

PSYCHOLOGICAL REPORT
CONFIDENTIAL

Student Data:

Name: Student Smith

Age at Testing: 11 years, 11 months Date of Birth: 02/10/2002

School: Middle School

Grade: 6th

Evaluation Completed: 2/6/2014

Examiner: Katie Zofcin, M.A. 2nd Year Practicum Student

Reason for Referral and Relevant Background Information:

Student was referred for psychological testing as part of an initial evaluation to determine her eligibility for special education services per the request of her mother and the referral team due to concerns related to her social, emotional and behavioral functioning.

According to Student's Department of Child and Family Services (DCFS) social worker, LR, the department has been involved with the family since 2008. Due to concerns related to maternal illness, Student and her sister moved in with their father in MA. DCFS became involved again in 2012 due to concerns about supervision in the home. After an incident between Student's sister and their father's girlfriend, the girls moved back to live with their mother in February 2012.

Shortly after moving back in with their mother, an incident occurred in which Student became physically aggressive which resulted in her moving in with another family member for a short time before moving back in with her father. She was then placed in two different STARR programs, Short-Term Assessment and Rapid Reintegration, for a short period of time before ultimately moving in with her paternal aunt who had foster care experience. The STARR programs were 14-45 day placements that were meant to be stabilizing and evaluative. In December 2013, Student moved to a STARR program in D Massachusetts where she currently resides. Student has been receiving services through the Compass Program, which provides in-home therapy as well provides Student with one-to-one therapy, since October 2013. Current supports provided by DCFS include supports for the family around setting age appropriate limits and providing structure at home. LR reports currently awaiting psychiatric diagnosis from Boston Children's Hospital, however she mentioned Student's previous working diagnosis was Anxiety –Not Otherwise Specified.

School records indicate that prior to attending Middle School, Student attended E Street Elementary School in MA; B Elementary School; and N Middle School in MA. Student's term two report card indicated that she received passing grades in English, History/Social Studies, Math and Science as well as an A in Do Re Mi Dragons. Grades were recorded on a pass/fail basis due to inconsistent attendance and were continued so as to not impair the self-esteem Student was building regarding her academic abilities. School records indicate that to date this school year Student has been absent 37 school days and tardy 40 school days. Some of Student's absences were reportedly for medical reasons (complaints of stomach issues) others were reportedly due to environmental stressors. Student has frequent check-ins with her guidance counselor in order to process things that may come up throughout the day. Her guidance counselor noted that her check-ins are much less frequent as she is spending more time in class and utilizing her office to hold her books and switch out materials during locker time over the course of the day. However, Student does attend an independent study with her guidance counselor as a substitution for Spanish class.

Student reported currently living in the STARR Program with other children and adolescents. She described generally being in a happy mood. Student mentioned that she sees a counselor outside of school. Student noted that she does not wear glasses, however she reported often experiencing dizziness when she reads and that she sometimes has difficulty seeing the board in class. When asked what she does for fun, Student responded that if she were home she would enjoy hanging out with her sister or playing video games and watching her favorite television show Gator Boys. Student reports that she currently takes Omneprazole for her stomach.

Student indicated that her favorite subject in school Art, because she likes to draw and color. Her least favorite subject in school is Math, because she missed a lot of class from being absent and she still feels far behind the other students in her class. Student also conveyed that Math has always been a difficult subject for her. She reported not worrying about school and stated that she enjoys coming to school. Student indicated that she aspires to one day be a Veterinarian or to be a “Gator Boy.”

Tests Administered:

Wechsler Intelligence Scale for Children, Fourth Edition (WISC-IV) – Standard Battery & Selected Supplemental Subtests

Behavior Assessment System for Adolescents (BASC-2) – Self-Report of Personality

Behavior Assessment System for Adolescents (BASC-2) - Teacher Rating Scales

Conners 3 – Teacher

Children’s Depression Inventory, Second Edition (CDI-2)

Sentence Completion

Thematic Apperception Test (TAT)

Consultation with LR, DCFS Social Worker (2/13/14)

Student interview

Record review

Behavioral Observations:

Overall Presentation: Student completed the administered battery during four testing sessions. The sessions ranged in duration from approximately thirty to fifty minutes. Student was friendly and cooperative throughout the sessions, engaging in spontaneous conversation between tasks as well as answering conversational questions posed.

Attention: Student was able to sit without fidgeting and did not demonstrate any difficulty sustaining her attention toward the tasks at hand.

Attitude towards testing: Student’s effort appeared variable throughout testing. At times, she exhibited appropriate effort and appeared to be highly motivated to put forth her best effort, for example when her verbal responses required elaboration in order to be awarded credit, she attempted to provide additional information. However, as tasks grew increasingly difficult Student grew frustrated and was reluctant to waver educated guesses stating “I don’t know” and “These are too hard.” On the story-telling task, Student displayed a lack of confidence in her own abilities stating, “that’s the worst story every, I’m pretty sure no one would ever read that.”

Cognitive Functioning

Ability levels were assessed using the WISC-IV as a basis for intellectual evaluation along with the administration of additional assessments to evaluate specific areas in greater depth. The WISC-IV is one of the most widely used scales of individual intellectual development for children and adolescents. It not only measures general intelligence but, through subtest interpretation and the development of area composite scores, generates a diagnostic profile of a student's learning style.

Psychological testing resulted in the following WISC-IV cognitive ability scores (Table 1). Interpretations from this testing suggest that Student’s verbal and nonverbal reasoning abilities and her rate of mental and graphomotor processing (Processing Speed) are within the range of age expectations. Her ability to temporarily retain orally presented information in memory, manipulate it and produce a result (Working Memory) is less developed than that of other students her age.

Table 1.

WISC-IV Composite Scale	Index Score	Confidence Interval (95%)	Percentile	Range Descriptor
Verbal Comprehension (VCI)	96	89-103	39 th	Average
Perceptual Reasoning (PRI)	106	98-113	66 th	Average
Working Memory (WMI)	88	81-97	21 st	Low Average
Processing Speed (PSI)	91	83-101	27 th	Average
Full Scale IQ (FSIQ)	95	90-100	37 th	Average
General Abilities Index (GAI)	101	95-107	53 rd	Average

Review of the WISC-IV composite scales (Table 1) shows Student's Full Scale IQ score on this test to be at the 37th percentile, placing her within the Average range of intellectual ability. As there is a small statistical margin of error on all standardized tests, the confidence interval for this score ranges from 90 to 100. Student’s nonverbal reasoning abilities are significantly more developed than her ability to temporarily retain orally presented information in memory, manipulate it and produce a result (Working Memory) and her rate of mental and graphomotor processing (Processing Speed). Because of the significant discrepancies among some of Student’s, abstract reasoning and memory/processing speed composite scores, a more accurate score would reflect performance focused on the verbal comprehension and perceptual reasoning areas. This score, the General Ability Index of 101 (53rd percentile) also places Student within the Average level regarding overall intellect.

Verbal Comprehension:

Verbal comprehension is the ability to understand and manipulate verbal concepts on both a concrete and abstract level. On those WISC-IV subtests measuring this ability (Table 2)—Information (substituted for Similarities subtest due to significant discrepancy among Student’s performance scores on the composite), Vocabulary, and Comprehension—Student's composite score of 96, (39th percentile), is within the range of age expectations. These results suggest age appropriate abilities to apply knowledge learned from her environment, orally define vocabulary words, as well as orally express her answers to a variety of social judgment questions, and her ability to retrieve from long-term memory and then express previously learned information.

Table 2.

WISC-IV Verbal Comprehension Subtest Scores	Well Below	Below Average	Average	Above Average	Well Above
Similarities – Verbal concept formation: Abstract and logical reasoning with objects and ideas placed in meaningful categories. 5				
Vocabulary – Tests ability to describe the meaning of words. Related to educational environment and language development. 9		
Comprehension – Requires understanding of what is involved in social situations and the ability to provide answers to social problems. “Common-sense.” 8		
Information (Supplemental) – Tests formally and informally learned general knowledge. Reflects long-term memory of facts. 11		

Perceptual Reasoning and Organization:

Perceptual reasoning involves visual integration/organizational skills, including the ability to recognize or conceptualize shapes and to construct abstract designs. Assessments administered in this area are also designed to measure abstract, categorical reasoning ability. On the WISC-IV subtests pertinent to this area (Table 3)—Picture Concepts, Block Design, and Matrix Reasoning—Student's composite score of 106, (66th percentile), is within the range of age expectations, suggesting age-appropriate ability to construct abstract designs, to categorize visual information and to detect patterns in visual information.

Table 3.

WISC-IV Perceptual Reasoning Subtest Scores	Well Below	Below Average	Average	Above Average	Well Above
Block Design – Tests visual perceptual organization and visual-spatial skills ability by reproducing a design with blocks. Timed test. 9		
Picture Concepts – Categorical reasoning, student chooses a picture from each row of pictures to form a group with a common characteristic. 12	
Matrix Reasoning – A measure of visual information processing and abstract reasoning skills. 12	

Working Memory

Working memory skills were assessed through the administration of several tasks designed to measure recall of orally presented material. Working memory is the ability to hold information in mind for the purpose of completing a task and it is essential to carry out multi-step activities and follow complex instructions. On the WISC-IV subtests assessing auditory memory (Table 4)—Letter-Number Sequencing and Digit Span—Student’s composite score of 88 (21st percentile) is below the range of age level expectations, suggesting that when compared to her same-aged peers, Student has a weaker ability to hold and manipulate orally presented information in her short-term working memory.

There is a 4-point range among Student’s performances on subtests contributing to her Working Memory Index score. This composite then should be interpreted with caution as it is not representative of her overall ability to hold orally presented information in her short-term memory. Student’s performance on the Letter-Number Sequencing task, where she is provided with a structure for organizing information to

be recalled (i.e. alphabetical order or numerical order), was significantly stronger than on tasks where she had to rely on rote memory alone.

Table 4.

WISC-IV Working Memory Subtest Scores	Well Below	Below Average	Average	Above Average	Well Above
Digit Span – Short-term auditory memory, Sequencing ability and concentration. Digit Span Forward: 7 Digits Backward: 6 Digits Total: 6					
Letter-Number Sequencing – Involves sequencing letters & numbers demonstrating short-term auditory memory, mental manipulation and attention skills			10		

Executive Functioning:

Executive functioning, along with working memory, is involved in motor planning, organization, sustaining of attention/concentration, and regulation of tasks. Processing speed ability, the ability to stay on task, inhibition of distraction, and the ability to shift mental-set are specific skills assessed in this area.

Processing speed/Mental flexibility:

The two WISC-IV subtests that fall within this category--Coding and Symbol Search (Table 5)--measure the ability to quickly complete tasks involving visual scanning and short-term visual memory. Student’s composite score of 91 (27th percentile) falls within the range of age expectations, suggesting that Student’s rate of work production is similar to that of other students her age. Student’s ability to visually scan and discriminate symbols (Symbol Search) and her ability to hold information in short-term visual memory (Coding) are equally developed.

Table 5.

WISC-IV Processing Speed Subtest Scores:	Well Below	Below Average	Average	Above Average	Well Above
Coding – Visual-motor co-ordination speed. Requires short-term visual memory. Related to skills necessary for reading and writing.			8		
Symbol Search – Measures visual scanning speed and symbol discrimination.			9		

Social/Emotional Functioning

The Behavior Assessment System for Children, Second Edition (BASC-2) is a behavior assessment system designed to facilitate the diagnosis of a variety of emotional and behavioral disorders of children and to aid in the design of treatment plans. The BASC-2 reviews a range of clinical behaviors related to school adjustment and conduct, attention, hyperactivity, and emotional factors. Adaptive behaviors are also rated, including social, leadership, and study skills. Responses are standardized, allowing comparison of responses with a normed sample of students based on Student’s age and gender. Any score in the Clinically Significant range suggests a high level of maladjustment. Scores in the At-Risk range identify either a significant problem that may not be severe enough to require formal treatment or the potential of a developing problem that needs careful monitoring.

Student rated herself on the BASC-2 – Self Report of Personality, Child Form (SRP-C) (Table 6). She reported scores in the “At-Risk” range in the areas of Inattention/Hyperactivity and Attention Problems. Ratings on the Inattention/Hyperactivity index are the result of an “At-Risk” rating on the Attention Problems scale. Student’s ratings suggest she experiences a difficulty maintaining attention and a tendency to become easily distracted from tasks that require sustained attention. Student also indicated “At-Risk” Ratings on the Attitude to Teachers and Sense of Inadequacy scales. An “At-Risk” score on

the Attitude to Teachers scale suggests that Student reports considering her teachers to be unfair, uncaring and/or overly demanding. “At-Risk” ratings on the Sense of Inadequacy scale suggests she reports sometimes being dissatisfied with her ability to perform a variety of tasks even when putting forth substantial effort.

Student was also rated by her English teacher, on the BASC-2 - Teacher Rating Scales (Table 7). Her teacher’s ratings yielded “At-Risk” rating on the Somatization scale. On the Somatization scale, Student’s teacher indicated that she displays several health-related concerns in the school setting. She reports that Student experiences numerous physical symptoms such as stomachaches and she frequently asks to go to the school nurse, which in the absence of a medical condition can be an indication of underlying emotional distress.

BASC-2 – Parent Rating Scales were not available at the time of this report.

Table 6.

Clinical Scales	Adaptive Behavior Scales
T Scores above 70 considered to be Clinically Significant	T Scores below 30 considered to be Clinically Significant
T Scores from 60-70 considered to be "At-Risk"	T Scores from 31-40 considered to be "At Risk"

Behavior Assessment System for Children (BASC) – Student Self-Report Rating Scales

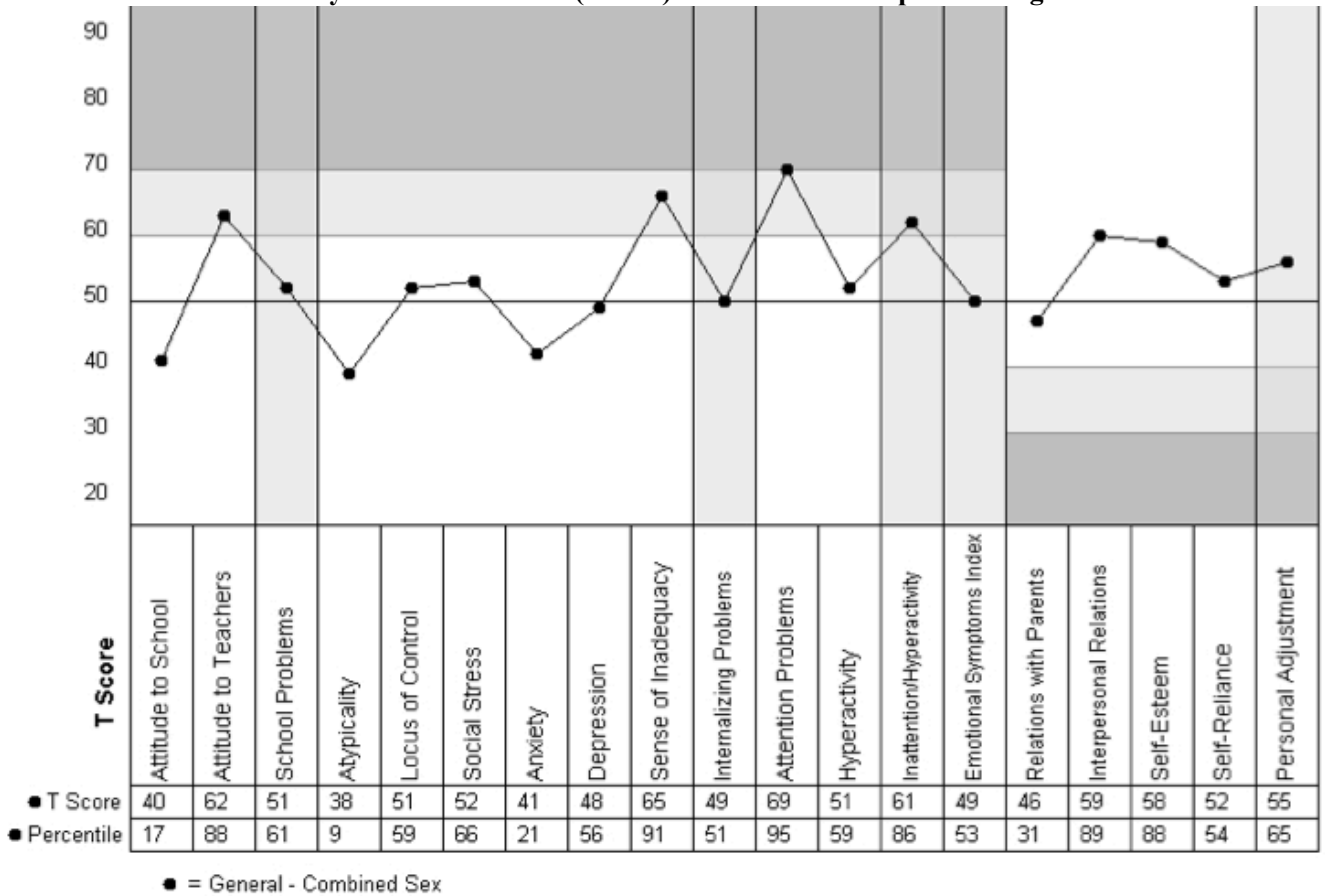
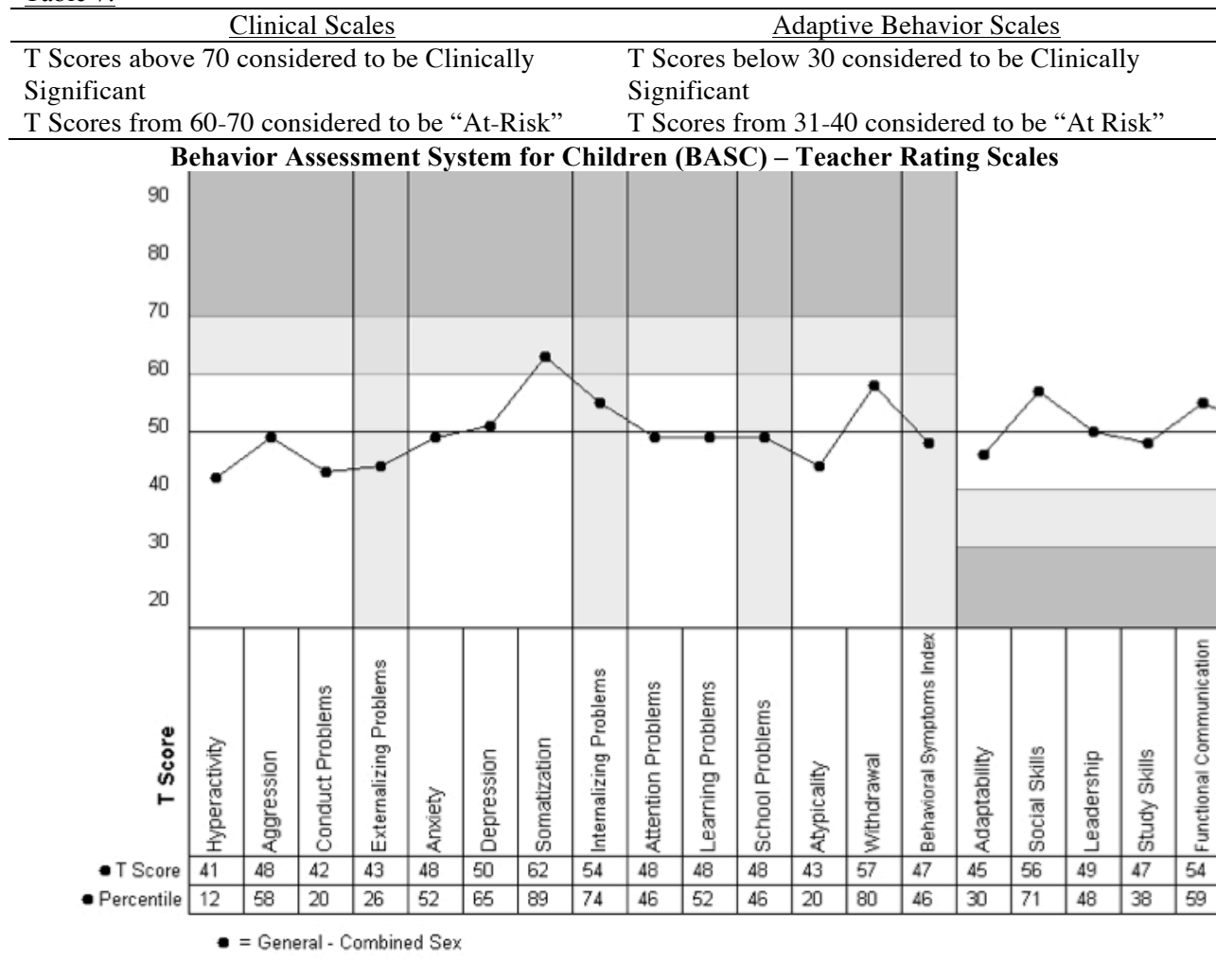


Table 7.



Student also completed an additional self-report questionnaire focused specifically on her experiencing depressive symptoms, the Children’s Depression Inventory, Second Edition (CDI-2). The Total Score on the CDI-2 reflects the number of overall severity of depressive symptoms. Student’s rating on this scale yielded a T-score of 65, which falls in the Elevated Range, meaning that she reports more depressive symptoms than other students her age. On the CDI-2, Student reported that she experiences significantly elevated feelings of Negative Mood/Physical Symptoms, Functional Problems, and feelings of Ineffectiveness. Very elevated scores on the Negative Mood/Physical Symptoms subscale suggests that Student is experiencing depressive symptoms that manifest as physical symptoms related to sleep, appetite, fatigue, and aches and pains. Her rating on the Functional Problems scale stems from a Very Elevated rating on the Ineffectiveness subscale, meaning that relative to her same-aged peers, Student reports feeling less capable. Similar concerns were also noted on Student’s “At-Risk” ratings on the BASC-2 Sense of Inadequacy scale.

A few projective measures were utilized. These include sentence completion and the TAT. Student was asked to tell stories in response to eight Thematic Apperception Test (TAT cards). The results of the TAT are a reflection of her inner emotional experience. Student was also asked to provide endings to a variety of incomplete sentences about herself, her family, school and her friends. Student conveyed positive feelings towards her family in statements such as “I like... being with my family,” “The happiest

time... was with my sister,” and “A mother... is my best friend.” She also expressed concern for her family members in statements that read, “My greatest worry... is something will happen to my mom or my dad.” Student portrayed a positive attitude towards school and that she tries hard in school in statements that read, “Reading is... my best subject,” “I... am happy when I come to school,” and “At school... I try my hardest.” When working independently, Student omitted some items and when working collaboratively with this examiner, continued to have difficulty providing responses to these same items and often responded, “I don’t know” or “Can we skip that one?” instead. Her reluctance to engage may be a reflection of guardedness.

Many of Student’s stories had negative endings, which can be suggestive of her perception that most situations have or will have a negative outcome. This can be related to a lack of internal coping strategies and/or external resources to resolve situations. In her stories she portrayed feelings of wanting attention and many of her characters were depicted as sneaking around and worrying about getting caught. Some of her stories suggest a need for increased adult attention, which stresses the importance of relationships with teachers for Student’s future school success. Another theme that arose in her story-telling items were topics of abandoned places or objects. Her stories suggest concerns about abandonment, which could be linked to her fragmented or disrupted living situations.

The themes expressed in Student’s sentence completion and story-telling items suggest that she may be experiencing underlying feelings of wanting to reach out and be close to her family and not being able to given that her current living situation makes doing so challenging. The positive endings to her sentence completion items contrast with the negative endings to her stories, which may suggest that on the surface Student may appear to be hopeful and motivated yet she may be experiencing internal unease.

Student was also rated by her English teacher on the Conners-3rd Edition – Teacher Form (Table 8-10). The Conners-3 is a thorough and focused assessment of Attention-Deficit/Hyperactivity Disorder (ADHD) and its most common comorbid problems and disorders in children and adolescents. The Conners-3 is a multi-informant assessment of children and adolescents between 6 and 18 years of age that takes into account home, social and school settings.

Conners-3rd Edition – Parent Form was not available at the time of this report.

As depicted below (Table 8) Student’s teacher’s report indicated that she observes Student exhibiting a few oppositional and behavior difficulties such as aggression towards people, truant behavior, and angry/irritable mood.

Results of teacher ratings indicate that at school, Student exhibits 0 out of 9 symptoms characteristic of Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type (whereas a minimum of 6 are required to indicate diagnosis) and exhibits 0 out of 9 symptoms characteristic of Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type (whereas a minimum of 6 are required to indicate diagnosis). Student’s teacher did not indicated any impairments from inattentive or hyperactive symptoms in the school setting. The DSM-5 states that the impairments from hyperactive-impulsive symptoms are required in two or more settings, thus ruling out the possibility of an ADHD diagnosis even in the absence of information of Student at home.

Results from the Conners 3–Teacher form suggest that Student exhibits 2 out of 8 symptoms characteristic of Oppositional Defiant Disorder (whereas a minimum of 4 are required to indicate diagnosis). According to the Conners-3-Teacher form, Student exhibits 2 out of 15 symptoms characteristic of Conduct Disorder (whereas a minimum of 3 out of 15 are required to indicate diagnosis). Although Student’s teacher reports some concerns about Student exhibiting behavioral difficulties, these concerns do not rise to the level of indicating a diagnosis of either ODD or CD. It should be noted,

however that this may be due, at least in part, to certain criteria not being observable in the school setting. Input about observations of Student's behavior at home may change the diagnostic picture that is emerging.

Table 8:

		Teacher	
		T-Score	Range
Conners3 Content Scales	Inattention	48	Average
	Hyperactivity/Impulsivity	42	Average
	Learning Problems/Executive Functioning (LE)	45	Average
	Learning Problems (subscale of LE for teacher)	42	Average
	Executive Functioning (subscale of LE for teacher)	50	Average
	Defiance/Aggression	60	High Average
	Peer Relations	49	Average
Conners3 DSM-IV-TR Symptom Scales	DSM-IV-TR ADHD: Inattentive	52	Average
	DSM-IV-TR ADHD: Hyperactive-Impulsive	42	Average
	DSM-IV-TR: Conduct Disorder	77	Very Elevated
	DSM-IV-TR: Oppositional Defiant Disorder	62	High Average
Conners3 Index Scores	ADHD Index Probability Score**	19% (Very Low)	
	Global Index Total	46 (Average)	
		School	
DSM-IV-TR Symptom Counts	ADHD Inattentive	Criteria Not Met	
	ADHD Hyperactive-Impulsive	Criteria Not Met	
	ADHD Combined	Criteria Not Met	

Table 9:

**Conners3 ADHD Index Probability Score Guidelines	
Probability (%)	Guideline
≥ 80	Very high ; responses are very similar to those for youth with ADHD; a classification of ADHD is very likely
61-79	High ; responses are similar to those of youth with ADHD; a classification of ADHD is likely
51-60	Borderline ; responses are slightly more similar to youth with ADHD than to the general population
50	Equal probability ; this score is equally likely to occur for youth from the general population and youth with a diagnosis of ADHD
40-49	Borderline ; responses are slightly more similar to the general population than to youth with a diagnosis of ADHD
20-39	Low ; responses are similar to those for the general population; a classification of ADHD is unlikely
≤ 19	Very low ; responses are very similar to those for the general population; a classification of ADHD is highly unlikely

Table 10:

T-score	Percentile	Guideline
≥ 70	≥ 98	Very Elevated Score (Many more concerns than are typically reported)
65-69	93-97	Elevated Score (More concerns than are typically reported)
60-64	84-92	High Average Score (Slightly more concerns than are typically reported)
40-59	16-83	Average Score (Typical levels of concern)
< 40	< 16	Low Score (Fewer concerns than are typically reported)

Formulations and Recommendations:

Student is a sixth grade student who was referred for psychological testing as part of an initial evaluation to determine her eligibility for special education services per the request of her mother and the referral team due to concerns related to her social, emotional and behavioral functioning.

Student’s learning profile on the WISC-IV indicates that her verbal and nonverbal reasoning abilities and her rate of mental and graphomotor processing (Processing Speed) are within the range of age expectations. Her ability to temporarily retain orally presented information in memory, manipulate it and produce a result (Working Memory) is weaker than that of other students her age. Student’s impaired working memory can impact her ability to carry out multi-step activities and follow complex instructions.

Results of behavior rating scales indicate a few areas of concern for Student’s social-emotional functioning. Although Student indicated having difficulties with sustained attention, teacher reports are not indicative of an ADHD diagnosis as the requisite number of symptoms to indicate diagnosis is not reportedly observed in school, thus ruling out the possibility of an ADHD diagnosis even in the absence of information of Student’s presentation at home.

The themes expressed in Student’s sentence completion and story-telling items suggest that she may be experiencing underlying feelings of wanting to reach out and be close to her family and not being able to given that her current living situation makes doing so challenging. The positive endings to her sentence completion items contrast with the negative endings to her stories, which may suggest that on the surface Student may appear to be hopeful and motivated yet she may be experiencing internal unease. The negative endings to her story-telling tasks can be suggestive of her perception that most situations have or will have a negative outcome, which can be related to her lack of internal coping strategies and/or external resources to resolve situations. Her seeming lack of both internal and external resources to feel she is able to problem-solve effectively and cope with situations that arise may also be related to Student’s reports on the BASC-2 and the CDI-2 that indicate her being dissatisfied with her ability to perform a variety of tasks even when putting forth substantial effort as well as feeling incapable.

Teacher reports on the BASC-2 indicated concerns regarding Student’s presentation of several health-related concerns in the school setting. On the CDI-2 she also reported experiencing a significant number of depressive symptoms that manifest as physical symptoms, which can be related to her teacher’s observations. The manifestation of physical symptoms were also reported to be the cause of her multiple absences and missed class time. Student reports experiencing more depressive symptoms than other students her age and experiencing depressive symptoms that manifest as physical symptoms related to sleep, appetite, fatigue, and aches and pains. As this constitutes a general pervasive mood of unhappiness or depression and a tendency to develop physical symptoms or fears associated with personal or school problems, which adversely effects her school performance, she appears to meet the the educational criteria for an emotional impairment.

In order to facilitate a successful school experience for Student the following recommendations are suggested:

1. Other testing will further clarify Student's academic profile and should be coordinated with the results of testing reported here to determine her complete educational profile and the most appropriate educational services to facilitate her academic progress.
2. Student would benefit from previewing, repetition, and rehearsal to help build confidence in her academic abilities.
3. Student would benefit from being provided maximal opportunities for academic success to bolster her feelings of adequacy and competence and praising her for her efforts instead of whether or not she arrives at correct responses.
4. Within the Working Memory Index on the WISC-IV, Student appeared to struggle more on tasks that required her to recall information by rote memory alone, such as on the Digit Span subtest, as opposed to when she had an imposed system for organizing the information to be recalled, such as on the Letter-Number Sequencing subtest. When Student is asked to recall information from rote memory, she will benefit from the repetition of information and from having a structure that helps her to organize the information to be recalled. Chunking of information, the use of mnemonics and timelines may be helpful with this.
5. Due to Student's report of experiencing heightened levels of depressive symptoms noted on the CDI-2, Student would benefit from school-based counseling to address how feelings of inadequacy and ineffectiveness impact her ability to persist when academic demands become increasingly challenging.
6. Due to Student's report of experiencing heightened levels of depressive symptoms noted on the CDI-2, Student would benefit from continued therapeutic support through her Compass therapist.
7. Student's absences have improved as the school year has progressed. It is important that her consistent and timely attendance at school continue as frequent school absences and tardy arrivals is likely to cause gaps in her academic skill sets. If necessary, family supports should be implemented to ensure this.
8. Since frequent school absences and tardy arrivals are likely to cause gaps in her academic skill sets and intensify existing feels of inadequacy, Student would benefit from remediation of skills and reteaching of concepts related to missed instruction.
9. Student's responses to story-telling items suggest a need for increased adult attention and feelings of wanting attention. Positive teacher relationships will be critical to her engagement in school and her willingness to persist when things are challenging.

Please feel free to call me at (xxx) xxx-xxxx if you have any comments or questions about this report.

Kaitlyn Zofcin, M.A.
2nd Year School Psychology Practicum Student