

PLANO INDEPENDENT SCHOOL DISTRICT DEPARTMENT OF SPECIAL EDUCATION SERVICES

2700 WEST 15TH STREET PLANO, TX 75075 469-752-8700

FULL INDIVIDUAL EVALUATION

DETERMINATION OF DISABILITY AND EDUCATIONAL NEED

DATE OF REPORT: 10-30-2019

Initial Evaluation

NAME: Samuel Axel

BIRTH DATE: 10-16-2012

AGE: 6→7 years

ID: 401639

CAMPUS: Hightower Elementary

GENDER: Male

GRADE: 1st

REASON FOR EVALUATION

Samuel was referred for a full individual evaluation by his parents because of concerns with his behavior, social skills, and ability to interact with his peers. Samuel has received accommodations through 504 for ADHD and ODD since Kindergarten. The Campus 504 Committee reviewed data that demonstrated Samuel was provided appropriate instruction in reading and mathematics within the general education settings delivered by qualified personnel. After implemented accommodations for academics and behavior, the 504 Committee reviewed the intervention data collected and determined that an evaluation was warranted to consider the possibility of an educational eligibility for Special Education services. The purpose of this individual evaluation is to assist in identifying whether Samuel has a disability that requires special education services and to identify specific learning and behavioral competencies for the purposes of educational planning. All test results should be interpreted in light of Samuel's cultural, experiential, and linguistic background.

SOURCES OF INFORMATION

Samuel's profile includes information from the following sources:

Parent Information / Interview

Teacher Information

Medical Information

Oral And Written Language Scales, Second Edition (OWLS-2)

Goldman-Fristoe Test of Articulation, Second Edition (GFTA-2)

Informal Pragmatics Assessment

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

Parent Report Form

Teacher Report Form

Autism Spectrum Rating Scale (ASRS):

Parent Report Form

Teacher Report Form

Autism Diagnostic Observation Schedule, Second Edition (ADOS-2):

Module 3

Observations:

Classroom

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

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Adaptive Behavior Assessment System, Third Edition (ABAS-3):
Parent Rating Form
Teacher Rating Form
Wechsler Individual Achievement Test, Third Edition (WIAT-3)

SOCIOLOGICAL INFORMATION

In<mark>for</mark>mation from parents was reviewed to determine if family and environmental situations might be influencing Samuel's educational performance.

Samuel lives with his parents, Eric and Saler Axel as well as two younger siblings. Parents report that English is the language spoken in the home and predominantly by Samuel. Mr. Axel is fluent in Hebrew and Samuel is learning Hebrew but is not yet fluent or consistently used. The family enjoys biking, church, watching television, playing games, Legos, dressing up in costumes, going hiking, vacations, eating dinner together, cooking/baking, and arts and crafts. When not in school Samuel enjoys biking around the neighborhood, arts and crafts, building Legos with his brother, and reading books about Science.

No significant changes in Samuel's life over the last three years were reported. However Samuel's siblings are three and two years old.

Samuel has a good record of school attendance.

The following general education supports have been provided in order to support educational growth:

- General Education Classroom with Accommodations
- Tiered Interventions for behavior
- Plano Academic and Creative Education (PACE)
- Parent Teacher Conferences
- Section 504 plan

MEDICAL INFORMATION

On the parent information parents indicated that Samuel had previously been evaluated by Children's Hospital in Dallas in 2019 and Center for Social Success in Dallas in 2018. However no written evaluation reports were provided. A letter was received from Dr. Scott Woods, MD, PA, Psychiatrist, dated May 2, 2019, indicating that Samuel has ADHD and ODD. A copy of this letter can be found in Samuel's special education file.

PHYSICAL EVALUATION

Physical Factors that might affect Samuel's ability to profit from the educational process were reviewed.

Samuel passed a hearing and vision screening conducted by the school nurse on 8-22-2018; and there are no current concerns about his auditory or visual acuity.

Samuel's health and developmental history indicates the following: No concerns or complications were reported with pregnancy. Samuel was reported to meet developmental milestones early or on time. Samuel was reported to begin talking early, all other milestones were within expected time frames. No significant illnesses or accidents were reported.

Parents and teachers report the Samuel's gross and fine motor skills are not areas of concern. However, Samuel's handwriting is legible but he uses poorly formed letters, his writing is large, with much pressure and scribbling out letters/mistakes; additionally he appears to fatigue quickly when writing.

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Samuel currently has physical/health condition of ADHD and ODD, reported by parents, that may impact his educational performance. He is currently prescribed Adzenys 15mg (for ADHD), Fluoxetine 10mg (for outbursts), and Mirtazapine 15mg (for sleep) medication.

LANGUAGE / COMMUNICATION EVALUATION

The Home Language Survey indicates that Samuel's only language for speaking, reading, and writing is English; therefore, testing was conducted in English. Use of oral speech is Samuel's best method of communication.

Evaluation of communication skills was conducted through formal and informal testing to provide information for the ARD/IEP committee by Emma Waisner, Speech-Language Pathologist.

Samuel's parents, Saler and Eric, reported at home Samuel demonstrates communication strengths in the following areas:

- Ability to interact with a variety of people for a variety of purposes
- Speech can be understood by peers and adults
- Asks for help/clarification when needed
- Uses and understands the same vocabulary and grammar as peers
- Tells stories in a complete sequence

Samuel's parents reported at home Samuel demonstrates communication challenges in the following areas:

- Communicating appropriately during social interactions
- Expressing wants/needs/ideas functionally when frustrated or anxious
- Demonstrates difficulty with transitions/change
- Controlling impulses

Samuel's teacher, Jackie Guida, reported communication strengths in the following areas:

- Asks for help and/or clarification when needed
- Uses and understands grade level vocabulary
- Uses grade level grammar to communicate
- Tells stories in a complete sequence

Samuel's teacher reported communication challenges in the following areas:

- Expresses wants/needs/ideas functionally within the classroom
- Communicating appropriately during social interactions
- Demonstrates difficulty regulating emotions
- Working cooperatively with others

FORMAL EVALUATION OF LANGUAGE ORAL AND WRITTEN LANGUAGE SCALES, SECOND EDITION (OWLS-2)

The <u>OWLS-2</u> is a standardized assessment of language and communication skills. It is designed for students 5;0 to 21;11 years of age. The standard scores are based on a mean of 100 with a standard deviation of 15.

Date Administered: 10/17/2019

Subtest	Standard Score
Listening Comprehension Items are presented verbally and pictorially and responses are given primarily by pointing on multiple choice items.	102
Oral Expression Items are presented verbally and pictorially and responses are given verbally.	111

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Composite	Standard Score
Oral Language	106

Description of performance on this test -

Samuel performed within the expected range for his age and gender in both receptive language and expressive language.

FORMAL EVALUATION OF ARTICULATION

GOLDMAN FRISTOE TEST OF ARTICULATION, THIRD EDITION (GFTA-3)

The <u>GETA-3</u> is a standardized assessment of a student's articulation of consonants in single words and in sentences for students 2;0 to 21;11 years of age.

Date Administered: 10/17/2019

Sounds-in-Words	21	1
	Number of Errors	Percentile

Description of performance on this test -

Samuel's speech is characterized by substitutions of the /th/ for /s/ and /z/ sounds commonly referred to as a frontal lisp. Samuel also substitutes w/l such as /pwate/ for /plate/. These sound errors occur in all positions of words and blends throughout conversational levels.

Pragmatic Language Assessment

Samuel's pragmatic language skills were assessed through informal means including parent and teacher report, review of records, and examiner observation. Samuel was observed during lunch, during transitions, and during recess to obtain information regarding his pragmatic/social interactions.

When observed at lunch, Samuel showed awareness of the examiner entering the area by watching her and giving visual attention. Samuel ate his lunch independently. He appeared to be distracted by others in the lunchroom. He sat perched on his chair looking around the room for several minutes. Eventually he turned and faced forward and began eating his lunch. Samuel was not observed to interact with any peers at his table. When it was time to leave, he independently followed the lunchroom routine to throw away his trash and line up.

When the examiner approached the playground to observe Samuel at recess, he was speaking with his teacher about how a girl at lunch was eating mashed potatoes at his table and that the smell made him feel sick and he needed to go to the nurse because he was going to "throw up". He began pointing at the girl in line and continued talking about the smell for several minutes. The teacher was able to redirect Samuel by asking, "who are you going to play with at recess?", and he finally ran off to play. He began playing with another student by digging in the dirt and collecting acorns to then replant as trees. Other students became interested in their game and decided to join. At first Samuel was excited to explain the game to the other kids but as more students joined in he said, "Everybody out of here!" When none of the students left, he moved to another area of the playground to continue his game. For the rest of recess Samuel was observed playing beside others instead of with them.

ASSISTIVE TECHNOLOGY EVALUATION

After considering Samuel's present levels of educational performance (including visual, auditory, physical and communication needs), it has been determined that the student does not require Assistive Technology devices

and/or services in order to progress in the general education curriculum and/or to advance appropriately toward attaining annual goals.

SOCIAL / EMOTIONAL / BEHAVIORAL EVALUATION

Evaluation of social, emotional, and behavioral factors were conducted to provide an understanding of behavior and how it may impact learning using formal and informal measures such as observations, interviews, and review of data. Additional information regarding Samuel's home life and experiences were collected to help identify potential learning differences that may impact the educational environment.

Parent Information / Interview

Samuel's parents participated in an interview as well as provided input on the parent information form as part of this evaluation.

Parents indicated that Samuel has always been an active child and demonstrated impulsive behaviors. He is unable to sit still, transition well, or calm down independently. At the age of three, he was identified as having ADHD and begun medication around four years of age. This past summer Samuel was identified as exhibiting ODD behaviors by a doctor at Children's Hospital. Samuel participated in an outpatient program through Children's everyday for about a month.

Samuel's parents reported concerns with his impulsivity, difficulty calming down, difficulty with transitions, meltdowns and aggression. Samuel is reported to be enjoy engaging in conversations about topics he loves. He is reported to be kind to his siblings and friends, trying to make them happy. Samuel typically socializes with older children and adults. He is reported to get along better with older children as he is able to relate to them better. Samuel was reported to see the world in black and white, which makes changes in routines and transitions very hard and meltdowns almost inevitable.

Regarding communication, Samuel was reported to begin talking in sentences around 11 months old. Parents reported that Samuel seems to talk mostly for himself and to tell others what he knows. Currently, this includes numbers, Beyblades, dinosaurs, and space. It was noted that Samuel is better able to engage in reciprocal conversations and be patient, wait his turn to talk, when he is on his medication. He does have a difficult time having conversations with his siblings. When asked about his day, Samuel will list his grievances first and then provide a general description of the rest of the day. To end conversations Samuel will often loop back to previously discussed items. He will say, "can't remember" as a way to not share or continue the conversations when asked questions. When Samuel is asked a question that he wants to answer, Samuel will often over share information.

Parents reported that Samuel's behavioral difficulties peaked around four years of age, aligning with the birth of his siblings. Samuel has made comments about wishing he was dead or wanting to kill himself. This typically happens when he feels badly about his actions or impulsive behavior. These comments are not regular and have decreased by parent report. The tantrums at their peak were daily occurrence that could last hours, since this past summer, after working with Children's Hospital, the tantrums have decreased to about five minutes long. Samuel is reported to generally follow rules at home but has much more difficult when he is not on his medication. Parents are continuing to use strategies that were shared with them at Children's to help Samuel's behaviors when he is not on medication. The parents reported that they feel like they are better able to help avoid reaching a tantum through planning and helping to prepare Samuel before changes happen.

Samuel is reported to show a range of emotions but has difficulty identifying emotions in himself. He is beginning to identify frustration and when he needs to calm down. When Samuel is hurt or sick, he can be dramatic and valetudinarian. He will also personalize the hurt of others to himself. Parents feel that he is able to identify emotions in them, but not subtle emotions or emotions in his siblings.

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Samuel is reported to get along well with his parents, and have normal sibling relationships. He adores his baby sister and is becoming closer to his brother. Samuel is reported to typically interact with adults while out in the community. He likes asking questions and telling adults about things he knows. Parents are working with Samuel on stranger danger. He enjoys playing chess and will often use that as a way to begin an interaction with others. Samuel is reported to have difficulty with social cues when in groups. Samuel is reported to play with friends but have difficulty shift the play to things that the other child may want to do or incorporating the other child's ideas. Parents feel that at this time Samuel is well liked by his peers and they are not concerned about friendships as he often finds children who have similar interests as he does to interact with.

In regards to sensory responses, Samuel is reported to eat a variety of foods but they must be warmed. He will overstuff his mouth when eating, and has an aversion to plastic utensils due to a single incident of a fork breaking. Samuel went through a period where he loved firefighters and insisted that all his clothing was red. This has passed. He was reported to line up things and create "museums" or displays of things that can not be moved or touched. This can be difficult due to younger siblings and where Samuel creates the displays within the home. Samuel is sensitive to sunlight and will insist on wearing sunglasses while outside. Samuel is reported to hate loud noises, with the exception of the television and electronics which he wants very loud. He also does not like crowded or busy places. At times Samuel will also comment about things smelling funny or bad that others are not noticing. Parents reported a lack of fear in regards to heights and strangers. They have noticed some unusual body movements with Samuel's hands and body posture.

Samuel was potty trained at 2½ years but fully regressed at age 4 to almost needing diapers. At that time, parents felt that ADHD was keeping Samuel from recognizing and being aware of his body and needing to go to the bathroom, subsequently medication was begun. They believe that the ADHD medication has helped some but that Samuel is still impulsive. Parents did not report any concerns with general adaptive skills or hygiene at this time. They report that Samuel is able to take care of bathing, teeth brushing, and dressing. He is able to complete morning and after school routines.

Samuel's parents reported no concerns with academic skills at this time. He loves math and numbers, and is currently interested in infinity. Samuel currently loves learning and school. However, when Samuel perceives that the learning is "below" his ability or if he thinks others will not like his ideas then he struggles. Samuel's strengths were reported as very excited and inquisitive about subjects which are of interest. He loves art, science, and math. Samuel will spend hours at home independently extending his learning. Parents also shared that Samuel is a very creative and affable child. They are concerned about his behaviors and hope that with assistance Samuel can find more success. They see great potential in their son.

OBSERVATIONS

<u>Classroom Observations:</u> Samuel was observed by Taylor Howard, LSSP, across multiple settings with the following behaviors observed and impressions given:

- Very active and impulsive throughout observation
 - o Struggles to stay in his seat and prone to wandering the classroom
 - o Up and down in seat and fidgeting otherwise
 - o Can engage with instruction and track teacher across the classroom
 - Typically blurts out responses to questions and needs prompting for hand raising
- Needs frequent redirection for minor behaviors such as talking out or being off task
 - Often needs multiple prompts to gain compliance with teacher proximity most effective
 - Interspersed calling of his name helps maintain attention to tasks
 - o Rarely directly defiant but arguing his perspective when given nonpreferred redirects
 - Poor personal space was noted especially when there is something he deems exciting
 - o Needs to have additional space from peers after multiple redirects about touching their things
- · Socially, Samuel superficially initiates with peers and adults
 - Often begins talking rapidly before has attention of others

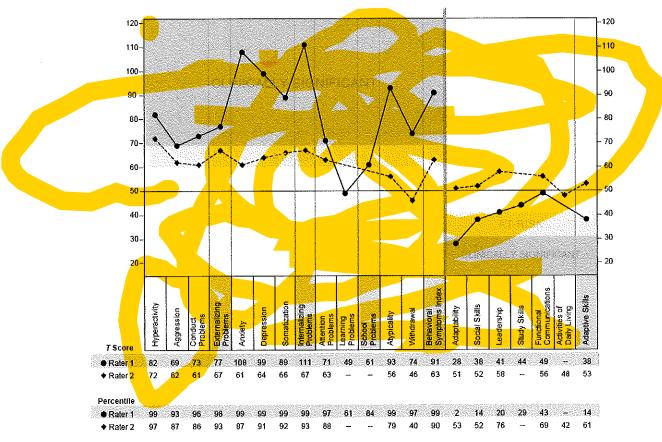
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- Misses social cue when others are disinterested
- o Exchanges not typically reciprocal with most including information about his preferred interests
- Eye contact inconsistent but better with adults
 - Responsive to teacher prompts for eye contact when engaged
- Makes requests of teacher and peers though often does not wait for their response
 - Continues speaking at times when others have walked away
 - Limited attempts at repairing the failed exchange before moving on
- Most extended conversational exchanges were only related to academic tasks or his interest in space
 - o Social overture included asking if peer knew about a space object
 - o If interest is given, excessive sharing of information on these subjects was initiated
- Atypical behaviors observed included:
 - Frequently putting his hands in his mouth or chewing his nails
 - o Rigid posture and perching in his seat
 - Finger mannerisms such as posturing and twisting
 - Vocalizing to himself and potentially narrating activities
 - Stammering speech

Evaluation of social, emotional, and behavioral factors was conducted by Taylor Howard, Licensed Specialist in School Psychology using observation, review of information, obtained from parent(s) and teacher(s) and the following instruments:

BEHAVIOR ASSESSMENT SYSTEM FOR CHILDREN - THIRD EDITION (BASC-3)

The <u>Behavior Assessment System for Children - Third Edition (BASC-3)</u> is a multidimensional system designed to facilitate the differential diagnosis and classification of a variety of emotional and behavioral problems. Results help to identify emotional and behavioral factors which may be contributing to difficulties at school. The Parent Rating Scales (PRS) and Teacher Rating Scales (TRS) were administered to provide comprehensive depiction of both adaptive and problem behaviors in the home and school settings.



■ = Rater 1: TRS-C, 09/03/2019, Rater: Jackie Guida

Results of the BASC-3 completed by parents and teacher indicated that Samuel's behavioral, emotional, and adaptive skill profile can be variable across the home and school settings though concern was noted across both settings. The majority of ratings in the school settings were in the clinically significant range while parent ratings were largely in the at-risk range. Of note, the F index on teacher form was in the caution range while indicators of consistency were within normal limits. While an elevated F index can be indicative of a negative response set and intentionally elevated scores, a review of individual items suggest that these ratings reflect Samuel's true behavioral needs in the school setting though extreme elevation should be interpreted with caution.

Regarding broad externalizing behaviors, parent ratings were in the at-risk range while teacher ratings were in the clinically significant range across measures of hyperactivity, aggression, and conduct problems. Both raters indicated clinical significant elevation for hyperactivity while only teacher indicated clinical elevation for the conduct problems domain. Across these domains, both raters reported that Samuel can struggle with impulse control, argumentativeness, defiant or oppositional behaviors, threatening others, and general compliance with requests. For the attention problems domain, both raters indicated that Samuel can have a shortened attention span, is easily distracted, and has limited concentration.

Regarding internalizing behaviors, teacher report included marked elevation across domains measuring anxiety, depression, and somatization while parent ratings did not exceed the at-risk range. A review of individual items across these domains suggest that both raters indicate a similar pattern of behaviors though frequency and severity is much higher in the school setting. For the anxiety domain, both raters indicated that Samuel can be easily stressed and worries about what others think. However, clinical indicators of anxiety, such as experiencing panic attacks, fixating on mistakes, and exhibiting physical distress related to anxiety were limited to the school setting. For the depression domain, all raters indicated that Samuel can shift moods rapidly, appears easily upset, and can be generally irritable. Both raters also indicated that Samuel sometimes engages in negative self-talk with parent ratings also indicating infrequent suicidal ideation.

Ratings across the behavior symptoms index, especially those related to atypicality and withdrawal, were highly variable across settings with teacher report indicative of clinically significant concern while parent ratings were in the average range. However, all raters (more frequent in the school setting) reported that Samuel can seem out of touch with reality, behaves in a strange manner, confuses real and make believe, and choose to isolate himself. For his adaptive skill profile, parent ratings across all domains were in the average range while teacher indicated significant difficulty with adaptability and at-risk concern for the social skills domain. Primary concerns identified by teacher included difficulty transitioning and negative reaction to changes in routine while both raters noted that it can be difficult to calm Samuel when he is angry.

THE AUTISM SPECTRUM RATING SCALE (ASRS)

The <u>Autism Spectrum Rating Scale (ASRS)</u> was designed to measure behaviors associated with Autism Spectrum Disorders (ASD). The measure was developed for children between the ages 2 and 18, and assess communication skills, deficits in attention, and problems engaging both peers and adults in social interactions.

Respondent (Date Completed):

Parents - 9/5/2019 Teacher 9/3/2019

Scales	Parents T-Score	Teacher T-Score
	(Classification)	(Classification)
Total Score	58 (Average)	70 (Very Elevated)

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ASRS Scales		
Social/Communication the extent to which the child uses verbal and nonverbal communication appropriately to initiate, engage in, and maintain social contact	48 (Average)	55 (Average)
Unusual Behaviors the child's level of tolerance for changes in routine, engagement in apparently purposeless and stereotypical behaviors, and overreaction to certain sensory experiences	59 (Average)	76 (Very Elevated)
Self-Regulation indicates how well the youth manages his behavior and thoughts' maintains focus, and resists distraction	62 (Slightly Elevated)	66 (Elevated)
Treatment Scales		
Peer Socialization child's willingness and capacity to successfully engage in activities that develop and maintain relationships with other children	49 (Average)	73 (Very Elevated)
Adult Socialization child's willingness and capacity to successfully engage in activities that develop and maintain relationships with adults	64 (Slightly Elevated)	58 (Average)
Social/Emotional Reciprocity child's ability to provide an appropriate emotional response to another person in a social situation	54 (Average)	60 (Slightly Elevated)
Atypical Language the extent to which the child is able to utilize spoken communication in a structured and conventional way	52 (Average)	64 (Slightly Elevated)
Stereotypy the extent to which the child engages in apparently purposeless and repetitive behaviors	54 (Average)	77 (Very Elevated)
Behavioral Rigidity the extent to which the child tolerates changes in his environment, routines, activities, or behaviors	64 (Slightly Elevated)	82 (Very Elevated)
Sensory Sensitivity child's level of tolerance for certain experiences sensed through touch, sound, vision, smell, or taste	64 (Slightly Elevated)	68 (Elevated)
Attention the extent to which the child is able to appropriately focus attention on one thing while Ignoring other things, as well as how well the child manages his behavior and thoughts, maintains focus, and resists distraction	55 (Average)	62 (Slightly Elevated)

Results of the ASRS completed by parent and teacher indicated that Samuel's presentation of behaviors related to an autism spectrum disorder were variable across the home and school settings with behaviors manifesting much more frequently or intensely at school compared to home. This included clinical elevation by teacher for the total autism indicator while parent ratings were in the average range. For the content scales of social/communication, unusual behaviors, and self-regulation, both raters indicated elevation for the self-regulation domain, and neither indicated elevation for the social/communication domains. Teacher report also included elevation for the unusual behaviors domain. While ratings for the social/communication domain were subclinical in nature, both raters indicated that Samuel struggles with eye contact, misses social cues, and can struggle with emotional reciprocity. For the unusual behaviors domain, both raters indicated that Samuel can fixate on small details, can perseverate on keeping items with him, has restricted interests, can be cognitively or behaviorally rigid, and presents with sensory differences. For the self-regulation domain, problem behaviors identified by both raters included being easily distracted, impulsivity in social interactions, and excessive fidgeting behaviors.

AUTISM DIAGNOSTIC OBSERVATION SCHEDULE, SECOND EDITION (ADOS-2)

The ADOS-2 consists of standard activities that provide the examiner with opportunities to observe behaviors that are directly relevant to the diagnosis of ASD at different developmental levels and chronological ages. The ADOS-2 incorporates the use of planned social activities, referred to as presses that provide standard contexts in which social interactions, communication, and particular types of behaviors are likely to appear. Each ADOS-2 module comprises social-communication sequences that combine a series of unstructured and structured situations; each situation provides a different combination of presses for particular social behaviors. The ADOS-2 has five modules, the modules are labeled T, 1, 2, 3, and 4. Each module has its own protocol, which contains a schedule of activities at a particular developmental and language level, ranging from 12 months of age and no expressive language to verbally fluent adults. Only one of the five modules is administered and interpreted for an individual at any given point in time.

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Samuel was administered **Module 3** given that this module is for use with verbally fluent children and young adolescents (usually under 16 years of age). Observations and findings from the ADOS-2 are provided below.

In the area of Language and Communication, Samuel used formal language and grammatically correct sentences, which included the use of multiple clauses. Samuel's speech pattern was somewhat odd. His intonation could be characterized as slightly nasal and pitchy. Samuel sounded breathy and was noted to take breaths at inappropriate times throughout the sentence instead of waiting for appropriate and natural pauses. Some stammering was also noted. Samuel engaged in echoing of words/phrases one time for processing. He frequently used the words inappropriate, horrible, and to be honest when responding to questions or commenting. He does spontaneously offer information about his own thoughts and experiences on several occasions. When the examiner mentioned he was not from Texas, Samuel asked him how he got to Texas and where he was before. When asked to relate a familiar sequence, Samuel provided a cohesive explanation. When providing accounts about personal experiences Samuel provided jumbled accounts and did not complete his stories. Samuel often used exaggerated gestures such as head nods and raised eyebrows throughout conversation.

In the area of Reciprocal Social Interactions, Samuel struggles to use socially modulated eye contact during social exchanges such that eye contact was either not utilized or sustained too intensely. Across a variety of preferred and nonpreferred tasks, Samuel did not exhibit a range of facial expressions as he typically had a flat affect or emoting was negative when expression shifted. However, he was able to direct his more exaggerated negative affective states. Though Samuel enjoyed some activities and his own actions in general, shared enjoyment was not observed to occur. During visually cued tasks or stories, Samuel was unable to identify facial expressions or emotional intent of others despite multiple attempts or cues. When describing emotions in himself, his understanding was limited to relating them to receiving, or not receiving, preferred tangible items or experiences. For his social relationships, Samuel was able to label friends and indicate a simplistic, play-based understanding of friendship. However, he struggles to describe friendship beyond play and was unable to describe appropriate social problem solving. He had particular difficulty describing sibling relationships such that his descriptions implied his younger brother having control over his behaviors. While Samuel did frequently seek out attention from the examiner, these overtures were typically only information seeking for himself,unrelated to context, or condescending in nature. He did typically provide a response to examiner overtures, but these were also often condescending in nature and did not facilitate extended, reciprocal interactions beyond his preferred interests. As such, rapport was difficult to establish and modification of tasks in the ADOS-2 was required.

In the area of Play, Stereotyped Behaviors and Restricted Interests, Samuel had marked difficulty engaging in creative role play with the examiner no matter how much latitude was allowed for expectations. When the examiner attempted to introduce abstract concepts in this setting, Samuel responded with increased condescension and refusal. He indicated that he refuses to play anything that is not educational in nature. Throughout administration, Samuel engaged in a variety of repetitive and sensory seeking behaviors which included perching in his seat, rubbing his hands together, visual inspection, fixation on spinning items, side gazing, and facial grimacing. Though not consistently observed, some finger twisting and picking often associated with an autism spectrum disorder were observed. He also presented with a restricted interest in outer space such that many of his social overtures and responses included references to this. While not explicitly compulsive in nature, Samuel was also fixated on being correct such that he sometimes belittled adults in the room or become noticeably escalated when it was suggested that someone might know more than he does about something. Though it was unclear if his intent was to harm himself and not persistent, on one occasion when frustrated, Samuel pinched his arm and hit himself in the head. His activity level was generally age appropriate though he did have difficulty remaining seated in his chair at times. He did not display overt indicators of anxiety during administration.

Overall, Samuel's scores on Module 3 algorithm were consistent with an ADOS-2 classification of High Evidence of an Autism Spectrum Disorder.

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INTELLECTUAL EVALUATION

An intellectual evaluation provides an estimate of learning which includes the ability to adapt, achieve, solve problems, interpret incoming stimuli, and accumulate knowledge; however, much more is involved in a person's intelligence, such as drive and incentive.

Current Formal Evaluation

Current formal evaluation was conducted by Whitney Smith, MEd, Educational Diagnostician. The following tests were administered:

WECHSLER INTELLIGENCE SCALE FOR CHILDREN-V (WISC-V)

The WISC-V is an individually administered intelligence test. The Full Scale IQ composite score is a global estimate of the individual's general intellectual functioning. It is comprised of four composite scores: The WISC-V provides composite scores that represent intellectual functioning in five specified cognitive domains; Verbal Comprehension, Visual Spatial, Fluid Reasoning, Working Memory, and Processing Speed as well as a composite score that represents General Ability Index (GAI).

The composite IQ scores have a mean of 100 and a standard deviation of 15. Each subtest has a mean of 10 with a standard deviation of 3.

Date Administered: 9-9-2019 & 10-3-2019

Verbal Comprehension Subtests	Standard Score	Descriptive Range
Similarities	17	Extremely High
The child is read two words that represent common objects or concepts and describes how they are similar.		
Vocabulary	16	Extremely High
For picture items the child names the depicted object; for verbal items the child defines the word that is read aloud		, ,

Visual Spatial Subtests	Standard Score	Descriptive Range
Block Design	13	Very High
The child views a model and/or picture and uses two-colored blocks to recreate the design within a time limit.		V 01 7 . 11 91 .
Visual Puzzles	17	Extremely High
The child views a completed puzzle and selects three responses options that when combined reconstruct the puzzle within a time limit	1 ''	- Exactions till a

Fluid Reasoning Subtests	Standard Score	Descriptive Range
Matrix Reasoning	18	Extremely High
The child views an incomplete matrix or series and selects the response option that completes the matrix	`~	
Figure Weights	13	Very High
The child views a scale with missing weight(s) and selects the response option that keeps the scale balanced, within a time limit	.1	

Working Memory Subtests	Standard Score	Descriptive Range
Digit Span	8	Average
The child is read a sequence of numbers and recalls the numbers in the same order © Digit Span Forward	14	Very High
Digit Span Backward	8	Average
Digit Span Sequence	7	Low Average
Picture Span The child views a page with one or more pictures of nameable objects then selects the picture(s) in sequential order	12	High Average

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Processing Speed Subtests	Standard Score	Descriptive Range
Coding	9	Average
The child works within a time limit to copy symbols that correspond with simple geometric shapes or numbers.		<u> </u>
Symbol Search	17	Extremely High
the child to scan a search group and Indicate whether the target symbol(s) matches any of the symbols in the search group within a specific time limit	17	Extremely might

Subtests used to derive the FSIQ are bolded, secondary subtests are in (parentheses).

Primary Composite Scale	Standard Score	95% Confidence Interval	Descriptive Range
Verbal Comprehension	136	125-141	Extremely High
Visual Spatial	129	119-134	Very High
Fluid Reasoning	131	122-136	Extremely High
Working Memory	100	92-108	Average
Processing Speed	116	105-123	High Average
Full Scale IQ (FSIQ)	125	118-130	Very High

Ancillary Composite Index	Standard Score	95% Confidence Interval	Descriptive Range
Nonverbal	126	118-131	Very High
General Intellectual Ability	134	127-138	Extremely High
Cognitive Proficiency	111	103-117	High Average

Interpretation -

The WISC-V was used to assess Samuel's current intellectual functioning. His overall FullScale IQ (FSIQ) score fell in the Very High range when compared to other children his age (FSIQ = 125). Language skills appeared to be one of Samuel's strongest areas of functioning. He showed exceptional performance on the Verbal Comprehension Index (VCI = 136). Performance on verbal comprehension tasks was particularly strong compared to his performance on processing speed (PSI = 116) tasks. Although his working memory performance was variable, overall he showed age-appropriate performance on working memory tasks, which measure concentration and mental control. However, this was an area of weakness relative to his overall level of ability (WMI = 100). When compared to his visual spatial (VSI = 129), fluid reasoning (FRI = 131), and processing speed (PSI = 116) performance, working memory skills emerged as an area for further development. Samuel's fluid reasoning skills were exceptional for his age (FRI = 131), and were a relative strength. On the Nonverbal Index (NVI), a measure of general intellectual ability that minimizes expressive language demands, his performance was Very High for his age (NVI = 126). He scored in the Extremely High range on the General Ability Index (GAI), which provides an estimate of general intellectual ability that is less reliant on working memory and processing speed relative to the FSIQ (GAI = 134). Performance on the

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Cognitive Proficiency Index (CPI), which captures the efficiency with which he processes information, was comparatively low, falling in the High Average range (CPI = 111).

ADAPTIVE BEHAVIOR EVALUATION

Adaptive Behavior is defined as performance of the day-to-day activities necessary to take care of oneself and get along with others. It is age-based and is defined by the expectations and standards of others. Adaptive behavior represented the typical performance rather that the ability of the individual -- what a person actually does as opposed to what a person is capable of doing.

Current Formal Evaluation

Adaptive behavior was evaluated formally by Whitney Smith MEd, Educational Diagnostician using observation, review of information obtained from parent(s) and teacher(s) and the following instrument(s).

ADAPTIVE BEHAVIOR ASSESSMENT SYSTEM, THIRD EDITION (ABAS-3)

The ABAS-3 is a comprehensive, norm-referenced assessment of adaptive skills needed to effectively and independently care for oneself, respond to others, and meet environmental demands at home, school, work, and the community. Adaptive skill areas have a scaled score mean of 10 and a standard deviation of 3, composite scores are based upon a mean of 100 and a standard deviation of 15.

Respondent (Date): Eric & Saler Axel, Parents (9-5-2019)

Jackie Guida, 1st Grade Teacher (9-3-2019)

Skill Area	Pa	rent Form	Teacher Form	
	Scaled Score	Qualitative Description	Scaled Score	Qualitative Description
Communication Speech, language, and listening skills needed for communication with other people.	10	Average	11	Average
Community Use Skills needed for functioning and performing important behaviors in the community.	7	Below Average	13	Above Average
Functional Academics Basic skills that form the foundation for reading, writing, mathematics, and other skills needed for daily, independent functioning.	9	Average	9	Average
Home/School Living Skills needed for basic care of a home or living setting or a school or classroom setting.	8	Average	5	Low
Health and Safety Skills needed for protecting health and responding to illness and injury.	11	Average	9	Average
Leisure Skills needed for engaging in and planning leisure and recreational activities.	10	Average	7	Below Average
Self-Care Skills needed for personal care.	10	Average	8	Average
Self-Direction Skills needed for independence, responsibility, and self-control.	8	Average	6	Below Average
Social Skills needed for interacting socially and getting along with other people.	8	Average	6	Below Average
Adaptive Domain	Standard Score	Qualitative Description	Standard Score	Qualitative Description
Conceptual Domain	95	Average	91	Average
Social Domain	94	Average	86	Below Average
Practical Domain	94	Average	91	Average
General Adaptive Composite (GCA)	93	Average	89	Below Average

Interpretation of scaled scores reveals the following:

The ABAS-3 addresses 9 adaptive skill areas, covering 3 domains. The General Adaptive Composite score (GAC) summarizes performance across all skill areas. Samuel obtained GCA scores of 93 (parent) and 89 (teacher), his true scores are likely to fall within the range of 89-97 (parent) and 86-92 (teacher) at a 95% level of confidence. Parent rating indicated a slight concern in Samuel's ability to function and get around in the

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community, however, teacher indicate no concerns in that area at school. Teacher rating did indicate some concerns with Samuel's level of functioning within the school, including organization, having necessary materials, and taking care of personal possessions. As well as slight concerns, at school, with engaging in play and planning recreational activities, abilities are to make independent choices, exhibit self-control and take responsibility when appropriate, and interacting socially, initiate and maintain friendships, express and recognize emotions, and assist others when needed. Samuel may require some interventions to assist with generalization of adaptive skills across settings.

EDUCATIONAL PERFORMANCE EVALUATION

Evaluation of educational performance level and learning competencies was conducted through formal and informal testing to determine Samuel's ability to progress in the general curriculum.

The following information was obtained from Samuel's general education records. Some scores should be viewed with caution as testing accommodations may not be allowed.

MEASURE OF ACADEMIC PROGRESS (MAP)

The MAP is a computer based achievement test used by the district to measure and monitor student progress. MAP test performance is described by a number called RIT score which has a range from 95-300. The scores are not specific to a grade level but are continuously making it possible to use RIT scores to follow a student's educational growth from year to year.

	1.	Read	ing				Math	ematics		
	Ovr	St1	St2	St3	St4	Ovr	St1	St2	St3	S14
19F (01)	191*	199	192	182	192	197 *	203	204	189	192
18-19-S (KG)	186 *	183	184	188	187	193 *	191	197	190	192
18-19-W (KG)	184 *	183	193	183	177	182 *	195	185	176	170
18-19-F (KG)	175 *	173	193	166	163	177 *	189	169	173	176

Notes:

St1: Foundational Language Skills: Vocabulary

St2: Multiple Genres

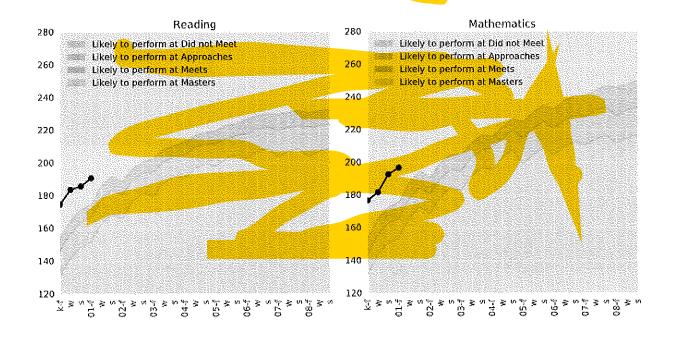
St3: Author's Purpose and Craft

St1: Numerical Representations & Relationships

St2 : Computations & Algebraic Relationships

St3: Geometry & Measurement

St4 : Data Analysis & Monetary Transactions



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TEXAS PRIMARY READING INVENTORY (TPRI) - KINDERGARTEN:

The Texas Primary Reading Inventory (TPRI) is an early reading assessment designed to comply with the requirements of TEC §28.006 by facilitating a teacher's capacity to: a) identify students at risk for reading difficulties in kindergarten, first grade, and second grade.

Grade: KG Year: 2019

	BOY	MOY	EOY
Screening Status	D		D
Book and Print Awareness	5	5	6
Phonemic Awareness			
Rhyming	5	5	S
Blend Word Parts	5	G	5
Blend Phonemes	5	5	5
Del Init Sounds	5	5	5
Del Final Sounds	5	6	5
Graphophonemic Knowledge	_		
Lir Name Ident	26	26	26
Ltr to Sound Link	10	10	10
Listening Comprehension			
Recali Details	2	3	3
Link Detai <mark>ls</mark>	3	2	2
Infer Word <mark>Meaning</mark>	1		1
Total List Com	8	G	6
Word Reading	The state of the s		
Word Read	<u> </u>		10

Diagnostic Tests

F <mark>eature Poi</mark> nts	45	Spelling Stage	Within Word Pattern
Reading Record			
Level	G	Accuracy	96%
Com <mark>prehensi</mark> on	60%	Fluency Level	3
Fou <mark>ndational Rea</mark> ding	Skills		
Upper-Case Letters	S	Lower-case Letters	8
_ette <mark>r Soun</mark> ds	S	High Frequency Words	90
Writing			
Composition Score	3	Туре	

Number and Operations	
Read Write and Represent numbers to 120	S
Compare numbers to 100 using > < or =	S
Order a set of numbers up to 120	S
Make te <mark>n with two or more nu</mark> bers	S
Use basic facts strategies to add and subtract within 20	S
Explain and solve addition and subtraction problems to 20 using objects, models, number sentences	S
Add two or three numbers	S
Algebraic Reasoning	
Count forward and backward between 1 and 120 form any given number	S
Count by twos, fives, and tens to 120	S

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Citiz <mark>en</mark> ship / Work Habits			
PE Citizenship	S	PE Content	S
Art Citizenship	S	Art Content	S
Music Citizenship	S	Music Content	S
Listen attentively	S	Follows directions	S
Exhibits self-control	S	Use and care for materials	S
Works independently	S	Put forth best effort	S
Completes work on time	S	Works cooperatively with others	S

Teacher information

According to Ms. Guida, Samuel's 1st grade classroom teacher, his academic performance can be described as follows: Ms. Guida reports no concerns with Samuel's reading, writing and math. He currently receives breaks as needed for his behavior and teachers assist Samuel with problem solving strategies for social difficulties. Samuel is able to complete and turn in assignments, take notes, respond to questions, participate in classroom discussions, monitor his work for errors, and come to class prepared for instruction. At times he has difficulty with initiating learning tasks independently, requesting assistance when it is needed, finishing assignments within the given time frame, following directions independently, and demonstrating organizational skills. Samuel has notable difficulty with persevering through frustrations and requiring more one on one attention than is expected.

In the area of Reading, Samuel is reported to be above grade level expectations in overall basic reading skills, such as identifying letters by name and sound, sounding out words, guessing words from clues, and decoding skills. In the area of Reading Comprehension, Samuel is above grade level expectations in vocabulary, answering factual questions, identifying the main idea and supporting details, and summarizing stories. He is on grade level with understanding the author's purpose, understanding idioms and figurative language, sequencing information, answering questions about a story he has read and independently comprehending read material.

In the area of <u>Writing</u>, Samuel is reported to be on grade level. He is able to use grammar, punctuation, spelling, write sentences, and use vocabulary within grade level expectations at this time. Samuel's handwriting is reported to be within expectations as well, as it is legible, letters are spacing is consistent, he is able to copy, and complete writing assignments within the expected time. No concerns were noted with Samuel's fine motor skills.

In the area of <u>Math</u>, Samuel is reported to be working above grade level in calculation skills, such as one-to-one correspondence, counting, adding and subtracting one digit numbers, understanding place value, and understanding math symbols to perform computations correctly. With math reasoning, Samuel is working above expectations with understanding general math concepts, recognizing shapes, understanding time concepts, and basic money terms. He is working on grade level with using manipulatives to solve problems.

Current Formal Evaluation

Current formal evaluation was conducted by Whitney Smith MEd, Educational Diagnostician.

WECHSLER INDIVIDUAL ACHIEVEMENT TEST III (WIAT III)

The WIAT-III is a comprehensive, individually administered test for assessing academic achievement. The composite scores have a mean of 100 and a standard deviation of 15. Each subtest has a mean of 10 with a standard deviation of 3.

Date Administered: 10-3-2019, 10-23-2019, 10-24-2019

Subtest/Subtest Component	Standard Score	Qualitative Description
Early Reading Skills examine asked to name letters of the alphabet, identify and generate rhyming words, identify words with the same beginning and ending sounds, blend sounds, match sounds with letters and letter blends, and match	113	High Average

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written words with pictures that illustrate their meaning		
Reading Comprehension tudent reads passages aloud or silently under un-timed conditions, and then asked to answer open-ended questions about each one	115	High Average
Math Problem Solving student solves un-timed math problems related to basic skills (counting, identifying shapes, etc.), everyday applications (time, money, word problems, etc.), geometry, and algebra	122	Very High
Alphabet Writing Fluency examine was asked to write as many letters of the alphabet in any order, in cursive or print, in uppercase or lowercase letters within a thirty second time limit	106	Average
Sentence Composition contains two components	115	High Average
Sentence Combining; student combines the information from two to three sentences into a single sentence that means the same thing	108	Average
Sentence Building; student writes meaningful sentences using target words	118	Above Average
Word Reading student reads aloud a list of increasingly difficult words	110	High Average
Numerical Operations student is asked to solve un-timed written math computation problems	139	Extremely High

Interpretation -

Portions of the WIAT-III were used to assess Samuel's current academic functioning. Samuel exhibited a notable strength in his ability to solve written math problems (Numerical Operation = 139) as well as understand and use everyday knowledge to solve math problems (Math Problem Solving = 122). Overall Samuel's reading skills and reading comprehension were above expectations and also an area of strength (Early Reading Skills = 113, Word Reading = 110, Reading Comprehension = 115). Samuel exhibited a personal area of weakness in comparison to his other skills in his ability to write quickly (Alphabet Writing Fluency = 106) and on topic (Sentence Combining = 108). When provided the needed information to write Samuel was able to do so above expectations (Sentence Building = 118). However, Samuel's overall writing skills are still within expectations for a student his age.

Based on formal assessment results -

In the area of <u>Reading</u>, Samuel is able to identify letters by name and by sound. He can identify (read) basic sight words and high frequency words as well as familiar words. He has difficulty using letter sound knowledge to sound out unfamiliar words. When reading, Samuel's literal comprehension skills are very strong, however he has difficulty with interpreting the thoughts, feelings, motivations, and intentions of the characters.

In the area of <u>Math</u>, Samuel is able to accurately complete one digit addition and subtraction, and one digit multiplication. He has difficulty with regrouping two digit numbers to accurately solve multi-digit addition and subtraction problems. He is beginning to understand the concept of division but is not yet consistently able to accurately solve division problems. Samuel is able to identify shapes, interpret pictographs, gain information from a calendar, and tell time to the hour. He needs instruction on interpreting number lines, identifying place value, and adding mixed groups of coins.

In the area of <u>Writing</u>, Samuel is able to write all his letters legibly, but they are poorly formed. His writing is often large and he uses a significant amount of pressure when writing. Samuel is inconsistently using conventions of writing such as capitals and punctuation. He does not use spacing between words and letters to help with legibility. Samuel does not readily complete written tasks and often engages in avoidant behaviors when asked to write.

DETERMINATION OF DYSLEXIA

According to the state of Texas law, "dyslexia" means a disorder of constitutional origin manifested by a difficulty in learning to read, write, or spell, despite conventional instruction, adequate intelligence, and sociocultural opportunity. Added by Acts 1995, 74th Leg., ch.260, § 1, eff. May 30, 1995.

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Based on the formal and informal data collected and reported in this evaluation Samuel does not present with a profile that is characteristic of a child with dyslexia. Thus the identification of dyslexia is not being made at this time.

IN-HOME & COMMUNITY AND PARENT & FAMILY TRAINING NEEDS ASSESSMENT

A Parent Interview /Needs Assessment was conducted as part of this current Full and Individual Evaluation. The evaluation was completed through informal means which included: observation(s), teacher consultation, review of educational records and parent interview/questionnaire to determine eligibility for In-Home Training and/or Parent Training services in the areas of behavior, communication, social skills, and/or self-help skills in the home or community setting.

Parent/Family Training is designed to provide the family with skills/techniques needed in order to help the child become successful in the home/community setting. This may include information regarding resources.

In-Home/Community Training is designed to assist the student with strategies that facilitate maintenance and generalization of IEP skills learned at school to the home and/or community setting. Training should shift from trainer to parent to facilitate long term maintenance.

Based on the data, Samuel's abilities in the areas of communication, behavior, and adaptive care skills are better developed in the home setting than the school setting. While school staff indicated that Samuel presents with significant impulsivity, social skills, and behavior regulation deficits, concerns in the home setting were not as well established. As Samuel receives special education supports and successful strategies are implemented in his IEP, school personnel should share these with parents in an efffort to have consistency across settings. At this time, parent and/or in home training are not recommended.

A review of all formal and informal data indicates that Samuel **does not meet** eligibility criteria for the related service of PARENT TRAINING or IN-HOME TRAINING at this time.

EVALUATION SUMMARY

Samuel is a 7 year old student currently enrolled at Hightower elementary school, in the 1st grade. Samuel was referred for a Full Individual Evaluation due to communication, behavior, social interaction, and/or adaptive behavior concerns that could be consistent with a category of eligibility warranting special education supports.

Based on history of academic performance, cognitive profile, formal achievement testing, state/district assessments, informal classroom data, observations, and parent information, the following can be surmised in regards to Samuel's need for specially designed instruction.

Based on review of all data obtained in the area of language and communication, Samuel's articulation/pragmatic skills are below the expected range. Samuel's speech is characterized by substitutions of the /th/ for /s/ and /z/ sounds and /w/ for /l/. Samuel also demonstrates some difficulty with his pragmatic skills which impacts his ability to have successful social interactions with both peers and adults. Samuel would benefit from speech therapy services to improve his articulation/pragmatic abilities.

Samuel's intellectual ability, as measured by the WISC-V, appears to be in the very high range. Samuel exhibited personal strengths in his ability to verbalize meaningful concepts, think about verbal information, and express himself using words (Verbal Comprehension) and a well-developed ability to abstract conceptual information from visual details and to effectively apply that knowledge (Fluid Reasoning). Samuel exhibited a personal area of weakness in his ability to register, maintain, and manipulate visual and auditory information in conscious awareness, which requires attention and concentration, as well as visual and auditory discrimination (Working Memory).

Samuel's adaptive behavior was formally assessed using the ABAS-3 completed by his mother and general

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education teacher. Results indicate deficits in the following areas of adaptive behavior: Parent rating indicated a slight concern in community use; his teacher indicated concern with school living, and slight concern with leisure skills, self-direction and social skills. Samuel may require some interventions to assist with generalization of adaptive skills across settings.

To better understand Samuel's current achievement level, he was also administered portions of the WIAT-III. Results indicated average to extremely high academic abilities. Samuel exhibited a personal area of strength in mathematical skills and a personal area of weakness in writing fluency tasks. At this time there are no academic concerns as Samuel is working at and above age and grade level expectations.

The present evaluation took into consideration all teacher and parent reports and ratings, multiple observations of Samuel in different settings, review of educational records, and administration of the ADOS-2. All pieces of information were weighed equally in coming to a diagnostic profile of Samuel. Per parent report, Samuel has been diagnosed with the conditions of ADHD. Oppositional Defiant Disorder (ODD), and the possibility of an autism spectrum disorder had been suggested by private practitioners. Results of this evaluation indicate that he presents with a constellation of symptoms, currently and by history, indicative of communication patterns, social interaction deficits, sensory sensitivities, restricted interests, and stereotyped behaviors that are consistent with an Autism Spectrum Disorder. On the ADOS-2, Samuel scored in the high evidence of an Autism Spectrum Disorder range with deficits identified related to social communication, social and emotional reciprocity, restricted interests, sensory needs, and repetitive behaviors. Additionally, report by parents and school personnel of hs current difficulties understanding social nuance and cues, difficulty interacting with same-age peers, and poor social problem solving skills are consistent with an Autism Spectrum Disorder. His regulation difficulties including sensory seeking behaviors and exhibition of restricted interests are disruptive to his social functioning. While Samuel intellectually understands some facets of emotional and social functioning, he struggles to apply them to real situations such that his social functioning suffers. His social problem solving skills were limited as he struggles with perspective taking and understanding how his behaviors impact others. In the classroom, he can be impulsive and frequently engages in negative attention seeking behaviors when interacting with peers and teachers rather than using prosocial skills to attain positive attention. He requires significant redirection and at a much higher frequency than his peers in order to regulate his behavior and progress through academic assignments despite possessing necessary skills for these tasks in isolation. Based on the preponderance of data, it is recommended that Samuel receive special education services as a student with an Autism Spectrum Disorder.

Regarding the potential additional eligibilities of an Other Health Impairment and an Emotional Disturbance, Samuel's currently presentation of educational need can be captured as part of an Autism Spectrum Disorder and social communication difficulty. While he does present with difficulty regulating his attention and impulsivity, these skill deficits are often subsumed as part of an Autism Spectrum Disorder rather than a separate condition. In Samuel's case, his educational records and achievement testing suggests that difficulties related to ADHD are not impeding his ability to learn and progress curricularly. For behaviors related to his diagnosis of Oppositional Defiant Disorder and general mood and/or behavior regulation needs, Samuel's presentation in the school currently manifests more frequently as difficulty with impulsivity, difficulty reading social cues, and difficulty with perspective taking related to Autism rather than an Emotional Disturbance. However, some mood disturbances, related to decreased self-esteem and indicators of depression, and disruptive behaviors were evident in evaluation data though these did not present beyond expectations of Autism. Should Samuel's presentation of mood regulation difficulty or explosive behaviors increase markedly beyond current presentation despite the advent of targeted intervention supports, further consideration should be given an eligibility of an Emotional Disturbance.

Social, emotional, and behavioral factors may influence Samuel's learning or affect his educational placement or programming. If the adaptations recommended below are not successful, a Functional Behavior Assessment is recommended.

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It is recommended that Samuel be eligible for special education services as a child with Autism and a Speech Impairment based on the assessment results reported in this Full and Individual Evaluation (FIE).

DETERMINATION OF DISABILITY(IES)

The current assessment data contained within the report supports the finding of the IDEA condition(s) listed below. The ARD committee members will need to review all assessment information to determine if Samuel is eligible for special education services.

Autism Spectrum Disorder

In accordance with 34 CFR, §300.8(c)(1): Samuel has a developmental disability that significantly affects both verbal/nonverbal communication and social interaction, which is currently adversely affecting his education services. Other characteristics evident that are associated with Autism were engagement in repetitive activities, stereotyped movements, resistance to environmental change, changes in daily routines, and/or unusual responses to sensory experiences.

Emotional Disturbance

Samue<mark>l d</mark>oes not demonstrate characteristics of emotional disturbance as defined by Texas Education Agency guidelines.

Speech Impairment

Evaluation of strengths, emerging skills, and areas for growth in language and communication skills indicates that Samuel exhibits an articulation disorder and a social communication disorder which adversely affects his educational performance in the following ways: It impacts the ability of the student to accomplish some of the Listening Speaking Texas Essential Knowledge and Skills.

Other Health Impairment

Samuel has been diagnosed with ADHD, however, at this time this condition does not appear to adversely affect his educational performance beyond expectations based upon an identified Autism Spectrum Disorder. Refer to the attached report from Scott Woods MD, PA, a licensed physician, on 5-2-2019, for further information.

According to federal and state guidelines, eligibility for special education services requires identification of a disability and need for services that can only be provided by special education.

As specified above, Samuel should be considered by the ARD / IEP committee as a student with the following disability(ies):

Autism Spectrum Disorder Speech Impairment

RECOMMENDATIONS

The ARD committee should review and select the appropriate accommodations and placement based on information gathered for this report. Support in the least res<mark>trictive setting is recommended.</mark>

Behavioral Supports and Interventions:

- Provide Samuel with social skills instruction targeting development of the following skills:
 - Expected versus unexpected behaviors
 - o Social problem solving during conflict
 - Predicting social and emotional responses of others

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- As much as is possible, Samuel needs his day to be structured and predictable. Use of visual supports, such as a visual schedule (that he can check and thereby be more independent), a checklist or work board for independent classroom work, and written reminders can be helpful.
- If things are to be changed on a given day it will help for Samuel to be forewarned about the change in plans.
- Use first-then statements to establish clear behavioral expectations
- Provide movement/sensory breaks proactively throughout his day
- Provide frequent reminders of classroom rules and expectations with fresh reminders after each transition
- Make only one request at a time. Wait until Samuel has completed what you have asked before making the next request.
- Teach Samuel school appropriate coping skills to use when he gets frustrated by his peers or when he
 is not satisfied with his own performance
- Provide Samuel with appropriate peer models in the general education setting to cue him for appropriate behavior and engagement
- Establish eye contact with Samuel prior to giving essential instructions or new material to ensure that he is ready to listen carefully.
- It is important to continually check in with Samuel to make sure he understands directions. You can have Samuel repeat back instructions in his own words to ensure comprehension.
- Allow Samuel to request to leave the general education classroom for a break in the special education classroom as needed related to frustration or emotionality.

Instructional Recommendations:

- Teachers and family are encouraged to assist Samuel by participating in activities designed to teach sequential reasoning skills. For example, ask him to identify what happened before and after an event in a story. While sequential reasoning skills are important for literacy, they also are useful when learning mathematics and science.
- Samuel could benefit from increased opportunities at home to improve his visual spatial abilities. Such activities may involve visual-motor skills, for example cutting, pasting, tracing, and coloring.
- When working with the student on visual-motor activities or handwriting, provide ample positive reinforcement for effort as well as for improvement or quality of the product.
- When learning new information, Samuel may benefit from using mnemonic devices or visual imagery to help him remember information. These strategies include mental pictures (using imagery and visualizations) and first-letter cues (to remember the words in a series or statement).
- Samuel may benefit from "chunking" information, a strategy in which pieces of information are grouped together into larger chunks so that fewer pieces of information need to be remembered. For example, the seven digits of a telephone number can be grouped into four numbers: 555-5678 becomes five, fifty-five, fifty-six, seventy-eight.
- Samuel is encouraged to practice weekly spelling and sight-vocabulary words by using different modalities. For example, he could use a computer, chalkboard, or plastic magnetic letters to work on these skills.
- When students are copying homework assignments from the board, check to see if the student is
 having difficulty. He is likely to be slow in finishing, have more difficulty than other students with the
 actual writing, write illegibly, or forget to write some or all of it.

An Autism Supplement should be completed as part of the ARD meeting.

The school staff will want to inform the parents/guardians of appropriate training opportunities offered by Plano ISD.

Information about the National Autism Association of North Texas should be shared with parents/guardians in order that they may participate in meetings with other parents and professionals.

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National Autism Association of North Texas

http://naa-nt.org
Meets first Tuesday of the month from 7:00 to 9:00 PM
St. Andrew Methodist church-Festival Hall (2nd Floor)
1401 Mira Vista, Plano, Texas

Autism Society of America

www.autism-society.org 7910 Woodmont Ave., Suite 300 Bethesda, MD 20814-3067

Samuel's parents/guardians should contact **LifePath Systems**, which is a non-profit organization which provides quality services to adults and children in the area or autism, intellectual disability, mental health and early childhood intervention. Services often have a very long waiting list so it is important that Samuel get on the waiting list early. The intake number is **972-727-9133**. The student's social security and Medicaid information (if applicable) will need to be available when you call.

With the diagnosis of autism or a cognitive disability your child may be eligible for **Supplemental Security Income (SSI)**. You may contact social security's toll free number at **1-800-772-1213** to find out if your child is eligible.

Community Living Assistance and Support Services (CLASS) is a program designed to help people with disabilities live, work, and play in the community. Class is sponsored by the Texas Department of Human Services. If eligible, services may include: physical, occupational, and speech therapy; nursing services; job training; daily living skills; special communication devices; psychological counseling; home modification, like wheelchair ramps and lifts or special kitchens; personal assistance with daily activities and temporary caregivers when the primary caregivers need time away. There is a long waiting list for this program so it is important to call early to get on the list. The toll free number is 1-877-438-5658.

<u>Community Resources for Children and Families</u> American Association of Intellectual Disabilities (AAID)

1-800-367-6724 www.cpwr.com

ARC of Dallas

2114 Anson Rd., Dallas Texas 75235 214-634-9810 www.thearcdallas.org

Assistance Center of Collin County (Social and Leadership activities; education and family services provided for people with developmental disabilities)

900 E. 18th Street, Plano Texas 75074 972-422-1850

Texas Department of Mental Health and Intellectual Disabilities (Services for all persons with mental/developmental disabilities which may include in-home support/education, employment training, respite care, supported living assistance, equipment and adapted environmental needs, counseling and limited medical assistance.)

909 W. 45th Street, Austin Texas 78756 1-888-404-1511

ASSURANCES

This report is respectfully submitted for review by the ARD/IEP Committee. Based on the information available for this report, the findings and judgments expressed are believed to be an accurate educational profile of the student. The evaluation team assures the following:

- 1. That the testing, evaluation materials, and procedures used for the purposes of evaluation were selected and administered so as not to be racially or culturally discriminatory;
- 2. That the tests and other evaluation materials used are technically sound and have been validated for the specific purpose for which they were used;
- 3. That tests were selected and administered so as best to ensure that if a test was administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the student's aptitude or achievement level or other factors the test purports to measure, rather than reflecting the student's impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure);
- 4. That the tests and other evaluation materials were administered by trained personnel in conformation with the instructions provided by their producers;
- 5. That the evaluation provides relevant information that directly assists persons in determining the educational need of the child; and
- 6. That information has been drawn from a variety of sources including aptitude and achievement tests; parent input, teacher recommendations, physical condition, social or cultural background, and adaptive behavior.

Taylor Howard, MS, LSSP

Licensed Specialist in School Psychology

Whitney Smith, MEd, RPED, NCED

Educational Diagnostician

Emma Waisner, SLP-CCC Speech-Language Pathologist Hightower Elementary

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