Instructional Program Priorities

Program: SCHOOL PSYCHOLOGY: Pupil Personnel Service (Intern and School Psychology) credentials, M.A. and Ed.S. degrees

Department: EDS

Number of students enrolled in the program in Fall 2011: 50

Faculty member completing template: Dr. Stephen E. Brock (Date: January 27, 2012)

Period of reference in the template: 2006-07 to present

1. Please describe your program’s learning-outcomes trajectory since 2006-07: Has there been a transformation of organizational culture regarding the establishment of learning outcomes and the capacity to assess progress toward their achievement? If so, during which academic year would you say the transformation became noticeable? What lies ahead; what is the next likely step in developing a learning-outcomes organizational culture within the program? [Please limit your response to 200 words or less]

The School Psychology Program is currently approved by both the California Commission on Teacher Credentialing (CCTC) and the National Association of School Psychologists (NASP). As is the case with all similarly approved programs, the School Psychology Program is learning-outcomes/standards based. This is mandatory because we are training students, who upon successful program completion, will be awarded state credentials (as well as graduate degrees), and thus must meet very specific standards. Further, given the Program’s status as a Nationally Approved School Psychology Graduate Program, upon successful completion of the school psychology PRAXIS examination, program completers are eligible to become Nationally Certified School Psychologists (which is the school psychology credential standard in 29 other states). With the most recent NASP approval cycle increased emphasis has been placed upon learning outcomes. As a result we began focusing more closely on learning outcomes when these changes began in 2007, after our last approval. As a result curricula and learning experiences are clearly linked to identified learning outcomes and each of these learning outcomes is assessed by candidate performance. For specific information regarding these changes the reader is referred to the NASP approval documents available from the author of this report upon request.

2. Please list in prioritized order (or indicate no prioritization regarding) up to four desired learning outcomes (“takeaways” concerning such elements of curriculum as perspectives, specific content knowledge, skill sets, confidence levels) for students completing the program. For each stated outcome, please provide the reason that it was designated as desired by the faculty associated with the program. [Please limit your response per outcome to 300 words or less]

The School Psychology Program has 12 stated learning outcomes. These outcomes are tied to both what we, as faculty and practitioners, consider critical knowledge, dispositions and skills
for school psychologists. Meeting these learning outcomes leads directly to both graduate
degrees and the awarding of Intern and School Psychology credentials. Following are four of
those goals that are somewhat more overarching than the others.
I. The Program expects that candidates will continually develop professional skills through
reflective practice, critical thinking, and mindfulness of current research. School psychology is
an ever changing field whose practices are based in ongoing research. In addition, the goal of
the program is to develop science-practitioners. School psychology is a very broad field and it is
not possible to instill all the knowledge and skills necessary to the many facets of the job in a
training program. Therefore, ongoing learning is critical to being an effective professional.
Learning the art of reflective practice is a skill/trait that will enable our graduates to improve
their interpersonal skills and to interact with the populations they serve in ways that are
beneficial to all. Through reflective practice professionals are able to consider their own
interactions within the context in which they find themselves. As current and former
practitioners, we know the importance of being able to reflect on our actions and interactions in
order to improve our skills.
II. Program graduates will conceptualize student needs from a developmental and
ecological perspective. This is a priority goal because school psychologists are working with
individuals and each individual must be viewed from his or her own context. It is imperative
that students’ needs be understood within an understanding of development that acknowledges
the stages through which students progress. For example, behavioral expectations for a 6 year
old are quite different than those for a 12 year old. In addition, students develop at different
paces, so professionals must consider the unique developmental trajectory of each child. A 6
year old with delayed language development will have different peer interactions than one with
strong language skills. An ecological perspective involves considering multiple factors that
impact students; their home life, the community, instruction, relationships with teachers and
peers, language, culture. One cannot effectively serve students and families unless an ecological
perspective is utilized in conceptualizing student needs. This is particularly relevant in California
with its diverse student population.
III. Program graduates will implement problem-solving approaches that lead to problem
solution within the school framework or to an appropriate outside referral. Based on our
experiences as practitioners and current research in the field of school psychology, faculty
members stress the importance of a problem-solving approach to addressing student concerns.
A problem solving approach goes beyond the more traditional diagnose and label approach. In a
problem solving approach the focus is on the solution: working to identify factors both within or
outside of the student that can be addressed. For example, the older medical model identified
all academic problems as arising from within the student factors, whereas is a problem solving
approach, the problem is seen as occurring at the interface of student and contextual demands.
Therefore, instruction and environment are considered. In addition, a problem solving approach
is less concerned with why a problem is occurring and more focused on how to improve the
situation.
IV. Program graduates will conduct themselves in a manner consistent with ethical and
legal standards of the profession. School psychologists can have a profound and long lasting
impact on student’s lives. Therefore, acting according to the ethical and legal standards of the profession is critical. In our program pertinent ethical guidelines are discussed in all classes, practica and seminars. In evaluating students during their field based placements, ethical conduct is a critical factor.

3. *For undergraduate programs only, in what ways are the set of desired learning outcomes described above aligned with the University’s Baccalaureate Learning Goals? Please be as specific as possible.*

[Please limit your response to 400 words or less]

The PPS, M.A. and Ed.S. School Psychology program is at the graduate level. The University’s *Baccalaureate Learning Goals* do not apply. Instead, the programs address the standards set forth by CCTC, NASP, and meet all Office of Graduate Studies (OGS) parameters.

4. *For each desired outcome indicated in item 2 above, please:*
   a) Describe the method(s) by which its ongoing pursuit is monitored and measured.

1. The Program expects that graduates will continually develop professional skills through reflective practice, critical thinking, and mindfulness of current research. These attributes are measured in the following ways:
   a. Assessment and counseling practica evaluations.
   b. Papers, presentations and discussions in seminars for field based experiences.
   c. Psycho-educational evaluations
   d. Field supervisor evaluations
   e. Culminating project
   f. Culminating exam case study.

2. Program graduates will conceptualize student needs from a developmental and ecological perspective.
   a. Developmental Questionnaire and annotation
   b. Case studies for 246A, 246B, 241, 441
   c. Psycho-educational evaluations
   d. Functional Assessment and Behavior Intervention Plan reports
   e. Field based evaluations

3. Program graduates will implement problem-solving approaches that lead to problem solution within the school framework or to an appropriate outside referral.
   a. Psycho-educational evaluation
   b. Counseling practica evaluation
   c. Assessments in EDS 241, 244.
   d. Field based evaluations

4. Program graduates will conduct themselves in a manner consistent with ethical and legal standards of the profession:
   a. Practica evaluations in counseling and assessment (EDS 440, EDS 242B, EDS 243)
   b. Field based evaluations
   c. Praxis examination.
   d. Masters exam case study.
b) Include a description of the sample of students (e.g., random sample of transfer students declaring the major; graduating seniors) from whom data were/will be collected and the frequency and schedule with which the data in question were/will be collected.

Every candidate in the School Psychology programs participates in the assessments/courses indicated above as well as providing feedback for all of their course experiences through the campus Course Evaluation process. Schedule of faculty review occurs at the end of spring terms.

c) Describe and append a sample (or samples) of the “instrument” (e.g., survey or test), “artifact” (e.g., writing sample and evaluative protocol, performance review sheet), or other device used to assess the status of the learning outcomes desired by the program.
A sample of evaluation tools employed in the School Psychology program are in Appendix A.

d) Explain how the program faculty analyzed and evaluated (will analyze and evaluate) the data to reach conclusions about each desired student learning outcome.
[Please limit your response to 200 words or less per learning outcome]

School Psychology Program faculty members analyze the assessments specified above. From these findings, and feedback from students, graduates and employers, areas have been identified as needing to be addressed. For example, while students were strong in all areas of the PRAXIS they were weakest in three general areas: (a) data-based decision making, (b) collaboration and consultation, and (c) ethical/legal and professional foundations. However, it is important to note that because the PRAXIS II is administered to school psychology candidates before they have even begun their internship year it is difficult to determine the extent to which these results reflect the need for improvement in specific areas. It is possible that following the internship experience these sub-scores are no longer relatively low. Nevertheless, these data have been or will be used to improve our program in the following ways:

5. Regarding each outcome and method discussed in items 2 and 4 above, please provide examples of how findings from the learning outcomes process have been utilized to address decisions to revise or maintain elements of the curriculum (including decisions to alter the program’s desired outcomes). If such decision-making has not yet occurred, please describe the plan by which it will occur.
[Please limit your response to 200 words or less per item]

1. The Program expects that graduates will continually develop professional skills through reflective practice, critical thinking, and mindfulness of current research. During the 2008-2007 academic year Ed.S. candidates began completing their culminating experiences. We have developed requirements for the culminating projects to foster critical thinking and the ability to apply current research to practice. Specifically, students are required to identify a critical issue in their field placement and use current research and critical thinking to develop an appropriate response to the issue identified. For example, two students identified significant issues in how the Child Study Teams at their schools dealt with academic and behavioral referrals for students who were English Learners. As a result they researched best practices in this area and developed guidelines and training for Child Study Teams that will address this issue. Reflecting on their own practice, utilizing critical thinking and exploring current research were all fostered through this project.

2. Program graduates will conceptualize student needs from a developmental and ecological perspective. Faculty determined that students needed to demonstrate more evidence of
attaining this outcome and have recently re-instituted a portfolio process for candidates during their final internship year. One of the requirements for the portfolio is a case study that demonstrates the ability to affect positive outcomes for a student.

3. **Program graduates will implement problem-solving approaches that lead to problem solution within the school framework or to an appropriate outside referral.** One of the ways in which we are adjusting curriculum to address this issue is an increased focus on practical experiences that will be used as the basis for seminar discussions in EDS 439 Early Fieldwork in School Psychology and EDS 441 Internship in School Psychology. It is hoped that by exploring the models actually observed and practiced in the field, student understanding of how to initiate problem solving strategies will increase. For example, last year one student related an experience in which inserting a solution oriented, problem – solving question into a Child Study Team meeting changed the tenor of the conversation and was very positively received by all participants.

4. **Program graduates will conduct themselves in a manner consistent with ethical and legal standards of the profession.** Changes have been implemented regarding ethical/legal issues. Specifically, the Program has discontinued the first year, first semester course offering EDS 201 Legal Issues, and replaced it with instructional elements within relevant courses. In EDS 241 Counseling and Psychotherapy for School Psychologists and EDS 246b Preventive Psychological Intervention, instructional elements now include issues related to confidentiality and mandated reporting. In 242a the Program has further increased the emphasis on legal and particularly ethical issues in assessment. Finally in 439 students have explored cases that went to fair hearing and have had a special education lawyer come in and discussed legal issues. As this is a recent change the feedback to date is anecdotal, but students have responded positively to having legal issues imbedded within the relevant course content. By addressing these issues within the context of relevant course work candidate retention of legal and ethical issues will be improved.

6. Has the program systematically sought data from alumni to measure the longer-term effects of accomplishment of the program’s learning outcomes? If so, please describe the approach to this information-gathering and the ways in which the information will be applied to the program’s curriculum. If such activity has not yet occurred, please describe the plan by which it will occur. [Please limit your response to 300 words or less]

Per our recent CCTC and NASP accreditation approved submission, the faculty in School Psychology actively utilized current students and alumni (as well as community and other Sac State faculty) in the development of the revised programs. This three-year effort involved meetings in-class, group presentations off-campus, phone discussion, emails, beta-class student evaluations to frame the curriculum and service delivery of said programs. As recently as November 1, 2012, a host of these folks were invited to campus to share their interactions per the School Psychology program. The feedback from this CCTC-related activity was very positive and was critical in the development and accreditation of our programs.

7. Does the program pursue learning outcomes identified by an accrediting or other professional discipline-related organization as important? Does the set of outcomes pursued by your program exceed those identified as important by your accrediting or other professional discipline-related organization? [Please limit your response to 300 words or less]
The Program is a Nationally Approved Graduate Program in School Psychology (through 2012 by the National Association of School Psychologists [NASP]). Program re-approval documents were submitted in September 2011 and we are currently awaiting a response to this application. It is important to acknowledge that lack of full time faculty and dedicated coordination time place this approval in jeopardy. The Program has been recently (fall 2011) re-authorized by the California Commission on Teacher Credentialing (CCTC) to offer both the Pupil Personnel Services Intern Credential; and the Pupil Personnel Services Credential in School Psychology.

The mission of the School Psychology Program at Sac State is to promote educational practices that lead to positive outcomes for children and youth. We strive to do this by training exemplary school psychologists to integrate knowledge into practice and to effectively utilize a problem-solving model to improve educational outcomes for students. We also engage in research, the dissemination of knowledge, and professional and community service that will advance school psychology practice.

Course syllabi, delivered content, and assignments address these areas as appropriate. In regards to outside agency norms, there is considerable overlap between CCTC and NASP. However, there are areas in which they differ and one agency has greater emphasis on a particular outcome than the other. For example, CCTC has clearer expectations for multi-cultural competence. Therefore, just meeting NASP standards in this way would not suffice for CCTC. On the other hand, NASP has stronger requirements in regards to pre-internship experiences. Therefore, in order to meet NASP standards we exceed CCTC standards. We consider these to be minimum standards and our goal is to exceed these standards.

8. Finally, what additional information would you like to share with the Senate Committee on Instructional Program Priorities regarding the program’s desired learning outcomes and assessment of their accomplishment? [Please limit your response to 200 words or less]

Curriculum rigor is documented by the fact that in addition to course work candidates are required to take the Praxis II: National School Psychology Examination to advance to the internship (it is also a part of the M.A. degree examination program). In the past three years the average score for the Program’s students has been 172.3 (166 is passing at the Nationally Certified School Psychologist level). This average score is significant in that the test is administered over a year before candidates complete their school psychology training and before they have even begun their internship, which is an extensive learning experience. Thus, they are being compared to professionals with more training and experience.

The College of Education has been engaged in an extensive program of restructuring over the last 2.5 years. At the center of this is the streamlining of many of our administrative functions including our approach to assessment. In 2008, we began exploring opportunities to centralize our college efforts and collecting data for assessment of learning goals around a central vision of TEACHing for change, which includes Transformation, Equity and Social Justice, Advocacy, Collaboration, Civic and Community Engagement and Human Capital and Diversity. This overarching vision of students and credential candidates in the College of Education is adopted by all programs. As many of our programs also must adhere to strict regulations of accrediting bodies, these standards are also aimed to integrate within the central assessment system. The college a College of Education has begun work toward hiring a director of assessment within the college to oversee the collection, analysis, and synthesis of assessment data for all programs, integrating with CMS and CTQ data.
Appendix A
Samples of Selected Evaluation Tools
Case Study 3

NAME: JT
SCHOOL: ELEMENTARY SCHOOL
BIRTH DATE:
GRADE: 1ST
ASSESSMENT DATES:
AGE: 6 YEARS
PRIMARY LANGUAGE: ENGLISH
EXAMINER:

REASON FOR REFERRAL
JT was referred to the CSUS Diagnostic Clinic for a psycho-educational assessment by her parents, Mr. and Mrs. TT. They want information about their daughter’s strengths and weaknesses as a learner. They are also concerned with JT’s low self esteem.

BACKGROUND INFORMATION:

School History
JT attended Kindergarten at Elementary School where she currently attends the 1st grade. JT’s current teacher, Mrs. S describes her as a “solid reader and problem solver with an understanding of math concepts.” She also reports that JT has many friends, is a caring person and is a pleasure to have in class. However, she would like JT to take more of an initiative and states “JT does well when there is someone in her group that is able to lead and guide her on what to do.”

Family
JT was adopted at 9 months old from China. Mr. T reports that he has no information regarding JT’s biological parents. JT lives with her mother, father and seven year old brother, who is also adopted. According to Mrs. TT, JT and her brother get along “well.” JT’s primary language is English, which is spoken in the home.

Health and Developmental
JT’s recent hearing and eye exam conducted in November 2008 are within normal limits. JT reached all developmental milestones within normal limits. JT is currently taking no medication and there are no health concerns.

Social Emotional/Behavioral History
JT’s parents report that she is “articulate, strong willed and shy.” According to her parents, she enjoys fashion and arts and crafts. Mrs. TT reports that JT gets along “fine” with her peers. Mr. and Mrs. TT also report that JT has low self esteem. They report that “sometimes she thinks she has no value, no one cares for her or she wants to die.” They also report that sometimes she hides in the house and seems to wait to see how long it takes for someone to notice she is missing. Mr. TT stated that often a “battle” occurs between him and JT during homework time. JT displays many of her strong willed, defiant and withdrawn behaviors during this time. For example, Mr. TT reports that “one day JT became so upset that she walked out of the front door and walked down the block.”

1. List your working hypotheses at this point in order of priority.
2. In your opinion, what are the most important pieces of information in this section? Why?

PRIOR TESTING
Mrs. TT reports that JT has not had a previous psycho-educational assessment.

OBSERVATION DURING TESTING
The examiner met with JT on two occasions. During both sessions, JT readily accompanied examiner to the testing room and rapport was easily established. During casual conversation, JT shared that her favorite subject is math and her least favorite subject is writing. JT was focused on all tasks administered and was able to talk herself through problems. JT was very attentive and enjoyed tasks that required her to reason and solve problems using mainly visual material. It was noticed that JT was thoughtful when providing responses reflecting an effort to give her best answers. Overall, JT seemed to put forth an adequate effort on all tasks administered during the two sessions.

METHODS OF DATA COLLECTION
- Behavior Assessment System for Children-2 (BASC-2)-Parents & Teacher
- Roberts Apperception Test (RAT)
- The Beery Developmental Test of Visual-Motor Integration (Beery VMI)
- The Guess Why Game
- Woodcock Johnson Achievement (WJ-II Ach)
- Woodcock Johnson Cognitive Abilities (WJ-III Cog)
- Parent Interview Form
- Teacher Interview Form

TEST FINDINGS AND INTERPRETATIONS
Cognitive Assessment:
The Woodcock-Johnson Cognitive-III (WJ-III)

<table>
<thead>
<tr>
<th>Cluster/substrist</th>
<th>Standard Score</th>
<th>Percentile</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal Ability</td>
<td>114 (106-122)</td>
<td>83&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>High Average</td>
</tr>
<tr>
<td>Verbal Comprehension</td>
<td>114 (106-122)</td>
<td>83&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>High Average</td>
</tr>
<tr>
<td>Thinking Ability</td>
<td>123 (117-129)</td>
<td>94&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Superior</td>
</tr>
<tr>
<td>Concept Formation</td>
<td>111 (104-118)</td>
<td>76&lt;sup&gt;th&lt;/sup&gt;</td>
<td>High Average</td>
</tr>
<tr>
<td>Spatial Relations</td>
<td>121 (113-128)</td>
<td>92&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>Superior</td>
</tr>
<tr>
<td>Visual-Auditory Learning</td>
<td>113 (105-121)</td>
<td>81&lt;sup&gt;st&lt;/sup&gt;</td>
<td>High Average</td>
</tr>
<tr>
<td>Ability Cluster/Ability</td>
<td>Standard Score/Score</td>
<td>Percentile Rank/Classification</td>
<td></td>
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<tr>
<td>------------------------</td>
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<tr>
<td><strong>Sound Blending</strong></td>
<td>130 (117-142)</td>
<td>79&lt;sup&gt;th&lt;/sup&gt; Superior</td>
<td></td>
</tr>
<tr>
<td><strong>Cognitive Efficiency</strong></td>
<td>110 (102-117)</td>
<td>26&lt;sup&gt;th&lt;/sup&gt; Average</td>
<td></td>
</tr>
<tr>
<td><strong>Numbers Reversed</strong></td>
<td>105 (95-114)</td>
<td>62&lt;sup&gt;nd&lt;/sup&gt; Average</td>
<td></td>
</tr>
<tr>
<td><strong>Visual Matching</strong></td>
<td>117 (109-125)</td>
<td>87&lt;sup&gt;th&lt;/sup&gt; High Average</td>
<td></td>
</tr>
<tr>
<td><strong>General Intellectual Ability</strong></td>
<td>118 (113-122)</td>
<td>88&lt;sup&gt;th&lt;/sup&gt; High Average</td>
<td></td>
</tr>
</tbody>
</table>

**Academic Functioning**

*Woodcock-Johnson Achievement III (WJ-III Ach)*

<table>
<thead>
<tr>
<th>Ability Cluster/Score or Subtest</th>
<th>Standard Score/Score</th>
<th>Percentile Rank/Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Broad Reading</strong></td>
<td>130 (128-133)</td>
<td>98&lt;sup&gt;th&lt;/sup&gt; Superior</td>
</tr>
<tr>
<td><strong>Letter Word Identification</strong></td>
<td>137 (133-140)</td>
<td>99&lt;sup&gt;th&lt;/sup&gt; Very Superior</td>
</tr>
<tr>
<td><strong>Reading Fluency</strong></td>
<td>135 (128-142)</td>
<td>99&lt;sup&gt;th&lt;/sup&gt; Very Superior</td>
</tr>
<tr>
<td><strong>Passage Comprehension</strong></td>
<td>126 (121-131)</td>
<td>96&lt;sup&gt;th&lt;/sup&gt; Superior</td>
</tr>
<tr>
<td><strong>Broad Written Language</strong></td>
<td>139 (134-144)</td>
<td>99&lt;sup&gt;th&lt;/sup&gt; Very Superior</td>
</tr>
<tr>
<td><strong>Written Expression</strong></td>
<td>134 (128-140)</td>
<td>99&lt;sup&gt;th&lt;/sup&gt; Very Superior</td>
</tr>
<tr>
<td><strong>Spelling</strong></td>
<td>138 (132-144)</td>
<td>99&lt;sup&gt;th&lt;/sup&gt; Very Superior</td>
</tr>
<tr>
<td><strong>Writing Fluency</strong></td>
<td>144 (131-157)</td>
<td>99&lt;sup&gt;th&lt;/sup&gt; Very Superior</td>
</tr>
<tr>
<td><strong>Writing Samples</strong></td>
<td>126 (120-131)</td>
<td>96&lt;sup&gt;th&lt;/sup&gt; Superior</td>
</tr>
<tr>
<td><strong>Broad Math</strong></td>
<td>141 (134-148)</td>
<td>99&lt;sup&gt;th&lt;/sup&gt; Very Superior</td>
</tr>
<tr>
<td><strong>Math Calculation Skills</strong></td>
<td>134 (126-143)</td>
<td>99&lt;sup&gt;th&lt;/sup&gt; Very Superior</td>
</tr>
<tr>
<td><strong>Calculation</strong></td>
<td>129 (118-141)</td>
<td>98&lt;sup&gt;th&lt;/sup&gt; Superior</td>
</tr>
<tr>
<td><strong>Math Fluency</strong></td>
<td>154 (146-162)</td>
<td>99&lt;sup&gt;th&lt;/sup&gt; Very Superior</td>
</tr>
<tr>
<td><strong>Applied Problems</strong></td>
<td>137 (129-145)</td>
<td>99&lt;sup&gt;th&lt;/sup&gt; Very Superior</td>
</tr>
</tbody>
</table>
**Visual-Motor Functioning**
JT was administered the Beery-Buktenica Developmental Test of Visual-Motor Integration, Fifth Edition (VMI).

<table>
<thead>
<tr>
<th>Standard Score</th>
<th>Percentile</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>113</td>
<td>81st</td>
<td>Above Average</td>
</tr>
</tbody>
</table>

3. What can you tell JT’s parents about her cognitive and academic abilities?

**Social/Emotional**
To obtain information from multiple adults in JT’s life, the Behavior Assessment System for Children-2 (BASC-2) was administered.

### Clinical Scales

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Scales in the At-Risk Range T&gt;60</th>
<th>Scales in the Clinically Significant Range T&gt;70</th>
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</thead>
<tbody>
<tr>
<td>Mr. TT (Father)</td>
<td>Conduct Problems (62) Behavioral Symptoms Index (61) Depression (69)</td>
<td>None</td>
</tr>
<tr>
<td>Mrs. TT (Mother)</td>
<td>Depression (63)</td>
<td>None</td>
</tr>
<tr>
<td>Mrs. SS (Teacher)</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

### Adaptive Scales

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Scales in the Average Range T 41-59</th>
<th>Scales in the At-Risk Range T 31-40</th>
<th>Scales in the Clinically Significant Range T&lt;30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. TT (Father)</td>
<td>Adaptability (46) Functional Communication (42) Activities of Daily Living (42)</td>
<td>Social Skills (39) Resiliency (40) Leadership (38) Adaptive Skills (38)</td>
<td>None</td>
</tr>
<tr>
<td>Mrs. TT (Mother)</td>
<td>Leadership (50) Activities of Daily Living (49) Functional Communication (45) Adaptive Skills (42)</td>
<td>Social Skills (39) Adaptability (35) Resiliency (38)</td>
<td>None</td>
</tr>
<tr>
<td>Mrs. SS (Teacher)</td>
<td>Resiliency (61) Study Skills (55) Adaptability (63) Adaptive Skills (53) Social Skills (42) Leadership (45) Functional Communication (59)</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
4. Write a short summary of the BASC findings.

**Projective Measures**

JT was given the Roberts Apperception Test for Children (Roberts 2) to further assess her social emotional development. JT was shown drawings and was asked to create a story for each drawing. Recurring themes in her stories included a child who was mad and sad; however the stories concluded with happy endings. For example, she stated, “they were mad because someone hurt someone else.” When asked “what happened at the end of the story,” she stated, “they became best friends and never argued again.” Another response she gave to a drawing was, “the girl is hugging her mom because she is sad. She is sad because she fell down, but she is happy because it doesn’t hurt anymore.”

The Guess Why Game is a projective test used to assess social-emotional functioning in children. JT’s answers consistently supported a common theme of a young girl who is sad because she is teased at school. For example, when given the statement “Mary woke up in the middle of the night. Why?” JT said, “she couldn’t go to sleep because she had a nightmare about someone teasing her.” When asked “Mary’s mother puts on her coat and left the house. Why?” JT responded “to talk to the teacher about people teasing her.” When asked, “what does Mary wish for most of all?” JT said, “she wants to be a friend.” JT also expressed that “Mary” is mad when people are mean to her. For example, “Mary once wanted to run away from home. Why?” JT responded “her family is mean.” When asked “Mary usually likes to be by herself. Why?” JT said, “because people are mean to her.”

5. How do JT’s answers on the projective measures compare with reports of JT’s social emotional development by her parents?

6. What are the most significant findings of the social emotional assessment?

7. Write a summary (be sure to address the referral concerns).

8. Develop recommendations by category and in priority order.
Casey is a 12-year-old, 6th grade student, with a history of behavior and subject learning difficulties going back to his first grade year. You have just finished your psycho-educational evaluation of Casey. Your task is now to make sense of evaluation data so as to be able to give the IEP team meaningful guidance. The following is a summary of the data you have collected. Carefully consider these data so as to be able to answer the six (6) questions that follow.

Reason for Referral:

Casey was referred for testing at the request of his parents who feel that he may be eligible for special education assistance. They report that their son is very irritable (sometimes to the point of violence). They also report that while it is often difficult to get him out of bed in the morning, he appears energized after school and has difficulty getting to sleep at night. They further described their son as easily frustrated with his homework, especially assignments that require extensive reading, and that he is prone to severe temper tantrums.

Background Information:

Casey has attended the ABC school district for the past 6-months. His father is in the Army and Casey has had frequent school changes. Current teacher reports describe this student as “smart and capable,” but “very moody and often inattentive.” While working below grade level, his teacher, Ms. Jones, feels that he is making progress. While she did not initiate this referral, she is most supportive of it and indicated that she had already referred Casey to the school counselor after receiving an essay that concluded “it would be better [sic] if I could go to sleep and never wake up again.” School attendance during the current school year has been regular. However, he is frequently late getting to school and has been suspended for a total of 10 days for several fights with his classmates and for getting into arguments with his teacher. At times, Ms. Jones reports it appears that Casey believes he is capable of running the classroom and has no problem telling his teacher how to deliver the instructional program.

Casey plays sports and is a good athlete. He has struggled with “sportsmanship,” but has he has matured he appears to be doing better. In the past he has left a baseball game when he felt his teammates weren’t trying hard enough or when he felt the umpires weren’t fair.

Casey’s mother, Mrs. X, states that Casey has always enjoyed math and been good at it. In addition, he likes to fix things around the house and seems to understand how to work most of the new electronic equipment they get long before either of his parents are able to understand it. She also reports that he can become engrossed in building things, such as catapults or miniature tanks.

School History. The cumulative record reveals that Casey’s school difficulties are not new. He was considered for retention in the 4th grade, but apparently moved before the necessary paper
work could be completed. Last year he reportedly ran out in to a busy street after a having a "melt-down" in his classroom. His teacher noted that he made no effort to avoid being hit by the cars passing by and was overheard saying: "Everyone would be better off if I were just not around anymore." Fortunately he was uninjured. Group achievement test data indicates low average achievement and his grades range from "Ds" to "Bs." Reading and language arts test scores and grades are consistently low.

His teachers also report that Casey's performance can be quite sporadic: sometimes he appears to be well ahead of classmates in his understanding of new concepts and other times he needs repetition and simplification.

**Developmental History.** Casey was the product of a normal full term pregnancy. The delivery proceeded without incident. Developmental milestones were obtained within normal limits. As an infant, it was reported that Casey was extremely difficult to settle down, rarely slept, experienced separation anxiety, and seemed overly responsive to sensory stimulation.

**Health History.** Casey's general health status appears good. However, he frequently complains of headaches and stomachaches. In addition, he appears to have a high frequency of accidents (e.g., breaking his leg after jumping off the roof at age 8 to see if he could "fly"). Casey has previously been diagnosed by a family physician as ADHD, however, parent report indicates that the Ritalin prescribe to treat this condition only made his behavior worse.

**Family History.** Casey's mother reports that her sister was often very moody as a child (like Casey) and had a history of depression. She committed suicide at age 18. His father is reportedly "very hyper" and had problems (similar to Casey) with reading in school.

**Test Taking Behavior:**

Casey's mood during testing was variable. At the start of the first session he entered the testing room with an extremely positive mood (he acted as if the testing session was a trip to Disneyland). However, once presented with reading tasks he quickly became sullen and very quiet. Throughout the second testing session, however, he was very quiet and said little unless prompted to do so. In addition, it was clear that as the testing session progressed his attention to the task became poorer and poorer. As might be expected, given the just mentioned behaviors, the examiner concluded that his test taking effort was variable and results may not reflect his true levels of functioning. However, it is important to note that these behaviors are typical of his general classroom behavior and results might thus be considered a valid reflection of his classroom performance level.

Casey conversed with the examiner about non-school related topics and was eager to share news related to his fathers's work in the Army. He also spoke positively about this mother, but did state the he feels eh disappoints her without meaning to. His vocabulary and sentence structure appeared to be within the average to high average range for his age.
### Woodcock-Johnson Tests of Cognitive Abilities

<table>
<thead>
<tr>
<th>Ability Clusters</th>
<th>Subtests</th>
<th>Standard Score (90% Confidence Interval)</th>
<th>Percentile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Intellectual Ability</strong></td>
<td></td>
<td><strong>103 (98-107)</strong></td>
<td><strong>57</strong></td>
</tr>
<tr>
<td>Verbal Ability Cluster</td>
<td></td>
<td><strong>105 (98-112)</strong></td>
<td><strong>64</strong></td>
</tr>
<tr>
<td>Comprehension-Knowledge</td>
<td></td>
<td><strong>105 (98-112)</strong></td>
<td><strong>64</strong></td>
</tr>
<tr>
<td>Verbal Comprehension</td>
<td></td>
<td><strong>110 (105-116)</strong></td>
<td><strong>75</strong></td>
</tr>
<tr>
<td>General Information</td>
<td></td>
<td><strong>100 (91-108)</strong></td>
<td><strong>49</strong></td>
</tr>
<tr>
<td><strong>Thinking Ability</strong></td>
<td></td>
<td><strong>117 (109-126)</strong></td>
<td><strong>88</strong></td>
</tr>
<tr>
<td>Long-Term Retrieval</td>
<td></td>
<td><strong>91 (83-99)</strong></td>
<td><strong>29</strong></td>
</tr>
<tr>
<td>Visual-Auditory Learning</td>
<td></td>
<td><strong>96 (87-104)</strong></td>
<td><strong>39</strong></td>
</tr>
<tr>
<td>Retrieval Fluency</td>
<td></td>
<td><strong>85 (74-95)</strong></td>
<td><strong>15</strong></td>
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<tr>
<td>Visual-Spatial Thinking</td>
<td></td>
<td><strong>96 (89-103)</strong></td>
<td><strong>40</strong></td>
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<tr>
<td>Spatial Relations</td>
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<td><strong>98 (90-105)</strong></td>
<td><strong>44</strong></td>
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<tr>
<td>Picture Recognition</td>
<td></td>
<td><strong>96 (88-105)</strong></td>
<td><strong>40</strong></td>
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<tr>
<td><strong>Auditory Processing</strong></td>
<td></td>
<td><strong>107 (97-116)</strong></td>
<td><strong>67</strong></td>
</tr>
<tr>
<td>Sound Blending</td>
<td></td>
<td><strong>96 (85-106)</strong></td>
<td><strong>38</strong></td>
</tr>
<tr>
<td>Auditory Attention</td>
<td></td>
<td><strong>124 (108-140)</strong></td>
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<tr>
<td><strong>Fluid Reasoning</strong></td>
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<td><strong>138 (124-153)</strong></td>
<td><strong>99.5</strong></td>
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<tr>
<td>Concept Formation</td>
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<td><strong>134 (114-135)</strong></td>
<td><strong>99</strong></td>
</tr>
<tr>
<td>Analysis-Synthesis</td>
<td></td>
<td><strong>131 (119-143)</strong></td>
<td><strong>98</strong></td>
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<tr>
<td><strong>Cognitive Efficiency</strong></td>
<td></td>
<td><strong>80 (75-86)</strong></td>
<td><strong>9</strong></td>
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<tr>
<td>Processing Speed</td>
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<td><strong>84 (78-90)</strong></td>
<td><strong>14</strong></td>
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<tr>
<td>Visual Matching</td>
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<td><strong>80 (72-87)</strong></td>
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<tr>
<td>Decision Speed</td>
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<td><strong>92 (84-99)</strong></td>
<td><strong>92</strong></td>
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<tr>
<td><strong>Short-Term Memory</strong></td>
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<td><strong>82 (75-90)</strong></td>
<td><strong>64</strong></td>
</tr>
<tr>
<td>Numbers Reversed</td>
<td></td>
<td><strong>105 (96-114)</strong></td>
<td><strong>64</strong></td>
</tr>
<tr>
<td>Memory for Words</td>
<td></td>
<td><strong>66 (56-75)</strong></td>
<td><strong>1</strong></td>
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### Woodcock-Johnson Tests of Achievement

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Standard Score</th>
<th>Percentile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broad Reading</td>
<td>80</td>
<td>9</td>
</tr>
<tr>
<td>Broad Math</td>
<td>124</td>
<td>95</td>
</tr>
<tr>
<td>Broad Written Language</td>
<td>80</td>
<td>9</td>
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</table>

### Test of Word Reading Efficiency

<table>
<thead>
<tr>
<th>Subtest</th>
<th>Standard Score</th>
<th>Percentile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Word Reading Efficiency</td>
<td>74</td>
<td>2</td>
</tr>
<tr>
<td>Sight Word Efficiency</td>
<td>87</td>
<td>19</td>
</tr>
<tr>
<td>Phonemic Decoding Efficiency</td>
<td>70</td>
<td>2</td>
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</tbody>
</table>
### Comprehensive Test of Phonological Processing

<table>
<thead>
<tr>
<th>Composite Subtests</th>
<th>Standard Score (90% Confidence Interval)</th>
<th>Percentile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phonological Awareness</td>
<td>76</td>
<td>5</td>
</tr>
<tr>
<td>Elision</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Blending Words</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>Phonological Memory</td>
<td>76</td>
<td>5</td>
</tr>
<tr>
<td>Memory for Digits</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Nonword Repetition</td>
<td>8</td>
<td>25</td>
</tr>
<tr>
<td>Rapid Naming</td>
<td>76</td>
<td>5</td>
</tr>
<tr>
<td>Rapid Digit Naming</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>Rapid Letter Naming</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

### Child Behavior Checklist

<table>
<thead>
<tr>
<th>Scale</th>
<th>Scale Score</th>
<th>Percentile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxious/Depressed</td>
<td>80</td>
<td>&gt;97</td>
</tr>
<tr>
<td>Withdrawn/Depressed</td>
<td>51</td>
<td>54</td>
</tr>
<tr>
<td>Somatic Complaints</td>
<td>53</td>
<td>62</td>
</tr>
<tr>
<td>Social Problems</td>
<td>59</td>
<td>81</td>
</tr>
<tr>
<td>Thought Problems</td>
<td>59</td>
<td>81</td>
</tr>
<tr>
<td>Attention Problems</td>
<td>70</td>
<td>95</td>
</tr>
<tr>
<td>Risk Taking Behavior</td>
<td>52</td>
<td>58</td>
</tr>
<tr>
<td>Aggressive Behavior</td>
<td>89</td>
<td>&gt;97</td>
</tr>
</tbody>
</table>
# School Psychology Master’s Exam

## Guidelines for Rating Individual Student Responses

<table>
<thead>
<tr>
<th>Description</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student answers in a sophisticated style using data and/or other sources to effectively support arguments. Essentially, the response is error-free and may demonstrate the sophistication typically seen among a skilled veteran psychologist. The answer demonstrates an exceptional ability to integrate theory and practice. Student response is worthy of acknowledgement as a <strong>MERIT PASS</strong>.</td>
<td>9.5 - 10</td>
</tr>
<tr>
<td>Student answers the question fully and demonstrates an ability to synthesize information from a variety of sources. The response is well-written and generally error-free. It includes clear and convincing support as a rationale for their observations and conclusions. Student response is a <strong>HIGH PASS</strong>.</td>
<td>9.0 - 9.4</td>
</tr>
<tr>
<td>Student answers the question, addressing all major points. The answer is organized, coherent, accurately, and generally well-written. The discussion demonstrates an understanding of the issues and an ability to analyze and synthesize information. A position is provided, but may not be clearly supported by the discussion. Student response is <strong>PASSING</strong>.</td>
<td>8.5 - 8.9</td>
</tr>
<tr>
<td>Student answers the question adequately. Minor points may be incorrect or missing, but important points are accurately explained and cited. The answer is not sophisticated, but demonstrates basic knowledge of the topic and ability to analyze and synthesize. There may be some grammatical errors, but they do not interfere with the discussion. Student response is <strong>MARGINAL PASSING</strong>.</td>
<td>8.0 - 8.4</td>
</tr>
<tr>
<td>Student answers the question partially. Minor points may be incorrect, but most points are accurately described and supported. On the whole, the answer is coherent, but it does not demonstrate an ability to analyze or synthesize information. It may be simply a list of observations or data. It may be characterized by poor organization, many grammatical errors, diction problems or confused word choice. Student response is <strong>BELOW PASSING MARGINAL</strong>.</td>
<td>6.1 - 7.9</td>
</tr>
<tr>
<td>Student attempts to answer the question, but misses the point of the question, fails to address significant components of the question, includes misinformation on important points or fails to respond in a coherent manner. Support for positions/conclusions is missing or inaccurate. Student response is <strong>SIGNIFICANTLY BELOW PASSING</strong>.</td>
<td>3.1 - 6.0</td>
</tr>
<tr>
<td>Student does not attempt to answer the question or only restates the question; content is deficient. Student response is <strong>SIGNIFICANTLY BELOW PASSING</strong>.</td>
<td>0 - 3.0</td>
</tr>
</tbody>
</table>
1. From the available data, it can be concluded that Casey's first learning challenge is Pediatric Bipolar Disorder. The following is a list of data that supports this conclusion:
   a. Casey's parents describe him as very irritable, sometimes to the point of violence. In children with Pediatric Bipolar Disorder, irritability is the dominant expression or mood, as they are cycling rapidly. Also, violence is often associated with their severe mood lability.
   b. It is difficult to get Casey out of bed in the morning and get him to sleep at night. Sleep disturbances are common in children with Pediatric Bipolar Disorder, as they often require less sleep than children without the disorder.
   c. Casey appears energized in the afternoon. Increased energy, particularly in the afternoon hours is a common symptom of Pediatric Bipolar Disorder.
   d. Casey become easily frustrated and is prone to temper tantrums. Because children with Pediatric Bipolar Disorder can cycle between mania and depression rapidly, it is not uncommon for them to get "set off" by any little thing and become frustrated. This frustration can also result in severe tantrums that can last for hours.
   e. Casey's teacher describes him as very moody and often inattentive. Variable mood and inattention are other core features of Pediatric Bipolar Disorder.
   f. Casey wrote an essay that concluded "it would be better if I could go to sleep and never wake up again." This can be considered an indirect suicide threat. Suicidal Ideation is common in children with Pediatric Bipolar Disorder.
   g. Casey is frequently late getting to school. It is not uncommon for children with Pediatric Bipolar Disorder to have a hard time waking up in the morning, which was reported as one of Casey's challenges as well. This can make getting ready for and to school on time a challenge.
   h. Casey has been suspended for fighting with his classmates and for getting into arguments with his teacher. Violent and/or aggressive behavior is a symptom of Pediatric Bipolar Disorder. Often these children will rage and will be unable to control their actions, at times physically attacking or assaulting other people.
   i. Casey's teacher reports that at times it appears that Casey believes he is capable of running the classroom and had no problem telling his teacher how to deliver the instructional program. Grandiosity during a manic state is a common symptom of Pediatric Bipolar Disorder. This is often displayed in ways that suggest that the child know more than everyone else and can do everything better than anyone else can.
   j. Casey has struggled with "sportsmanship" in the past. It is not uncommon for children with Pediatric Bipolar Disorder to have challenges with peer relations and can become upset quickly and become impulsive, such as Casey seemed to do when he left a baseball game because he thought his teammates weren't trying hard enough.
k. Casey's mother reports that Casey can become engrossed in building things such as mini catapults or miniature tanks. He also figures out how to use most of the electronic equipment in the house long before his parents are able to. Children with Pediatric Bipolar Disorder can become fixated or engrossed in particular activities and engage in goal-directed behavior.

l. Casey's school difficulties are not new and he was considered for retention when he was in the 4th grade. For children with Pediatric Bipolar Disorder, school challenges are common beginning very early, often from the time they enter school. Because of their variable moods and erratic behavior, they are often getting in trouble at school and can be at risk of suspension and/or expulsion. These are commonly reported problems amongst kids with Pediatric Bipolar Disorder.

m. It was reported that last year Casey ran out into a busy street after having a "melt-down" in class. Engaging in impulsive and/or dangerous behaviors are common symptoms of a child with Pediatric Bipolar Disorder.

n. Casey made no effort to avoid being hit by cars and was heard saying "Everyone would be better off if I were just not around anymore." Casey's risky and dangerous behavior and his indirect suicide threat suggest that Casey may be experiencing suicidal ideation which is common in people with Bipolar Disorder.

o. Casey's group achievement tests indicate low average achievement. He also has low reading and language arts test scores and grades and his math scores are high. This is a common pattern for children with Pediatric Bipolar Disorder. Because this disorder can affect sustained attention, often children struggle with reading and writing tasks, as they require more time to complete than Math tasks.

p. Casey's teacher reports that Casey's performance is sporadic. Because of the rapid cycling between depression and mania that occurs in children with Pediatric Bipolar Disorder, their academic performance can vary significantly. At times they can appear extremely motivated to participate in classwork, while at other times they can appear inattentive and require a lot of support.

q. Casey's mother reports that as a baby, Casey was extremely difficult to settle down, rarely slept, experienced separation anxiety, and seemed overly responsive to sensory stimulation. These are key features of Early Onset Bipolar Disorder.

r. Casey frequently complains of headaches and stomachaches. Somatization is common in children with Pediatric Bipolar Disorder.

s. Casey has a high frequency of accidents. This is another common feature of children with Pediatric Bipolar Disorder. Often these children will be described as "clumsy" or "always getting hurt." It is not uncommon for them to sustain more physical injuries than the average child. This may also be related to their impulsive behavior and engagement in dangerous and risky behavior.
Casey’s aunt was very moody as a child and had a history of depression. She committed suicide at the age of 18. There appears to be a genetic component to Bipolar Disorder. Often, if diagnosed in a child, there may have been family members who have experienced depression or exhibited behavior that is consistent with Bipolar Disorder.

During testing Casey’s mood was variable, at first appearing to be in an extremely positive mood to later becoming very sullen or sad. As mentioned earlier, mood variability is a core feature of Bipolar Disorder and in Pediatric Bipolar Disorder, these moods can shift rapidly and many times within the course of a few hours or days. Because Casey seemed quiet and said little unless prompted on the second day of testing, this may be evidence to suggest that since Casey is an adolescent and approaching adulthood, his shifts in mood may become more marked, similar to how Bipolar Disorder is presented in adults.

As the testing session progressed, Casey’s attention to the task became poorer and poorer. Inability to attend to task for a long period of time is also a common feature of Pediatric Bipolar Disorder. Also, if Casey was currently taking psycho-stimulant medication to treat his diagnosed ADHD, his ability to attend to the tasks at hand may be made worse by the medication.

The behaviors observed by the test administrator were reported to be consistent with his general classroom behavior, suggesting that this behavior did not have to do with a novel testing setting, but was how Casey behaved most or all of the time. This would be further evidence supporting Casey having Pediatric Bipolar Disorder.

Casey reports that he feels as if he disappoints his mother without meaning to. It is not uncommon for children with Pediatric Bipolar Disorder to feel extreme guilt and/or remorse for their behavior, particularly after raging, tantruming, or being physically aggressive and violent towards others.

Results of the Child Behavior Checklist indicates that Casey scored very high on the Anxious/Depressed scale, the Attention Problems Scale, and the Aggressive Behavior scale. These three scales are considered the “Bipolar Triad” and high scores on them are indicative of possible Bipolar Disorder.

Results of the cognitive tests indicate that Casey has low scores in Cognitive Efficiency as well as a low Long-Term Retrieval score. Problems with Processing Speed and Long-Term Retrieval are often seen in children with Pediatric Bipolar Disorder.

From the available data, it can be concluded that Casey’s next learning challenge is ADHD. The following is a list of data that supports this conclusion:

- Casey becomes easily frustrated when doing his homework. Frustration, because of an inability to attend to and stay on task is commonly seen in children with ADHD.
- Casey’s teacher describes Casey as often inattentive. Inattention is one of the three core symptoms of ADHD.
c. Casey has struggled with “sportsmanship” in the past. It is not uncommon for children with ADHD to have challenges with peer relations and can become upset quickly and become impulsive, such as Casey seemed to do when he left a baseball game because he thought his teammates weren’t trying hard enough.

d. Casey’s school difficulties are not new and he was considered for retention in the 4th grade. Children with ADHD often have a history of school challenges both academically and socially. They also have a tendency to be disciplined more often because of their impulsive and/or hyperactive behavior and can have trouble getting along with other students.

e. Casey ran out into a busy street after having a “melt-down” in his classroom. This is another example of impulsive behavior that is one of the core features of ADHD. Also, frustration is a common report amongst children with ADHD and the “melt-down” could be a result of Casey’s frustration with classroom demands.

f. Casey’s mom reports that Casey was extremely difficult to settle down, rarely slept, experienced separation anxiety and seemed overly responsive to sensory stimuli. These are all early signs that may indicate the possibility of ADHD in children. Often the hyperactive component of ADHD can look like this, with sleep problems and an over-responsiveness to sensory stimuli.

g. Casey appeared to have a high frequency of accidents. Because of impulsivity and hyperactivity, children with ADHD often engage in activities without considering the consequences, which can result in more accidents or physical injury.

h. Casey’s father was reported as “very hyper.” ADHD is highly heritable and a parent with ADHD or ADHD-like behaviors is a good indicator that there is a chance that the child will also have ADHD.

i. During testing, Casey’s attention to tasks became poorer and poorer. With inattention as a primary feature of ADHD, children with ADHD have a very difficult time staying on task for long periods of time. The longer the amount of time required, the less able they usually are to attend to a task.

j. Test results from the Child Behavior Checklist indicate that Casey scored high on the Attention Problems scale. High scores on this particular scale are commonly found among children with ADHD.

k. Casey’s achievement test results indicated that Casey scored low in reading and writing but much higher in math. It is not uncommon for children with ADHD to display this pattern in their achievement scores as reading and writing tasks require much more sustained attention.

From the available data, it can be concluded that Casey’s next learning challenge is Dyslexia. The following is a list of data that supports this conclusion:
a. Casey becomes easily frustrated with assignments that require extensive reading. Frustration for reading tasks is a very common feature in children with reading disabilities. When it is very difficult to read, it can take a long time to get through a reading assignment and children can become easily frustrated by the challenge. Further, if Casey is also experiencing comorbid conditions of ADHD and/or Pediatric Bipolar Disorder, he may reach a point of frustration much more quickly that if he was only struggling with an individual challenge, such as Dyslexia.

b. Casey’s work is below grade level. Often children with reading disabilities show low scores across their academic work. Since Casey is in 6th grade, it is fair to assume that the majority of his academic work requires a significant amount of reading. If Casey is struggling with reading, he will not be able to do his assignments very well.

c. Casey’s school difficulties are not new and he has been considered for retention in the 4th grade. Reading disabilities are often not identified when children are first in school and learning to read. Often their poor grades are attributed to behavioral factors before a reading challenge is identified. Again, for Casey, if he is experiencing multiple challenges, his behavior may have masked his reading disability up until this point in his education.

d. Casey has low average achievement and his reading and language arts test scores are consistently low. This is a common profile for a child with a reading disability.

e. Casey’s father was reported to have had problems with reading in school. Dyslexia is highly heritable. It is very common for a child with a reading disability to also have at least one parent or close family member who also has a reading disability or struggled with reading, whether they were ever diagnosed with a reading disability or not.

f. During testing, when presented with a reading task, Casey became sullen and sad. Children with dyslexia know that when they are asked to do a reading task it is going to be difficult. They can emotional shut down and become disheartened at the notion of attempting this challenge and knowing they will most likely not do a good job on it.

g. Casey’s cognitive test scores indicate low processing speed. This is often found in children with reading disabilities.

h. Casey’s achievement scores indicate a significant difference in scores between his low reading and writing scores and his high math score. This is further evidence that Casey may have a reading disability.

i. Casey’s low test scores on the TOWRE indicate that his fluency is low and he struggles with decoding skills as well. Low scores in these areas is indicative of a reading disability.

j. Casey’s test results on the CTOPP indicate that Casey is struggling in all areas of phonological processing. A double deficit in the areas of rapid naming and phonological awareness, as these scores indicate Casey has, is an indicator of a severe reading disability.

From the available data, it can be concluded that Casey’s next learning challenge is Suicidal Ideation. The following is a list of data that supports this conclusion:
a. Casey made an indirect suicide threat when he wrote in an essay that it would be better if he could go to sleep and never wake up again. People with suicidal ideation often make indirect threats. This suggests that they have at least considered what it may be like if they committed suicide.
b. After running into the street, Casey made no attempt to avoid being hit by oncoming cars. This suggests that Casey may have a desire to die, as he did nothing to prevent what could've resulted in a fatal injury to himself.
c. Casey made another indirect threat when he said everyone would be better off if he weren’t around anymore. Again, making indirect threats is a common feature in people with suicidal ideation.
d. There is a history of depression and suicide in Casey’s family. A history of suicide in a family can model a maladaptive coping mechanism to a child. If a child is taught that the only way to cope with challenges is to kill themselves, they may consider that as a serious option.
e. Casey’s score of 80 on the Anxious/Depressed scale of the Child Behavior Checklist may indicate an increased chance of suicidal ideation, as people struggling with depression are more likely to engage in suicidal ideations and/or behaviors.

2. The following recommendations are suggested in order to help Casey and his family address the learning challenge of Pediatric Bipolar Disorder:
   a. Casey should be seen by a child psychiatrist who specializes in Pediatric Bipolar Disorder in order to determine if Casey should be diagnosed with this condition. The child psychiatrist can also develop and implement an appropriate treatment plan.
   b. Casey and his family should consider participation in psychoeducational groups for children with Pediatric Bipolar Disorder and their family members. Multi-family psychoeducational groups have also been shown to be helpful.
   c. The school should identify a staff member (such as a counselor or the school nurse) for Casey to be able to go and talk to when he feels the need. Further, Casey should be allowed a permanent pass from class for this reason, to be used whenever Casey feels he needs to discuss a challenge with his designated person.
   d. Casey’s classroom should be a predictable, positive, and flexible environment, in order to best accommodate Casey’s variable moods and behaviors.
   e. A behavior support plan should be designed and implemented that targets positive reinforcement. It should also include a crisis intervention plan that can be implemented if Casey’s behavior becomes aggressive or violent towards others, or towards himself.
   f. Casey should work with a counselor or school psychologist on developing positive social skills to improve peer relationships (if necessary). Anger management and self-calming strategies should also be considered.
The following recommendations are suggested in order to help Casey and his family address the learning challenge of ADHD:

a. It is recommended that Casey be seen by his pediatrician to determine if a diagnosis of ADHD is appropriate and if so, to consider treatment options. However, if it is very important to note that Pediatric Bipolar Disorder should either be ruled out, or if it is a comorbid condition, Casey’s mood should be stabilized before moving forward with the treatments that are commonly used to treat ADHD, as the medications often prescribed by physicians to treat ADHD, can make the symptoms of bipolar disorder substantially worse.

b. A behavior support plan should be designed and implemented that targets on-task behavior, task duration needs, and positive reinforcement. A contingency plan may be effective as well if used consistently at both home and school.

c. Casey’s classroom should be a structured environment where rules and expectations are clearly stated.

d. Group counseling for social skills should be considered to help Casey overcome any peer challenges he may be experiencing as a result of his ADHD.

e. Preferential seating for Casey at the front of the room or near the teacher to promote on-task behavior and to better avoid distractions is recommended.

f. Provide Casey with a space in the classroom to go to when he feels the need to move around that is out of the way of the class activities and that will not distract the other students.

The following recommendations are suggested in order to help Casey and his family address the learning challenge of Dyslexia:

a. Systematic and explicit direct instruction that targets fluency, phonological awareness, and sight word automaticity.

b. Books of tapes should be used by Casey in those subjects that involve more challenging vocabulary, such as science and history.

c. Encourage Casey to read by allowing him to pick out reading materials that are related to hobbies or areas of interest to him.

The following recommendations are suggested in order to help Casey and his family address the learning challenge of Suicidal Ideations:

a. It is important to ask Casey direct, close-ended questions regarding any indications of suicidal ideations he may display. If Casey is making either direct or indirect threats regarding suicide, a risk assessment should be conducted.

b. Ask Casey directly if he is planning of committing suicide. If so, ask Casey if he has a plan and the means to carry out the act of suicide.
c. If the answer to any of these questions is yes, the person with Casey must not leave him alone and a risk assessment should be conducted.
d. If the results of the risk assessment indicate that Casey has a plan and the means to commit suicide, then the police and Casey’s parents should be notified and Casey should be taken to County Mental Health for further evaluation.
e. If the results of the risk assessment suggest that Casey has a plan but not the means, his parents should be contacted and advised to take Casey to County Mental Health for further evaluation immediately.
f. If the results of the risk assessment indicate that Casey is making threats but does not have a plan or the means to commit suicide, his parents should be contacted and a referral should be made for outside counseling services to help Casey.

3. In regards to my recommendation for Casey’s eligibility regarding Special Education and/or Section 504 Services, it is my opinion that Casey would most greatly benefit from eligibility for Special Education under the IDEA category of Other Health Impaired (OHI). Casey’s Pediatric Bipolar Disorder can be considered a serious health problem because it is a neurological disorder that is biologically based and is having an adverse effect on his education. Under OHI, Casey would be eligible to receive services that would address the many challenges associated with Pediatric Bipolar Disorder, such as the side effects of medications or the need to rest or nap during the day because of the sleep problems associated with Pediatric Bipolar Disorder. He would also be eligible to receive services for the many other challenges he is facing.

4. Assuming that the IEP team feels that Casey is eligible for Special Education services, the eligibility categories that I would recommend that the team consider for Casey are Other Health Impaired (OHI), Specific Reading Disability (SLD) for Dyslexia, and Emotional Disturbance (ED). Casey meets the criteria for OHI because he has both Pediatric Bipolar Disorder and ADHD which are considered serious, biologically based health problems that are adversely effecting his education. Casey qualifies for SLD because he has a reading disability that is affecting the area of Cognition. Casey meets the criteria for an SLD because of the discrepancy between his higher cognitive scores in Verbal Ability and his higher overall GIA score, and his low achievement scores in the areas of reading and writing. Casey also has a processing deficit in phonological processing. The double deficit in rapid naming and phonological awareness is also a strong indicator of a severe reading disability. Casey also qualifies for special education services under the area of ED. Casey’s disabilities have had a significant negative effect on his learning. They have also interfered with his ability to establish and maintain positive relationships with both his teachers and peers. He also, at times seems to exhibit an overall
mood of unhappiness. These problems have occurred over a long period of time and to a marked degree.

5. Casey's Bipolar Disorder is a life-long condition that has no cure and will need to be treated and monitored throughout Casey's life. The fact that Casey is struggling with other learning challenges, such as ADHD, Dyslexia, and Suicidal Ideations is significant because when other conditions are found to be comorbid with Pediatric Bipolar Disorder, the prognosis of the disorder is worse. I want to let you know that Bipolar Disorder is a biologically-based disorder and is not the result of anything you did or didn't do. It is not your fault that Casey has this or any of his other challenges. It is important to let you know that the fact that Casey's Pediatric Bipolar Disorder was identified early is a good thing. Although Casey and you will face challenges associated with this disorder, the fact that it was caught early suggests that he may do better than he would if it was not identified, as Bipolar Disorder gets worse when left untreated. Also in regards to treatment, Casey may also show improvement in his inattentive behaviors once his mood is stabilized. If more attention problems present themselves after this has happened, then more appropriate treatment options can be considered to treat his ADHD.

Casey is going to need a lot of support and understanding as he learns to live with his challenges. You can expect Casey to continue to experience rapid shifts in his moods, however as Casey approaches adulthood, you can expect the shifts in mood to become more pronounced. He may exhibit more severe and longer lasting periods of both mania and depression. It is very important that Casey be closely monitored as behaviors such as substance abuse and extreme risk-taking or dangerous behaviors are common. Casey may also continue to show signs of suicidal ideation. This is very important for you to be aware of because almost half of people with Bipolar Disorder attempt suicide and at least one point in their life.

In regards to Casey's reading disability, it is important for you to know that Casey can begin to receive help in this area immediately. There are many things that can be done both at home and at school to address Casey's specific reading challenges, such as computer-based programs, and classroom accommodations. Typically, children with a severe reading disability such as Casey's can make some improvements in their reading, although they don't always catch up to grade level. Casey may never catch up to grade level, as well, but with accommodations and modifications targeted to meet Casey's specific needs, his reading may improve.

Both Casey and your family have some significant challenges ahead of you in the future. But it is a very good thing that Casey's challenges are being identified now, so that appropriate treatments can be implemented as soon as possible and Casey and you can begin to learn how to manage and live with his challenges.

6. The most important data missing from this data set is information regarding hearing and vision test. It would also be important to know if Casey is currently taking any medications, as it was
reported that he was taking medication to treat ADHD at one time. There should have been information regarding any previous interventions that have been tried with Casey, as well as if he attended preschool or missed any schooling during his family’s frequent moves. It would also be beneficial to know if Casey has any siblings and if so, if they have any learning disabilities or mood disorders. With this, more information regarding if the mother has experienced any problems associated with mood disorders and/or learning would be helpful too. There should have been a narrow band measure, such as the Conner’s given along with the broad band social-emotional rating scales. It would also be important to know Casey’s primary language as well as if he has any friends, how he gets along with peers, and what are some more of his strengths. There could have also been another comprehension test given, such as the GORT to get another measure of Casey’s reading comprehension abilities.
School Psychology Master’s Exam
Guidelines for Rating Individual Student Responses

<table>
<thead>
<tr>
<th>Description</th>
<th>Rating</th>
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<tr>
<td>Student answers in a sophisticated style using data and/or other sources to effectively support arguments. Essentially, the response is error-free and may demonstrate the sophistication typically seen among a skilled veteran psychologist. The answer demonstrates an exceptional ability to integrate theory and practice. Student response is worthy of acknowledgement as a MERIT PASS.</td>
<td>9.5 - 10</td>
</tr>
<tr>
<td>Student answers the question fully and demonstrates an ability to synthesize information from a variety of sources. The response is well-written and generally error-free. It includes clear and convincing support as a rationale for their observations and conclusions. Student response is a HIGH PASS.</td>
<td>9.0 - 9.4</td>
</tr>
<tr>
<td>Student answers the question, addressing all major points. The answer is organized, coherent, accurately, and generally well-written. The discussion demonstrates an understanding of the issues and an ability to analyze and synthesize information. A position is provided, but may not be clearly supported by the discussion. Student response is PASSING.</td>
<td>8.5 - 8.9</td>
</tr>
<tr>
<td>Student answers the question adequately. Minor points may be incorrect or missing, but important points are accurately explained and cited. The answer is not sophisticated, but demonstrates basic knowledge of the topic and ability to analyze and synthesize. There may be some grammatical errors, but they do not interfere with the discussion. Student response is MARGINAL PASSING.</td>
<td>8.0 - 8.4</td>
</tr>
<tr>
<td>Student answers the question partially. Minor points may be incorrect, but most points are accurately described and supported. On the whole, the answer is coherent, but it does not demonstrate an ability to analyze or synthesize information. It may be simply a list of observations or data. It may be characterized by poor organization, many grammatical errors, diction problems or confused word choice. Student response is BELOW PASSING MARGINAL</td>
<td>6.1 - 7.9</td>
</tr>
<tr>
<td>Student attempts to answer the question, but misses the point of the question, fails to address significant components of the question, includes misinformation on important points or fails to respond in a coherent manner. Support for positions/conclusions is missing or inaccurate. Student response is SIGNIFICANTLY BELOW PASSING.</td>
<td>3.1 - 6.0</td>
</tr>
<tr>
<td>Student does not attempt to answer the question or only restates the question; content is deficient. Student response is SIGNIFICANTLY BELOW PASSING.</td>
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1. Primary Challenges

a. The following data supports the challenge of Pediatric Bipolar Disorder (PBD):

- It is difficult for Casey to get up in the morning and go to bed at night, but he is energized during the day at school.
- He is very irritable, sometimes to the point of violence which is a hallmark of Pediatric Bipolar Disorder.
- Casey is prone to severe temper tantrums.
- Casey’s teacher reports that Casey is often moody and inattentive.
- In an essay, Casey made the indirect suicide threat of “It would be better if I could go to sleep and never wake again”. Suicidal Ideation is common among students with Bipolar Disorder.
- He has been suspended for 10 days due to fights with classmates and arguments with his teacher.
- Mrs. Jones reports that Casey believes he is capable of running the classroom and often tells his teacher how to deliver instruction. This is consistent with the grandiosity that accompanies the mania of bipolar disorder.
- Casey has struggled with “sportsmanship” during organized sports.
- Casey was considered for retention in 4th grade.
- Casey has a variable performance in math.
- Casey’s classroom performance can be quite sporadic.
- As an infant, Casey was extremely difficult to settle, rarely slept, experienced separation anxiety, and seemed overly responsive to sensory stimuli.
- Casey frequently complains of headaches and stomachaches. Children with PBD often have somatic issues.
- He appears to have a high frequency of accidents.
- When Casey was 8, he jumped off the roof to see if he could fly. This is consistent with the grandiosity associated with the mania of BPD.
- Ritalin seemed to make his behavior worse.
- Casey’s aunt was very moody as a child (similar to Casey), had a history of depression, and committed suicide at age 18.
- Casey’s mood was variable during testing.
- He entered the testing room in a very positive mood, but became very sullen and quiet once he was presented with reading tasks.
- The examiner concluded that his test taking effort was variable.
- As the testing session progressed, Casey’s attention to the tasks became poorer and poorer.
• Casey’s scores were very variable, even if the subtests were measuring the same ability. For example, Casey has a score of 105 on the Numbers Reversed subtest of the Short-term Memory, but his score on the Memory for Words subtest was a 66.

• His subtest scores were also variable on the CTOPP. For example, for Phonological Memory, Casey’s score was a 4 for Memory for Digits but an 8 for Nonword Repetition.

• Casey’s elevated scores on Anxious/Depressed, Attention Problems, and Aggressive Behavior from the CBCL are consistent with the Pediatric Bipolar Disorder profile.

• Last year, Casey ran out onto a busy street after having a meltdown in class.

b. The following data is in support of the challenge of ADHD:

• Casey’s teacher describes him as inattentive.

• Casey had an elevated score for Attention Problems on the CBCL.

• Casey has struggled with “sportsmanship” during organized sports. Difficulties with peer relations are often associated with ADHD.

• He appears energized at school.

• Casey is easily frustrated with homework.

• Casey has been diagnosed with ADHD by his pediatrician.

• Casey’s father is “very hyper”.

• Casey’s classroom performance can be quite sporadic which could be due to fluctuating attention.

• As the testing session progressed, Casey’s attention to the tasks became poorer and poorer.

• He has a high frequency of accidents.

• The examiner concluded that his test taking behavior was variable.

• Casey had a lower performance of the Cognitive Efficiency subtests which include Processing Speed and Short-term Memory. One’s performance on these subtests is sensitive to attention difficulties.

• Though not always true, it appears that Casey showed a stronger ability on the subtests during the first part of the testing sessions vs. the second part which could be due to difficulty sustaining attention. (Ex: Score of 105 on Numbers Reversed, but a score of 66 on Memory for Words).

• He has been suspended for 10 days due to fights with classmates and arguments with his teacher which could be due to the impulsivity associated with ADHD.

• Last year, Casey ran out onto a busy street after having a meltdown in class which is also consistent with impulsivity.

• His inattentive behavior during testing is also consistent with classroom behavior.

c. The following data is in support of the challenge of a Reading Disability:

• Casey is easily frustrated with homework especially assignments that require extensive reading.

• Casey’s father had reading problems in school.
• He has average vocabulary as seen by the examiner during testing, and average Verbal Ability as measured by the WJ III COG but low reading skills on the WJ III ACH.
• Casey was considered for retention in 4th grade.
• Casey has a history of behavior and learning difficulties that go back to 1st grade.
• Reading and language arts test scores and grades are consistently low.
• Casey was in a very good mood, but became very sullen when he was presented with reading tasks.
• His Broad Reading Score on the WJ III ACH is a standard score of 80.
• His Broad Written Skills on the WJ III ACH are also low.
• Casey's Total Word Reading Efficiency score is 74 and at the 2nd percentile.
• On the TOWRE, his Phonemic Decoding Efficiency score is 70, which shows that his phonics knowledge is not automatic which is causing reading to be a slow and laborious task.
• Casey performed poorly on the CTOPP, a measure of phonological processing. Casey has deficits in the areas of Phonological Awareness, Phonological Memory, and Rapid Naming. Deficits in any areas phonological processing are often the cause of reading disabilities. It appears that Casey has a double deficit (phonological awareness and rapid naming) which makes reading a very difficult task for Casey.
• Casey's lowest cognitive cluster scores on the WJ III COG are in Processing Speed, Short-term Memory, and Long-term Retrieval. These areas impact reading speed and are consistent with his difficulties on the CTOPP.

d. The following data is in support of the challenge of Suicide Ideation:
• Last year, Casey ran out onto a busy street after having a meltdown in class. His teacher reports that he made no effort to avoid being hit by cars and he was overheard saying “Everyone would be better off if I were not around anymore.”
• Casey’s aunt committed suicide at age 18, and suicide has a genetic component.
• In an essay, Casey made the indirect suicide threat of “It would be better if I could go to sleep and never wake again”.
• It appears that Casey has behaviors consistent with Pediatric Bipolar Disorder, ADHD, and a reading disability. Mental illness is a risk factor to suicide, and difficulties in school can adversely affect Casey's self-esteem increasing his risk for suicide.

2. Recommendations
From assessment data, the examiner recommends the following:
• Pediatric Bipolar Disorder:
  • Casey needs to see a pediatric psychiatrist that specializes in Pediatric Bipolar Disorder.
  • Casey would benefit from individual counseling to help with his depressive and manic symptoms as well as his aggression and impulsivity.
- Casey would also benefit from social skills counseling groups focusing on anger and peer relations to help him control his behavior at home and at school.
- A Behavior Support Plan (BSP) would help Casey control his behaviors and positively reinforce positive behaviors. This could be used both at home and at school. Possible rewards include building things and working on math puzzles.
- It is recommended that there is communication between home and school regarding Casey’s behavior and emotional state each day. If Casey is in a particularly bad mood, more difficult assignments (reading) should be avoided, and math activities should be put in place for him to avoid a meltdown.

- **ADHD:**
- A Behavior Support Plan (BSP) would help Casey control his behavior and positively reinforce positive behaviors. This could be utilized at school and at home, especially during homework time. Possible rewards can include building things in the classroom and at home or working on math puzzles.
- Casey would also benefit from social skills counseling groups focusing on controlling his behavior and peer relations to help him monitor his behavior at home and at school.
- It is recommended that there is communication at home and at school regarding Casey’s behavior each day. If Casey’s is presenting a lot of impulsive or inattentive behaviors, more difficult assignments, such as reading should be avoided.
- Longer assignments should be broken down into smaller parts, with frequent check-ins from the teacher. The same should be done at home when Casey is completing his homework.
- Casey would benefit sitting close to his teacher, at the front of the class.
- The amount of homework Casey receives should be limited due to his difficulty sustaining attention for long periods of time.

- **Reading Disability**
- Casey would benefit from systematic and direct instruction in phonemic awareness and phonics.
- Casey would also benefit from a fluency intervention to increase his reading speed and accuracy.
- Since reading is very difficult for Casey, he should be frequently rewarded for his efforts.
- The following are research-based intervention designed to address these areas of need for Casey:
  - Wilson Reading System (phonemic awareness, phonics, fluency, vocabulary, and comprehension)
  - Read 180 (phonemic awareness, phonics, fluency, vocabulary, and comprehension)
  - Great Leaps for Reading (fluency only)
  - Seeing Stars (phonics, fluency)
• **Suicidal Ideation**
  - A suicide risk assessment should be conducted due to Casey's dangerous behaviors and indirect suicide threats.
  - Casey should be closely monitored at home and at school for suicide warning signs, threats, or attempts.
  - Counseling will help Casey deal with his feelings of depression and other issues associated with his behavioral, emotional, and learning challenges.

3. **Special Ed Eligibility:**

Casey's behavioral and family history, test observations, rating scales, and test scores all show support for emotional and behavioral difficulties that are consistent with ADHD and Pediatric Bipolar Disorder. In addition, Casey also has a history of reading difficulties and test scores that indicate that Casey has deficits in phonological processing and a reading disability. These academic and behavioral difficulties are adversely affecting Casey's ability to learn and special education is recommended.

4. **Eligibility Categories:**

Given Casey's behavioral and emotional challenges associated with ADHD and Pediatric Bipolar Disorder and learning challenges associated with a reading disability, Casey is eligible for the following special education categories: Emotional Disturbance (ED), Other Health Impairment (OHI), and Specific Learning Disability (SLD). Given Casey's past impulsive and dangerous behaviors to himself and others, indirect suicidal threats, difficulty maintaining relationships with peers and adults, and symptoms of depression, a recommendation for Emotional Disturbance (ED) is recommended as Casey's primary disability. These difficulties are to a marked degree and have been present for a prolonged amount of time. Casey's test scores indicate that Casey has deficits in phonological processing and has a reading disability. It is recommended that Specific Learning Disability (SLD) be listed as Casey's secondary disability.

5. **Prognosis:**

Pediatric Bipolar Disorder is a lifelong condition that can present severe behavioral and emotional challenges that affect Casey at home and at school. In addition, Casey is presenting symptoms consistent with ADHD that are further impacting his behavior, and has a reading disability that is affecting his academics. The prognosis for Pediatric Bipolar is quite poor if left untreated, but the good news is you are here at this meeting today, being proactive, and willing to help Casey. Your love for and commitment to Casey will be extremely helpful in finding ways to help Casey with his problems. With your help, a pediatric psychiatrist, and the faculty at this school, we will be able to help Casey with his behavioral, emotional, and academic challenges that are affecting his education.

6. **Missing Data:**
• Vision and Hearing results were not reported
• A classroom observation was not completed by the school psychologist
• The CBCL only has one rater, and it does not indicate who this rater is
• A student interview or rating scale would have been useful in seeing Casey’s perception of social and emotional functioning
• A narrow band measure for attention, such as the Conner’s was not utilized to further investigate Casey’s attention difficulties
• The Oral Language cluster from the WJ ACH III would have been useful in comparing to Casey’s reading skills
• Past interventions for academics (especially reading) and behavior issues were not listed
• Typical grades were listed (Bs to Ds) but the subject areas they were in were not listed