Word Recognition Fluency: 89, Math Computation: 106, Math Concepts and Applications: 109, Math Fluency: 87, Written Expression: 93. From a social-emotional perspective, Dr. Dinklage reported that Sarah Catherine had long standing struggles with anxiety and lack of assertiveness, but indicated there was not likely a thought disorder or depression. Dr. Dinklage suggested that although homeschooling was a reasonable stop gap measure, it was not a long-term solution, as she was isolated from peers. Accommodations as well as multimodal therapy were recommended.

#### *Academic/Educational Evaluations*

Sarah Catherine participated in an Educational Evaluation in April 2010, conducted by Lisie Haustein of the Framingham Public School district. She had the following scores on the Woodcock-Munoz III Pruebas de Aprovechamiento: Letter-Word Identification: 106, Calculation: 99, Spelling: 106, Passage Comprehension: 97, Applied Problems: 114, Writing Samples: 123, Quantitative Concepts: 90.

Sarah Catherine participated in a Literacy Assessment conducted by Margaret Fawley, Ed.M., of the Framingham Public School district in February/March 2011. Based on the CORE, DLA2, and EDL2, her phonemic awareness skills were unevenly developed. In particular, she reportedly demonstrated difficulties in segmenting words in English into their individual phonemes and sounds.

Sarah Catherine participated in an Educational Assessment conducted by Celina Calderon of the Natick Public School district in October 2014. She received the following WIAT-III subtest scores: Word Reading: 111, Pseudoword Decoding: 103, Oral Reading Fluency: 108, Reading Comprehension: 97, Spelling: 98, Sentence Composition: 119, Essay Composition: 124, Numerical Operations: 88, Math Problem Solving: 97, Math Fluency: 87.

#### *Other documents*

A document from The Gifford School, dated May 2016, completed by the director of admissions was provided. This indicated that Sarah Catherine's demonstrated progress indicates that she benefits from a structured therapeutic setting, low student to staff ratio, adult support available in the moment to work through times of emotional stress and dysregulation, and a setting that understands her mental health challenges and then can provide support to her throughout the day as needed without her having to ask for it. It indicated that in a small classroom setting (six to eight students, one teacher), she was able to complete her academic work successfully and participate in class discussions. The writer indicated that initially Sarah Catherine was silent in the new setting, but after a few weeks, she reportedly began communicating more and bonded with adults. She also began to engage with peers across the program. The writer noted that one of Sarah Catherine's biggest observed challenges was self-advocacy. It was recommended that Sarah Catherine have ongoing support in a therapeutic setting that could offer individualized therapeutic attention and support and a small classroom environment.

### **BEHAVIORAL OBSERVATIONS**

Sarah Catherine arrived to her evaluation early, with her mother, and her service dog, Blue. Sarah Catherine was casually dressed and appropriately groomed. She wore a facemask for in-room testing due to the COVID-19 pandemic. Sarah Catherine initially appeared overtly anxious, but was able to begin testing with Blue and the examiner in the testing room. She relaxed as testing continued, but remained quiet and reserved. She decided that she no longer required Blue to be in the room with her after about an hour of testing.

Sarah was polite and compliant. She exhibited strong effort and attention. Her activity level was typical. Sarah did not engage in spontaneous conversation during the standardized testing day, but during her interview she was engaged, articulate, and open. Sarah had avoidant eye contact at times when she appeared anxious, but otherwise her use of eye contact was typical, as was her use of gestures. She spoke in complete sentences with adequate grammar and articulation, although her volume was notably quiet. Taken together, Sarah Catherine's anxiety may have slightly impacted her standardized testing scores. However, as this anxiety is reportedly present in most situations, it is likely that observations of Sarah Catherine do somewhat represent her current functioning.

### **CURRENT TESTING**

#### ***Cognitive/Intellectual Abilities***

Sarah Catherine's cognitive/intellectual functioning, assessed by the WAIS-IV, produced a Full-Scale Intelligence Quotient (FSIQ) which indicated overall functioning was in the average range (SS = 94). The General Ability Index (GAI) which provides another estimate of general intelligence (visual spatial, fluid reasoning, and verbal) without including working memory or processing speed, was also calculated, and yielded a score in the average range (SS = 101). Individual subtests of this test are discussed in other portions of this report.

### ***Academic Achievement***

As Sarah Catherine is quite a bit older than those typically in 10<sup>th</sup> grade (her current grade), both grade-based and age-based norms were used to calculate how she performed academically. These produced a similar pattern of test findings, with age-based scores generally slightly lower than grade-based scores, though largely within the same range. Grade-based scores are described below, given that Sarah Catherine should be compared to others in her grade who have been exposed to the same amount of content. However, all grade-based and age-based scores can be found in the Data Appendix of this report.

### ***Reading***

Sarah Catherine's reading abilities were largely average. She had average ability to read real and nonreal single words (WJ-IV-Ach Letter-Word Identification, WJ-IV-Ach Word Attack). She also had average ability to read aloud (WJ-IV-Ach Oral Reading). She read smoothly with good prosody. She could read as many sentences in a timed setting as her same-grade peers (WJ-IV-Ach Sentence Reading Fluency). She also had average ability to understand written text (WJ-IV-Ach Passage Comprehension).

### ***Written Language and Expression***

Sarah Catherine's writing abilities were also average. She was able to produce as many simple sentences in a timed setting as her same-grade peers (WJ-IV-Ach Sentence Writing Fluency). When responding to verbal prompts in an untimed setting, she also wrote sentences that were scored within the average range (WJ-IV-Ach Writing Samples).

### ***Mathematics***

Although still largely low average to average, Sarah Catherine's mathematical abilities represented an area of relative weakness in the context of her academic profile. She was in the lower end of the average range as compared to her same-grade peers when asked to complete simple single digit math facts in a timed setting (WJ-IV-Ach Math Facts Fluency). She had performance in the upper end of the low average range when asked to complete math computations using paper-and-pencil (WJ-IV-Ach Calculation). She had squarely low average functioning on a task of her applied mathematical abilities (WJ-IV-Ach Applied Problems). Of note, she used paper and pencil for nearly every problem presented to her, even those that were quite simple. She also used inefficient, often trial-and-error methods to achieve a correct answer.

### ***Verbal/Language Abilities***

Sarah Catherine's verbal reasoning was generally average to high average. She could use verbal abstract reasoning to compare words (WAIS-IV Similarities) and answer general knowledge questions (WAIS-IV Information) at the average level. She could define words at the high average level (WAIS-IV Vocabulary). In contrast, when asked to quickly generate words by either category or first letter, Sarah Catherine worked more slowly than her same-age peers, indicating low average semantic and phonemic fluency (DKEFS Verbal Fluency).

### ***Nonverbal/Visuospatial/Fluid Reasoning Abilities***

Sarah Catherine's ability to reason when language is not involved ranged dramatically. She was most successful on a visuospatial reasoning task in which she was to mentally rotate puzzle pieces to create a completed puzzle, with performance within the high average range (WAIS-IV Visual Puzzles). She had average functioning on a task of pattern recognition (WAIS-IV Matrix Reasoning). In contrast, Sarah Catherine had low average functioning on a visuomotor reasoning



task in which she was to use blocks to create designs (WAIS-IV Block Design). Sarah Catherine had difficulty as she was asked to use more blocks, and used a time-consuming trial-and-error approach, so was not able to earn credit for some designs as she exceeded time limits.

### ***Visuomotor/Fine Motor Abilities***

Sarah Catherine's graphomotor speed, as measured by tracing, was high average (DKEFS Trailmaking Motor Speed). On a task in which she was to copy a complex line figure, she generally performed within normal limits (RCFT). She approached this task in an organized manner, first noticing and drawing the larger gestalt of the figure, then planning the interior and adding small details.

### ***Learning and Memory Abilities***

#### ***Verbal***

Sarah Catherine's verbal memory was assessed using a list learning task. Across learning trials, she generally learned as many words as her same-age peers. However, after a short and long delay, she generally retained more words than her same age peers. She also had high average performance on a recognition component of this task. This suggests that Sarah Catherine's verbal memory is an area of strength.

#### ***Visual***

Sarah Catherine's visual memory was assessed by asking her to once again draw the complex line figure previously described (RCFT) but this time from her memory. After a short delay, she recalled a low average number of details, but after a long delay period, this was average. Similarly, her recognition memory was average.

### ***Attention and Executive Function Abilities***

Sarah Catherine's working memory, or her ability to attend to, sustain, and manipulate information was generally low average, which represents an area of relative weakness within her profile. Despite apparently strong attention and effort, she recalled fewer strings of numbers or number-letter sequences than her same-age peers (WAIS-IV Digit Span, WAIS-IV Letter-Number Sequencing). She also was able to complete fewer math problems read aloud to her than her same-age peers (WAIS-IV Arithmetic). Sarah Catherine's processing speed ranged from low average to average based on tasks of visuomotor transcription and matching (WAIS-IV Coding, WAIS-IV Symbol Search).

Sarah Catherine's performance on a task of computerized attention (CPT-3) was generally average across areas. This means that she had a typical ability to detect targets and an average, consistent reaction time. Overall, these results do not suggest that she has a disorder characterized by attention deficits.

Executive function refers to a variety of skills including maintenance of attention, working memory, planning, judgment, organization, sequencing, multi-tasking, self-monitoring, regulation of behavior and emotions, and complex problem-solving. On a verbal mental switching task, Sarah Catherine generally performed within the average range, as she worked as quickly and accurately as her same-age peers in category switching (DKEFS Verbal Fluency Category Switching). Sarah Catherine also had average functioning overall on a visual task in which she was to sequence and switch between letter/number sets (DKEFS Trailmaking). However, she had some weakness on a portion of this task in which she was to quickly scan for targets. This appeared to be due to her

tendency to work slowly intentionally so as to not miss any items. Sarah Catherine generally performed in the average to high average range on an inhibitory control task (DKEFS Color-Word Test).

Sarah Catherine, her mother, and her father each completed the BASC-3, BRIEF-2, and Conners-3. Subscales related to attentional and executive functioning are discussed here. However, due to a technical error, the Conners-3 completed by Sarah Catherine's father could not be scored. Generally, all raters indicated typical functioning related to attention level, activity level, and any impulsivity. Sarah Catherine's mother denied concerns with her learning, although Sarah Catherine had a very elevated score in this area, suggesting she believes that she has academic struggles and may have trouble learning or remembering concepts. Overall, raters indicated typical executive functioning. However, as an exception, all raters noted concerns with Sarah Catherine's emotional regulation, including her ability to appropriately shift and control her emotions. Sarah Catherine's father also noted concerns with Sarah Catherine's ability to initiate tasks.

### ***Social-Emotional-Behavioral Functioning***

#### ***Ratings Forms***

Sarah Catherine's, and each of her parents' ratings on the Conners-3 and BASC-3 related to social, emotional and behavioral functioning are discussed here, as well as Sarah Catherine's ratings on the BYI-2. Generally, raters denied significant behavioral concerns. In contrast, multiple emotional concerns were noted by all three raters. These ratings indicated very high levels of anxiety and withdrawal from others. Sarah Catherine also completed the BAI, a measure of her current anxiety levels. Her ratings placed her within the severe range. In particular, she endorsed fears of the worst happening and losing control, as well as difficulty relaxing. She stated severe levels of feeling terrified, nervous, and scared.

Sarah Catherine's ratings of herself also indicated very elevated levels of depression, which her parents endorsed to an elevated degree. Sarah Catherine's reporting of her functioning also suggested poor self-esteem and high levels of feelings of inadequacy. Her mother and father endorsed that she has difficulty adapting to changes to her environment. Her mother also reported high levels of somatization, meaning that Sarah Catherine likely demonstrates physical symptoms often associated with underlying psychological distress. Sarah Catherine also completed the BDI-2, a measure of current symptoms of depression. Her ratings were within the severe range. In particular, she noted very high levels of sadness, self-criticism, loss of interest in activities, and poor sleep. She also noted pessimism, past failure, guilty feelings, indecisiveness, worthlessness, and fatigue. However, no current suicidal ideation was endorsed.

Socially, Sarah Catherine's mother and father had some variability in reporting, but there were indications by both of some concerns with Sarah Catherine's ability to make or keep friends and to adequately use social skills or communicate. Sarah Catherine herself indicated high levels of social stress and difficulty with interpersonal relationships. She also noted a very negative attitude towards teachers.

In term of adaptive functioning (based on the ABAS-3), which measures Sarah Catherine's ability to independently complete tasks in her daily life, her parents noted low to extremely low functioning in all domains. This suggests that Sarah Catherine is not able to appropriately meet social, conceptual, and practical demands of her life without support.

Sarah Catherine completed the PAI-A, a measure of personality and psychopathology. All validity scales were within normal limits, suggesting this evaluation can be interpreted. Sarah Catherine's profile was marked by anxiety, tension, and social withdrawal, as well as specific fears. Her responses suggest she engages in a number of maladaptive behaviors as a means to control her anxiety. She is likely to be a perfectionist, and be overly rigid, so changes to her routine are likely to generate significant stress. Sarah Catherine's responses also strongly suggested that she experienced a traumatic event in the past that continues to distress her and produce recurrent episodes of anxiety. Sarah Catherine's profile suggests suspiciousness and hostility in her relations with others, as well as mistrust. Her profile also suggests depression and many somatic complaints. Sarah Catherine's self-concept was notable for fragile self-esteem and a tendency to doubt herself. Sarah Catherine's profile suggests that she is more motivated than most in a therapeutic setting for treatment, and she has a positive attitude towards the possibility of change. However, she is likely to have trouble initially placing trust in a treating professional, and may be too overwhelmed to be able to participate meaningfully at times.

#### *Projective Measures*

Sarah Catherine completed a variety of written sentences starters. Her responses were generally negative and focused on both negative feelings about her history and worries about her future. She also indicated feelings of depression and made negative comments about her own abilities.

When asked to indicate Three Wishes that she would like, Sarah Catherine responded with the following: 1) "An education," 2) "A guarantee into any college," and 3) "To eat ice cream and not gain weight."

#### *Social-Pragmatic Functioning*

The Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) was administered with Sarah Catherine. The ADOS-2 is a structured observation of socialization, communication, and behavior that is used to distinguish ASDs from other developmental difficulties. Module Four, which is intended for use with adolescents and adults who have developed fluent speech, was administered with Sarah Catherine. The ADOS-2 was not designed to be administered with facemasks on, as it was during this administration due to the COVID-19 pandemic. However, it is believed that relevant qualitative information could still be learned through this administration.

Regarding communication, Sarah Catherine spoke clearly and in full sentences. She exhibited typical intonation, rate, and rhythm of speech. Her volume was slightly quiet, which appeared to be a function of anxiety. Sarah Catherine did not exhibit unusual speech patterns such as echoing speech of others, or using repetitive or scripted language. She was able to offer information about herself and reported on events in her life without need for significant prompting. Although she usually responded with a brief comment or laugh to the examiner's comments, she did not query further, and often sat awkwardly. This led to an overall rapport that was sometimes comfortable, but was not sustained. Sarah Catherine was able to have several extended, reciprocal conversations with the examiner about several topic areas.

Sarah Catherine frequently used eye contact appropriately. She also used gestures when speaking or to describing something, although these were not always paired with eye contact. Sarah Catherine was presented with pictures and books to describe. She focused on the characters and told feasible stories which suggested an understanding of characters' emotions and intentions. Regarding understanding of social relationships, Sarah Catherine was able to adequately describe

relationships she had as well as those she had not yet experienced, such as marriage. Sarah Catherine was able to describe her emotions well. Sarah Catherine did not display unusual sensory behaviors throughout the evaluation. She did not display a restricted or rigid interest in any topic area.

Based on the scoring algorithm of these behaviors on the ADOS-2, Sarah Catherine's behaviors are well below the range of likely ASD. However, it is important to consider that the ADOS-2 is only one part of this comprehensive evaluation, and is not on its own diagnostic.

#### *Client Interview*

Sarah Catherine reported that she is completing this evaluation because of difficulty with her school in the past. She explained that from 5<sup>th</sup> through 7<sup>th</sup> grade, she was part of a middle school in Natick where she felt extremely isolated and targeted by school staff. She could not elaborate on what staff did to target her. She denied any bullying by her classmates. Sarah Catherine stated that she currently continues to be triggered easily by anything related to Natick and her time in middle school, such as the school's name, which she cannot say aloud, or when driving in the neighborhood of the school. She reported frequent nightmares and intrusive thoughts about her time at the school.

Sarah Catherine stated that for some of 7<sup>th</sup> grade she attended Gifford school, but once again felt ultimately that this was not a good fit for her. She explained that she liked it at first, but soon she "grew out of it," because the classes were very small and the therapeutic support was intensive, which she did not need to that degree at the time. She also noted that the staff and students at Gifford seemed to know about her life and what had happened with her previous schools, so she felt like she was once again in the spotlight when she did not want to be. Sarah Catherine reported that she spent most of 8<sup>th</sup> grade doing online programming to prepare her for 9<sup>th</sup> grade. In 9<sup>th</sup> grade, she attended Marion Catholic school, which she felt was a good fit for in terms of size and curriculum, but unfortunately this school shut down. She indicated that since this time, she has been doing homeschooling online.

When asked about her learning itself, Sarah Catherine reported that she feels that 10<sup>th</sup> grade is going okay, but some classes are boring. She indicated that she would prefer to return to an in-person schooling environment, as long as there were the supports that she needed. Sarah Catherine denied any specific learning concerns, other than noting math tends to be hard for her. She denied difficulty with her own attention or activity level. Sarah Catherine reported that in the future she is not sure what she would like to do for a career or if she will go to college. She stated that she has considered working at a library, a small store as a cashier, or moving to New York City to perform on Broadway.

When asked about her emotional functioning, Sarah Catherine reported that she is very anxious about most things. She explained that she is worried about the future, tests, social situations, and school. She estimated her typical daily anxiety as a 6 (on a scale of 1 being low anxiety to 10 being high anxiety). She reported that she also has had panic attacks every few months that are both triggered and untriggered. She is triggered by overwhelming thoughts or if there is too much attention on her. Sarah Catherine stated that currently she does feel sad and down because she is worried about her future. She also expressed periods of significant depression in the past that included suicidal ideation, although she does not experience suicidal thoughts currently. Sarah Catherine stated that her self-esteem is currently better than it used to be, but still not very good.

Sarah Catherine reported that she takes medication to help with her anxiety and mood, but also noted that she forgets to take it often. She described it as helpful, but also indicated that it can make her constipated. Sarah Catherine reported that she is not currently in therapy, but is interested in finding a therapist moving forward. She noted that it has been hard historically to find a therapist who is knowledgeable about trauma and social anxiety. Sarah Catherine stated that she does like to have her therapy dog, Blue, because the dog seems to signal to others around her that she is “not the most normal person,” so that they may be more tolerant of her mental health needs.

Sarah Catherine reported that she has a good relationship with her mother, but it is hard to be cooped up with her due to the COVID-19 pandemic. She described a less close relationship with her father because she is not able to talk to him about her problems. Sarah Catherine reported that in the past she had friends, but does not have them anymore because she does not have any interactions at a school or in extracurricular activities. She stated that she does wish that she had friends. Sarah Catherine reported that she has not had any romantic relationships in the past, but has considered that she would like a long-term boyfriend or husband in the future. She noted however that this seems unlikely to happen given her anxiety.

Sarah Catherine reported that she has trouble falling and staying asleep. She reported that she goes to bed at about 8pm or 9pm. When using 1.5 mg melatonin, she has a 30-minute sleep onset time, but if she does not use this it can take her three hours to fall asleep because she has ruminating thoughts. She indicated that she wakes up at 7:30am. Sarah Catherine stated that she also naps two to three hours nearly daily. Sarah Catherine described a typical appetite. However, she noted that she feels chubby, and wants to lose weight. She denied any maladaptive forms of losing weight such as restrictive eating or purging. She reported that she is trying to go on walks and hikes, as well as maintain a healthy diet.

### **SUMMARY/CONCEPTUALIZATION**

Sarah Catherine presented to this evaluation with a long history of anxiety and depression in the context of many school changes and conflict with her public-school districts. Previous evaluations have inconsistently suggested some difficulty with attention, executive functioning, processing of auditory information, and phonological processing, which have been assigned various attention and learning diagnoses. However, based on this neuropsychological evaluation, Sarah Catherine’s profile is quite intact for her age. She had strength in verbal reasoning and memory abilities. She had generally grade-level reading and writing skills with a relative weakness in math. Attentional and executive functioning were within normal limits. Thus, at this time, no learning, attentional, or auditory processing diagnosis is appropriate. It is likely that even in the past, these diagnoses were not appropriate, and in fact the detected weaknesses and their variability across evaluations reflects the true underlying causes, Sarah Catherine’s anxiety.

Sarah Catherine’s anxiety has long been a significant difficulty for her, but worsened during the time period in which she experienced reported bullying by school staff members. Although the nature of this bullying is not clear, Sarah Catherine has clearly experienced this as a trauma, and this trauma continues to impact her to the present, to the degree that she is hypervigilant, easily triggered by reminders of the trauma, and has intrusive thoughts and nightmares. These symptoms constitute a diagnosis of Posttraumatic Stress Disorder (PTSD). Additionally, given the severe level of Sarah Catherine’s anxiety, including inability to leave her home or speak to others, several diagnoses apply including Generalized Anxiety Disorder, Social Anxiety Disorder, and Agoraphobia. Sarah Catherine’s mood has also been a significant factor for many years, and in the



past, she had significant suicidal ideation requiring hospitalization. Currently, although no longer experiencing significant suicidal ideation, she has extremely depressed mood and is often hopeless, guilty, pessimistic about the future, and has significant sleep problems. These consistent a Major Depressive Episode.

Finally, Sarah Catherine's social skills are worthy of discussion. Sarah Catherine presented as quite immature for her age, consistent with her parents' assessment of her functioning as well. She lacks the independent living skills expected of an adult. However, the nature of Sarah Catherine's interaction style is not atypical, as would be seen in an Autism Spectrum Disorder (ASD). Further, she does not have the pattern of restricted interests of unusual repetitive behaviors seen in ASD. Thus, this diagnosis is not appropriate. However, it will still be helpful for Sarah Catherine to receive supports that at times are designed for those with ASD.

#### **DIAGNOSES:**

- Generalized Anxiety Disorder (GAD; DSM-5: 300.02; ICD-10: F41.10)
- Social Anxiety Disorder (Social Phobia; DSM-5: 300.23; ICD-10: F40.10) – with features/history of Selective Mutism
- Agoraphobia (DSM-5: 300.22; F40.00)
- Posttraumatic Stress Disorder (DSM-5: 309.81; ICD-10: F43.10)
- Major Depressive Disorder, Severe, Recurrent (DSM-5: 296.33; ICD-10: F33.2)

#### **DISABILITY QUALIFICATION:**

Qualification for an Individualized Education Program (IEP) or 504 Accommodation Plan requires that a student meet criteria for any of several Massachusetts Department of Elementary and Secondary Education (DESE) disability definitions. Meeting such criteria is intended to be a decision made by a student's Team. The following categories of disability qualification, in the order of importance/impairment are suggested, based on current evaluation results. Relevant portions to Sarah Catherine are underlined and italicized:

***Emotional Impairment:*** As defined under federal law at 34 CFR §300.7, the student exhibits one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance: *an inability to learn that cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems.*

#### **STRENGTHS:**

- Consistently strong verbal reasoning abilities
- Strong verbal learning and memory
- Average reading and writing abilities
- Adequate attention and executive functioning

**LIMITING FACTORS:**

- History of school-related trauma/continued trauma symptoms
- Extremely impairing, persistent, pervasive anxiety
- Depressed, hopeless mood
- Generally immature social functioning
- Limited adult/independent living skills
- Immature social functioning

**RECOMMENDATIONS:**

***School-based***

1. Sarah Catherine is a cognitively and academically capable young woman, who would typically be able to function in a mostly general education setting, with the services and accommodations provided through an Individualized Education Program. However, given her school-based trauma and subsequent severe social anxiety and mistrust of adults, the only appropriate school setting for Sarah Catherine is a therapeutic one. Without this setting, she will not make effective progress. The setting should have the following:
  - a. Staff should be skilled in working with those with a history of trauma so they are able to slowly and carefully build rapport and trust;
  - b. Students should be similar to Sarah Catherine in that they also have emotional needs, but do not have significant behavioral problems or developmental delays like intellectual disabilities;
  - c. Sarah Catherine should have access to therapy provided by a licensed mental health counselor;
  - d. Schooling should be provided year round;
  - e. Sarah Catherine should be able to remain in school until age 22.
2. Sarah Catherine should have the following goals/support services in her school setting.
  - a. Emotional: Sarah Catherine should participate in twice weekly therapy sessions (with more as needed) to address how her significant emotional symptoms impact her in the school setting. Identification of triggers and appropriate coping will be vital.
  - b. Social: Sarah Catherine would benefit from a weekly social skills group so that she may practice social skills and become more comfortable with social interaction. This group may be led by a counselor or speech/language therapist and should also consist of several other students with similar needs.
  - c. Academic: Due to her anxiety, Sarah Catherine will require small group academic support so that she may access the curriculum, as learning in a large group setting will not likely be effective for her.
3. The following accommodations are recommended.
  - a. Allow Sarah Catherine to take frequent breaks as needed during class to address symptoms.
  - b. Allow Sarah Catherine to take frequent breaks as needed during exams/assessments to address symptoms.
  - c. Allow Sarah Catherine to miss more classes than the number typically allowed, without failing the course, providing Sarah Catherine makes up her work.
  - d. Allow negotiated extended deadlines for all in-class and out-of-class assignments.

- e. Allow Sarah Catherine testing accommodations including 100% extended time and ability to take tests in a quiet, reduced distraction testing location with a familiar testing administrator, frequent breaks, and only a few other students present.
- f. Provide Sarah Catherine with all academic materials in advance including any PowerPoint presentations, worksheets, etc.
- g. Provide Sarah Catherine advanced warning on any changes, such as change of class location, class time, class instructor, or changes to the syllabus/assignments.
- h. Provide Sarah Catherine additional deadlines/due dates for smaller steps of a larger, long-term assignments.
- i. Allow lectures and other forms of instruction to be audio recorded so that Sarah Catherine may refer to them later.
- j. Provide Sarah Catherine with class notes from a classmate or instructor.
- k. Allow Sarah Catherine to participate in ways that may make her feel more comfortable. She is not likely to provide a fast, verbal response, but, if given time and alternate ways of providing a response, she is quite likely to contribute something thoughtful and relevant to the discussion.
- l. Allow Sarah Catherine to wear headphones, sunglasses, or close her eyes during class or testing to help modulate sensory input. Wearing headphones will not impair her ability to hear or participate in discussions.
- m. Allow Sarah Catherine to look away, close her eyes, or even turn off her screen or camera during video conferencing, as visual input can overstimulate and exacerbate symptoms.
- n. Allow Sarah Catherine access to an emotional support animal as needed.

### ***Home-based/Outpatient***

1. Individual outpatient therapy will be extremely necessary for Sarah Catherine. Dialectical Behavior Therapy with a trauma-focused approach will be necessary to help her cope with mood, anxiety, and PTSD. Exposure to anxiety-provoking stimuli will be a necessary approach, but should not be used first, as significant time will need to be spent building rapport and trust. In therapy Sarah Catherine should work on behavioral strategies to improve health behaviors including improving sleep hygiene and healthy ways to maintain a healthy diet and weight.
2. Medication is likely still necessary to help Sarah Catherine modulate her mood and anxiety. However, given the high degree of complexity of her case, medication should be provided by a specialist like a psychiatrist.
3. Sarah Catherine would continue to benefit from an emotional support animal.
4. Sarah Catherine is capable in many ways; however, her current level of emotional distress and poor adaptive functioning suggests that her parent should pursue partial guardianship to help her with decision making, particularly related to complex areas of her life including financial and healthcare decisions. Sarah Catherine and his mother should consult with an attorney to pursue this type of guardianship.

Spaulding, Sarah Catherine

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5. The following resource to address anxiety and mood is recommended: *The Dialectical Behavior Therapy Skills Workbook*, by Matthew McKay, Jeffrey C. Wood, and Jeffrey Brantley.
6. It is recommended that Sarah Catherine participate in a re-evaluation of functioning in approximately two years to determine her progress from interventions and to set new goals.

Thank you for the opportunity to evaluate this client. It was a pleasure working with Sarah Catherine. Please direct any questions about this report to Dr. Switalski at 781-559-8444 or [kswitalski@bostonneuropsych.com](mailto:kswitalski@bostonneuropsych.com).

A handwritten signature in cursive script that reads "Kaitlyn Switalski Ph.D.".

Kaitlyn Switalski, Ph.D.  
Licensed Clinical Psychologist  
Boston Neuropsychological Services

### **DATA APPENDIX**

This section displays scores Sarah Catherine obtained during the current evaluation. They are included for purposes of comparison to previous and future evaluations, and for those qualified and familiar with the specific tests. Their meaning may not be clear to other individuals. These scores contributed to the diagnosis and recommendations for this client and are interpreted in the narrative text.

The raw scores obtained in this evaluation have been transformed into norm-referenced standardized scores which reflect performance as compared to same-age peers (or same-grade peers in the case of academic testing). Each test author has varying descriptor names associated with different scores. However, for the purposes of interpretability, a single set of descriptors and associated score ranges will be used for all tests within this report. The following table indicates these ranges (based on recent recommendations by the American Academy of Clinical Neuropsychology, 2020).

<b>Test Score Labels for Tests with Normal Distributions</b>					
<b>Standard Score (SS)</b>	<b>Scaled Score (ss)</b>	<b>T Score</b>	<b>Z Score</b>	<b>Percentile</b>	<b>Score Label/Descriptor</b>
≥130	≥16	≥70	≥+2.00	≥98	Exceptionally High
120-129	14-15	63-90	+1.33-+1.99	91-97	Above Average
110-119	12-13	57-62	+0.67-+1.32	75-90	High Average
90-109	8-11	43-56	-0.67-+0.66	25-74	Average
80-89	6-7	37-42	-1.33-0.68	9-24	Low Average
70-79	4-5	30-36	-2.00-1.34	2-8	Below Average
<70	1-3	<20-29	<-3.00-2.01	<2	Exceptionally Low

<b>Test Score Labels for Tests with Non-Normal Distributions</b>	
<b>Percentile</b>	<b>Score Label/Descriptor</b>
>24	Within Normal Expectations or Within Normal Limits
9-24	Low Average
2-8	Below Average
<2	Exceptionally Low

The following are Sarah Catherine's scores on the tests administered in this evaluation.

<b>Intelligence Testing Summary (WAIS-IV)</b>			
<b>Index</b>	<b>Standard Score</b>	<b>Percentile</b>	<b>Descriptor</b>
Verbal Comprehension	102	55	Average
Perceptual Reasoning	100	50	Average
Working Memory	83	13	Low Average
Processing Speed	92	30	Average
Full Scale Intelligence Quotient (FSIQ)	94	34	Average
General Ability Scale (GAI)	101	53	Average



Academic Abilities (WJ-IV-Ach)				
Subtest	Grade-based (SS; Percentile)	Descriptor	Age-based (SS; Percentile)	Descriptor
Letter-Word Identification	98 (45)	Average	96 (40)	Average
Word Attack	96 (40)	Average	94 (34)	Average
Oral Reading	109 (73)	Average	106 (66)	Average
Sentence Reading Fluency	104 (61)	Average	101 (53)	Average
Passage Comprehension	104 (61)	Average	101 (53)	Average
Sentence Writing Fluency	105 (63)	Average	105 (63)	Average
Writing Samples	104 (61)	Average	103 (58)	Average
Calculation	89 (23)	Low Average	87 (19)	Low Average
Applied Problems	85 (16)	Low Average	84 (14)	Low Average
Math Facts Fluency	90 (25)	Average	89 (23)	Low Average

Verbal/Language Abilities			
Test (score type)	Score	Percentile	Descriptor
WAIS-IV Vocabulary (ss)	12	75	High Average
WAIS-IV Similarities (ss)	9	37	Average
WAIS-IV Information (ss)	10	50	Average
DKEFS Verbal Fluency Letter Fluency (ss)	7	16	Low Average
DKEFS Verbal Fluency Category Fluency (ss)	6	9	Low Average

Nonverbal/Visuospatial/Fluid Reasoning Abilities			
Test (score type)	Score	Percentile	Descriptor
WAIS-IV Block Design (ss)	7	16	Low Average
WAIS-IV Visual Puzzles (ss)	12	75	High Average
WAIS-IV Matrix Reasoning (ss)	11	63	Average

Visuomotor/Fine Motor Abilities			
Test (score type)	Score	Percentile/ Percentile Rank	Descriptor
DKEFS Trailmaking Test Motor Speed subtest (ss)	12	75	High Average
Rey Complex Figure Test Copy Score (percentile range)	--	>16	WNL
Rey Complex Figure Test Copy Timing Score (percentile range)	--	>16	WNL

Verbal Learning/Memory Abilities			
Test (score type)	Score	Percentile	Descriptor
CVLT-3 List A Trial 1 Free Recall (ss)	10	50	Average
CVLT-3 List A Trial 5 Free Recall (ss)	10	50	Average
CVLT-3 List B Free Recall (ss)	13	84	High Average
CVLT-3 List A Short Delay Free Recall (ss)	12	75	High Average
CVLT-3 List A Short Delay Cued Recall (ss)	16	98	Exceptionally High
CVLT-3 List A Long Delay Free Recall (ss)	8	25	Average
CVLT-3 List A Long Delay Cued Recall (ss)	13	84	High Average
CVLT-3 Correct Recognition Hits (ss)	13	84	High Average
CVLT-3 False Positives (ss)	12	75	High Average

Visual Learning/Memory Abilities			
Test (score type)	Score	Percentile	Descriptor
Rey Complex Figure Test Immediate Recall (T)	42	21	Low Average
Rey Complex Figure Test Delayed Recall (T)	43	24	Average
Rey Complex Figure Test Recognition (T)	47	38	Average

Attention/Executive Function Abilities			
Test (score type)	Score	Percentile/ Percentile Rank	Descriptor
WAIS-IV Digit Span (ss)	7	16	Low Average
Digit Span Forward (ss)	7	16	Low Average
Longest Digit Span Forward (raw)	5	--	--
Digit Span Backward (ss)	7	16	Low Average
Longest Digit Span Backward (raw)	4	--	--
Digit Span Sequencing (ss)	7	16	Low Average
Longest Digit Span Sequencing (raw)	6	--	--
WAIS-IV Arithmetic (ss)	7	16	Low Average
WAIS-IV Letter-Number Sequencing (ss)	7	16	Low Average
WAIS-IV Coding (ss)	10	50	Average
WAIS-IV Symbol Search (ss)	7	16	Low Average
CPT-3 Detectability (T; reverse scored)	47	37	Average
CPT-3 Error Type			
Omissions (T; reverse scored)	47	37	Average
Commissions (T; reverse scored)	40	16	Average
Perseverations (T; reverse scored)	46	34	Average
CPT-3 Reaction Time Statistics			
HRT (T; reverse scored)	45	32	Average
HRT SD (T; reverse scored)	40	16	Average
HRT Block Change (T; reverse scored)	49	47	Average
HRT ISI Change (T; reverse scored)	40	16	Average
DKEFS Trailmaking Test			
Visual Scanning (ss)	4	2	Below Average
Number Sequencing (ss)	9	37	Average
Letter Sequencing (ss)	10	50	Average
Number-Letter Sequencing (ss)	11	63	Average
DKEFS Verbal Fluency Category Switching			
Total correct (ss)	10	50	Average
Total switching accuracy (ss)	11	63	Average
DKEFS Color-Word Test			
Color Naming speed (ss)	10	50	Average
Color Naming errors (percentile rank)	--	20	Low Average
Word Naming speed (ss)	8	25	Average
Word Naming errors (percentile rank)	--	100	WNL
Inhibition speed (ss)	12	75	High Average
Inhibition errors (ss)	12	75	High Average
Inhibition/Switching speed (ss)	12	75	High Average
Inhibition/Switching errors (ss)	10	50	Average

### **RATING FORMS/QUESTIONNAIRES**

Rating forms/questionnaires completed in this evaluation have also been transformed into norm-referenced standardized scores which reflect symptom severity as compared to same-age, same-gender peers. Each test author has varying descriptor names associated with different scores. However, for the purposes of interpretability, a single set of descriptors and associated score ranges will be used. All of the following scores are in T-score metric.

<b>Rating Forms Labels</b>		
<b>T-Score Range</b>	<b>Percentile</b>	<b>Descriptor</b>
<60	<83	Within Normal Limits (WNL)
60-64	84-93	Mildly Elevated
65-69	94-97	Elevated
≥70	≥98	Very Elevated

The following are Sarah Catherine's scores on the rating forms completed during this evaluation.

<b>Rating Forms Results for Attention/Executive Function/Learning</b>			
<b>Rating Form (score type)</b>	<b>T-Score</b>	<b>Percentile</b>	<b>Descriptor</b>
BASC-3 Attention Problems			
Mother Report	37	9	WNL
Father Report	53	63	WNL
Self-Report	43	25	WNL
Conners-3 Inattention			
Mother Report	45	32	WNL
Self-Report	55	70	WNL
BASC-3 Hyperactivity			
Mother Report	42	21	WNL
Father Report	42	21	WNL
Self-Report	42	21	WNL
Conners-3 Hyperactivity/Impulsivity			
Mother Report	44	30	WNL
Self-Report	40	16	WNL
Conners-3 Learning Problems			
Mother Report	49	47	WNL
Self-Report	73	99	Very Elevated
Conners-3 Executive Functioning Mother	41	19	WNL

Rating Forms Results for Executive Function – continued			
Rating Form (score type)	T-Score	Percentile	Descriptor
BRIEF-2			
Inhibit Mother	47	58	WNL
Inhibit Father	44	48	WNL
Inhibit Self	39	19	WNL
Self Monitor Mother	40	29	WNL
Self Monitor Father	50	64	WNL
Self Monitor Self	41	40	WNL
Shift Mother	76	98	Very Elevated
Shift Father	76	98	Very Elevated
Shift Self	71	97	Very Elevated
Emotional Control Mother	48	57	WNL
Emotional Control Father	54	74	WNL
Emotional Control Self	64	93	Mildly Elevated
Initiate Mother	57	82	WNL
Initiate Father	70	97	Very Elevated
Working Memory Mother	41	33	WNL
Working Memory Father	56	80	WNL
Working Memory Self	52	69	WNL
Plan/Organize Mother	43	37	WNL
Plan/Organize Father	56	78	WNL
Plan/Organize Self	50	61	WNL
Task-Monitor Mother	40	28	WNL
Task-Monitor Father	49	64	WNL
Task-Completion Self	52	69	WNL
Org. of Materials Mother	39	24	WNL
Org. of Materials Father	50	63	WNL

Rating Forms Results for Behavioral Functioning			
Rating Form	T-Score	Percentile	Descriptor
BASC-3 Aggression			
Mother Report	47	37	WNL
Father Report	45	32	WNL
Conners-3 Aggression			
Mother Report	43	25	WNL
Self-Report	46	34	WNL
BASC-3 Conduct Problems			
Mother Report	44	30	WNL
Father Report	44	30	WNL
BASC-3 Adaptability (reverse scored)			
Mother Report	38	13	Mildly Elevated
Father Report	34	6	Elevated

Rating Forms Results for Emotional Functioning			
Rating Form	T-Score	Percentile	Descriptor
BASC-3 Anxiety			
Mother Report	82	>99	Very Elevated
Father Report	73	99	Very Elevated
Self Report	74	99	Very Elevated
BASC-3 Depression			
Mother Report	65	94	Elevated
Father Report	66	95	Elevated
Self Report	74	99	Very Elevated
BASC-3 Somatization			
Mother Report	71	98	Very Elevated
Father Report	59	82	WNL
Self Report	53	63	WNL
BASC-3 Self-Esteem Self (reverse scored)	45	32	WNL
BASC-3 Self-Reliance Self (reverse scored)	26	1	Very Elevated
BASC-3 Locus of Control Self-Report	63	91	Mildly Elevated
BASC-3 Sense of Inadequacy Self-Report	76	>99	Very Elevated
Beck Youth Inventories (BYI-2) Self-Report			
Anxiety Inventory	82	>99	Very Elevated
Depression Inventory	70	98	Very Elevated
Anger Inventory	71	98	Very Elevated
Disruptive Behavior Inventory	42	21	WNL
Self-Concept Inventory (reverse scored)	39	50	Very Elevated



Rating Forms Results for Social Functioning			
Rating Form	T-Score	Percentile	Descriptor
BASC-3 Atypicality			
Mother Report	47	37	WNL
Father Report	47	37	WNL
Self-Report	78	>99	Very Elevated
BASC-3 Withdrawal			
Mother Report	77	>99	Very Elevated
Father Report	89	>99	Very Elevated
BASC-3 Social Skills (reverse scored)			
Mother Report	47	37	WNL
Father Report	26	1	Very Elevated
Conners-3 Peer Relations Mother Report	86	>99	Very Elevated
BASC-3 Fn. Comm (reverse scored)			
Mother Report	38	13	Mildly Elevated
Father Report	34	6	Elevated
BASC-3 Leadership (reverse scored)			
Mother Report	43	25	WNL
Father Report	26	1	Very Elevated
BASC-3 Social Stress Self-Report	76	>99	Very Elevated
BASC-3 Interpersonal Rel. Self (rev. scored)	14	<1	Very Elevated
BASC-3 Relations w/ Parents Self (rev. scored)	48	45	WNL
BASC-3 Attitude to School Self-Report	56	73	WNL
BASC-3 Attitude to Teachers Self-Report	80	>99	Very Elevated
Autism Spectrum Rating Scale (ASRS)			
DSM-5 Mother Report	69	97	Elevated
DSM-5 Father Report	62	88	Mildly Elevated
Social/Communication Mother Report	68	97	Elevated
Social/Communication Father Report	66	95	Elevated
Unusual Behaviors Mother Report	64	93	Mildly Elevated
Unusual Behaviors Father Report	61	87	Mildly Elevated
Self-Regulation Mother Report	44	30	WNL
Self-Regulation Father Report	54	68	WNL

Rating Forms Results for Adaptive Functioning			
Rating Form	Standard	Percentile	Descriptor
ABAS-3 General Adaptive Composite			
Mother Report	69	2	Extremely Low
Father Report	67	1	Extremely Low
ABAS-3 Conceptual Domain			
Mother Report	73	4	Low
Father Report	69	2	Extremely Low
ABAS-3 Social Domain			
Mother Report	66	1	Extremely Low
Father Report	62	1	Extremely Low
ABAS-3 Practical Domain			
Mother Report	73	4	Low
Father Report	73	4	Low