REASON FOR REFERRAL:

This assessment for John Doe is to address the transition needs if any as he moves from preschool to kindergarten. It has been over 2 year since his initial assessment when he lived in Sunny Valley so a file review is not appropriate. However, some reports have been written for his 30 day placement evaluation on XX/XX/XX and are referenced heavily in this report. This assessment will reestablish eligibility and therefore also serves as a triennial evaluation.

EVALUATION METHODS:

In accordance with Education Code 56320, the following considerations have been made with regard to procedures and materials to ensure compliance with all federal and state regulations.

All test materials were selected so as not to be discriminatory on a racial or cultural basis, and have been provided and administered in the pupil's primary language or through the use of an interpreter. All test materials have been validated for the specific purpose for which they were used. All test materials were administered by trained personnel in conformance with the instructions provided by the producer of these tests. Tests and other assessment materials included those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient. The tests administered are deemed to be valid for the purposes used and are considered by the examiner to be a valid representation of the student's ability.

- Review of Records
- Interview of: Parent and special education teacher and staff
- Health history from School Nurse.
- Observations
- Assessment including:
  - Preschool Language Scales -5 (PLS-5)
  - Functional Communication Profile-Revised
  - Articulation, Pragmatics, Fluency and Voice Informally Assessed
  - Developmental Assessment of Young Children Second Edition (DAYC-2)
    - Cognitive Domain
    - Adaptive Behavior Domain
    - Social Emotional Domain
- California Infant/Toddler Learning & Development Foundations (California Department of Education, 2009)

* No additional independent assessments were submitted for consideration as a part of this evaluation.

BACKGROUND

John is a five year 3 month old student attending the preschool county special education class at Sunny Vista Elementary School in Autumn. John's family (maternal grandparents, mother, aunt age 15 , and sister 4.) moved from Sunny Valley in March 2016 to San.

DIAGNOSES:
- Cerebral Palsy (343.9)
- Seizure disorder (780.39)
- Gastronomy tube (536.42)
- Orthopedic impairment (756.9)

Past History of:
- Hypoxic ischemic encephalopathy at birth (These ICD-9 codes have been assigned to John based on health information obtained from file review on XX/XX/XX and teacher interview on XX/XX/XX.)

Vision: "To be screened for the XXXX-XXXX school year
- Previous IEP report states that Regional Center records indicate vision screens have been normal"

Hearing: "To be screened for the XXXX-XXXX school year
- Previous IEP report states that Regional Center records indicate hearing screens have been normal"

Immunization Status: "Current. Last Tetanus Booster: XX/XX/XX Tdap
- John will need updated vaccinations for kindergarten entrance"

Allergies: "NKA" [No Known Allergies]

CURRENT HEALTH MANAGEMENT PLAN:
Medical/Health Providers:
- Dr. X – Pediatrician, Children's Hospital
- California Children's Services (CCS) Turner therapy unit – equipment per medical prescription
- Regional Center client

Medications authorized at school: None

Home Medications:
- Diazepam, 1ml tid for muscle spasms
- Lansoprazol, 5ml once daily for gastric reflux
- Dantrolene, 5ml tid for spasticity
- Valproic Acid, 3.5ml tid for seizures

Disaster Medications: All home medications

Specialized Health Care procedures authorized at School: (authorized by Dr. X) John requires the following specialized health care procedures and medications during the school day as ordered by a physician and authorized by the parent so that he may continue to access his educational curriculum. The school nurse communicates with the physician, parent and school personnel to ensure safe administration of the procedures and medications as authorized.

• Gastrostomy tube feeding by pump (V551) per parent/home health schedule; Parent may convey changes to the feeding schedule to the classroom for the authorized school year XXXX-XXXX.
    - o 12:00PM – 1 can of Pediasure Fiber Formula via g-tune pump method. Pump rate 260 ml/hr to run over 45 minutes. When g-tube feeding is finished, flush g-tube with 60- 90ml of water. Keep upright for 20 minutes after feeding.
- • Gastrostomy tube re-insertion – replace with MicKey tube (6cc into balloon).
- • Seizure Action Plan –
    - o Call parent immediately for all seizures
    - o Call 911 for any seizure over 5 minutes"

Current Health: At the time of the Health Information reported dated XX/XX/XX: "John has been in good health this school year. There have been no reported health concerns from the parent, teacher, or staff." As of the writing of this report, no additional health concerns noted from mother, other than susceptibility to colds in winter and that John is slow to recover. Concerns from school are the number of absences due to illness. His county special education teacher reports of the last 33 school days, he has only been at school 15. His county speech and language therapist reports that he has only been present 5 times out of 25 opportunities to receive services.
Nutrition/Feeding: No change from XX/XX/XX "John receives all nutrients and feeding through his gastronomy tube MicKey button. A swallow study revealed that he aspirates thin liquids. Due to high risk for aspiration, aspiration precautions must be maintained. John is NPO [atin abbreviation for nothing by mouth]. John's currently receiving one feeding per day at school via pump method. Gastrostomy tube site is intact; WDL [within defined limits]."
Seizures: No change from XX/XX/XX "On daily medication (Valproic Acid) for seizure prevention. John requires seizure monitoring. He experiences myoclonic seizures that can last for 60 seconds with brief shock-like jerking motions. His seizures have been controlled with anti-seizure medications for several months but prior to this he was experiencing up to 10 seizures per day."
Elimination: No change from XX/XX/XX "John is incontinent and diaper dependent. He is on a changing schedule while at school."
Mobility: No change from XX/XX/XX "John is non-ambulatory. He is able to sit is various positions with full support. He will lift his arms when prompted to while placing his wheelchair tray on. No AFO's [ankle-foot orthoses] in use at this time. John uses a wheelchair with neck, chest, torso, and ankle straps. The footrest on his wheelchair is unpadded; at increased risk for skin breakdown."
.
No change in determination of level of care needed at school. John is total maximum assistance dependent.

Special Health Care needs while at school include
1. Nutritional management through gastrostomy tube feedings as authorized by physician.
2. Seizure monitoring with care per medical orders.
3. Prevention of Alterations in Skin Integrity – Frequent position changes with monitoring of skin status for redness or breaks in the skin especially over bony prominences.

4. Flexible school schedule to accommodate any increased medical appointments or treatment requirements as indicated by physician.
5. Communication- notification of changes in health status to parents by school nurse or teacher."

John currently receives the following:

- Specialized academic instruction through County Office of Education, 180 min. daily 5 days a week for a total of 900 minutes weekly, in a separate classroom in a public integrated facility.
- Language and speech services through County Office of Education, 30 min. 2 times a week for a total of 60 minutes weekly, in a separate classroom in a public integrated facility. This time of services occurs during the 900 minutes weekly of specialized academic instruction.
- Health and nursing – other services through County Office of Education, 30 min. served monthly, in a separate classroom in a public integrated facility.
- Occupational therapy services through County Office of Education, 30 min. served monthly, in a separate classroom in a public integrated facility.

OBSERVATIONS-reported below and throughout report where appropriate.

John was observed in his classroom with his teacher C K. He smiled when this examiner entered the room and gave eye contact when this examiner waved hello. Throughout the time spent with him, he was friendly, smiled at the examiner and other adults. He was responsive to environmental changes of people moving and changes in activities by his facial expressions and vocalizations. He was asked to listen and make choices and after about 30 minutes he appeared to become fatigued and began to drool. He was able to swallow and remove the drool from his lips. The session was ended at that point. Because John appeared to enjoy some adults attention more than others, he may perform higher with familiar and preferred adults as he has just begun in the last few weeks at Sunny County School.

John was observed to be able to react to new people coming into the room, often with a loud vocalization and extension of his arms. He demonstrated interest and preference by following with his eyes specific people's movements, even when his view temporarily became obstructed demonstrating object permanence. He did this until a barrier was put in place so he would not be distracted for direct instruction as well as assessment by district speech language pathologist and school psychologist. John, inconsistently vocalized and/or used eye gaze for choosing between activities (choice items were between what was believed to be preferred and non-preferred). His teacher tried to get John to use a switch to change the screen on a large monitor, to elicit cause and effect however, this was also inconsistent. Mother shared with the school psychologist, John using a switch device. The video was short and John's hand was placed near the switch, but it did appear as if John did move his hand toward and down to trigger the toy to move and light up. John's vocalization and arm movements were taken to mean he was happy.

EVALUATION RESULTS AND DISCUSSION

Test Data Tables

Throughout the report standardized test scores are provided followed by discussion of how a student's performance is best interpreted. The qualitative descriptors used to label these standardized scores are not consistent across test makers. Some tests have wider or narrower ranges, different labels, or the same label but for a much different area. This often makes for confusing interpretations. Therefore, for the sake of statistical consistency and logical interpretation, we will be using the descriptors below. The following chart provides descriptive ratings for Standard Scores (means of 100 and standard deviations of 15), and Scaled Scores (means of 10 standard deviations of 3) for normally distributed norm-referenced tests:

Descriptive Rating	Standard Score	Scaled Score	Percentile Rank
Very Superior	>130	>16	≥98
Superior	120-130	14-16	92-98
Above average	110-120	12-14	75-92
Average	90-110	8-12	25-75
Low Average	80-90	6-8	9-25
Low	70-80	4-6	2-9
Very Low	<70	<4	≤2

SPEECH AND LANGUAGE ASSESSMENTS

Test Interpretations: Language

Materials and procedures were provided in the student's native language/mode of communication in a form most likely to yield accurate information on what the student knows and can do academically, developmentally, and functionally. The assessment instruments selected for John's evaluation are appropriate for culturally and ethnically diverse students. Information on language skills were obtained through clinical observations, an attempted parent report, and information gathered from the **Preschool Language Scale-5 (PLS 5**) and the **Functional Communication Profile-Revised.**

The **Preschool Language Scales-5 Edition (PLS-5)** assesses the auditory comprehension and expressive communication in the areas of language, content and use. This assessment is deemed appropriate for individual's birth to 6 years 11 months. Auditory Comprehension measures ones understanding of language. Expressive Communication is a measure of ones ability to verbally use language. Total language score is the child's overall language ability.

Test Name	Subtest/Subject	Standard Score	%ile	
Preschool Language Scales-5 (PLS-5)				
	Auditory Comprehension	50	1	
	Expressive Communication	50	1	
	Total Language Score	**50**	**1**	

In auditory comprehension his standard score was 50. He scored in the 1st percentile. In Expressive Communication his standard score was 50 in the 1st percentile. Overall his total language standard score was 50 in the 1st percentile. This would place him in the below average range in his overall total score. John was assessed by the Sunny Valley Unified School District in February 2015. He was also in the 1st percentile with a standard score of 50 in his auditory comprehension and expressive communication at that time.

John could receptively (in understanding):
-glance at a person who was talking to him
-react to sounds other than voices in the environment
-turn his head to locate the source of a sound
-respond to new sounds
-actively search to find a person who is talking
-stop/interrupt his activity when his name is called
-look at objects or people the caretaker points to and names
-respond to an inhibitory word (ie..no)

John could expressively (use of language):
-have a swallow reflex
-vocalize soft, throaty sounds
-vary pitch, length, or volume of cries
-respond to speaker by smiling
-vocalize pleasure and displeasure sounds
-vocalize when talked to, moving arms and legs during vocalizations
-attempt to imitate facial expressions and movements
-seek attention from others
-vocalize different vowel sounds

The Functional Communication Profile-Revised was used to determine John's overall communication. He was observed in his classroom with his teacher and interacting with this examiner. He was able to use joint attention and look at an item when given two choices visually 2 feet apart. At times, it was difficult to determine if he really wanted an item. He followed bubbles visually and appeared to have a strong visual scanning of items in different locations. He made noises and looked away when he was not interested in either item. His teacher noted he enjoys bubbles, music, and the swing. When he heard the word 'swing' he got excited and kicked his legs and made a happy vocal sound. He snorted, laughed, smiled, and made vocalizations with adults interacting with him. He also showed a sad face when a toy in front of him that had a suction cup fell over toward him. He showed a strong startle reflex as the adult and he were shocked when the suction cup fell off. He does not yet have a clear yes/no although if he dislikes something such as looking at four pictures on a page, he turned his head away and

did not look or engage with the adult. He did not nod/shake his head except when happy and moving his mouth and vocalizing. He also made a vocalization with a wide mouth when he seemed displeased or wanted a change. His teacher noted that he will make a vocalization and appear fussy right before he gets a diaper change.

John did not cross midline during this observation time. He favored his right hand and moved that more often than his left. He would touch his tactile/visual schedule with prompting with his right hand and transitioned well to his next activity when he was shown/felt the schedule picture of the next activity. When observed with a computer program that had a switch to practice cause and effect activities, he needed a switch that did not require him to lift his hand. He did better with a flat switch in which he could move his hand side to side. Even with this and after modeling, he moved the switch once after five attempts. Another program was tried with a motorcycle to see if he would be more interested, but he did not move the switch for this game. He did not engage in cause and effect with the toys presented to him. He was much more interested in interacting with adults.

In the area of communicative intent, John was not yet requesting an item/action unless it was mentioned to him first. He did not indicate 'more' with vocalizations or movements in this observation. He greeted by smiling and looking at an adult who entered his view. He did request attention when there was no adult in his immediate view. He showed protesting/resistance when he was uninterested in looking at pictures in the examiners test. He did not request assistance in this observation. He showed negation and denying by turning his head away when uninterested.

Oral Mechanism: John was able to open his mouth but could not follow oral motor directions (stick out your tongue, blow a kiss). As he has spastic cerebral palsy, his ability to move parts of his lips, mouth, and jaw are inhibited in that he cannot move them consistently and accurately on command.

Voice: Voice quality (pitch and loudness) was evaluated informally. John has spastic cerebral palsy which makes it difficult to control his movements. This directly affects his ability to use his lips, mouth, jaw, and vocal folds. His mother notes that he has different pitches to indicate when he is hungry, has gone to the bathroom and needs changing, or wants attention. John continues to need to be monitored in his vocal pitch and loudness to ensure he does not cause strain to his vocal folds.

Fluency: Fluency (rhythm and rate) was not observed as John is non verbal at this time.

Articulation: John's articulation was not observed as he is non verbal at this time.

Social Pragmatics:
Pragmatic language refers to the skills underlying social interactions. It includes making eye contact, non verbal gestures, facial expressions, conversational skills, the ability to use language in a variety of manners such as asking questions, expressing negation, and making statements of feeling and opinion.. All of these skills are required to relate appropriately to other children and adults.

John's delay in communication has affected his ability to use social language. He is greeting unfamiliar people with a smile and good eye contact. He has difficulty initiating conversations with others but will become engaged when others initiate with him. Mother notes that he does initiate with her when he is hungry, wants her attention or needs changing. In nonverbal communication, he can maintain eye contact but he will look off into the distance and become distracted by others in the room. He responded inconsistently to his name in the evaluation session, but his Mother notes that he does stop what he is doing and will turn to look if his name is called. He was not yet showing turn taking skills in this evaluation.

EVALUATION RESULTS AND DISCUSSION OF PSYCHOLOGICAL ASSESSMENTS

Cognitive Ability

Given John's Orthopedic Impairment due to his cerebral palsy, and severe language delays individually administered tests of cognitive ability are not appropriate and do not provide meaningful information to develop appropriate, meaningful goals. However, observations, interviews with mother and his service providers at Sunny Valley's COE special education class, were used to complete the Developmental Assessment of Young Children Second Edition (DAYC-2) Cognitive Domain. This assessment tool was also used in his initial evaluation by Sunny Valley Unified. Given that this rating scale has within it items that John cannot physically do, or communicate in any meaningful way (at this time) scoring in the standard way would significantly underestimate John's ability. Therefore, two different techniques were used to arrive at estimations of his cognitive ability.

The first method was to identify the three highest items that John was able to demonstrate in any setting, making allowances for his physical and speech limitations. These items were:

> **17**. Finds an object that is partially hidden [demonstrates item permanence by continuing to hold gaze]
> **20**. Touches adult to have that person start or continue interesting game or action [John makes movements to have people continue doing something preferred, he is unable to
> **21**. Looks at picture in a book [John knows if pages are skipped and gets mad]

By taking the average of the items numbers (19.3) it allows us to eliminate items that would penalize John for his physical and language deficits. We can then convert that number into a Standard Score, which is <50 and an age equivalent of 9 months. This can be viewed as a low end estimate as the gaps between tasks John is able to do may be few and far between. Building on these demonstrated skills for adaptive purposes is key and reflected in the goals that have been developed for him.

The second method is to take the highest value item and convert that to a Standard Score, which happens to also be <50 but an age equivalent of 10 months. By using the highest item number John achieves, provides us with a high end estimate of John's cognitive ability.

These two measures are consistent with the score reported by Sunny Valley Unified. More importantly, proportionally, John's cognitive delay is also very consistent. At 35 months of age

his age equivalent was 5 months, an 86% delay. Currently at 63 months of age his age equivalent is estimate to be within 9 to 10 months or an 84-86% delay. For children over 24 months a 50% delay is considered significant and should be considered with adaptive behavior estimates to determine if Intellectual Disability (ID) is also an area of special education eligibility impacting John. In John's case, he is already determined to be Multiply Handicapped and likely the one of the reasons for it.

Using the California Infant/Toddler Learning & Development Foundations (California Department of Education, 2009), a breakdown of more specific areas and estimates can be made with areas of relative strength and weakness for John

Relative Cognitive Strength Areas John Demonstrates at Less Than a 50% Deficit:

Memory	Behaviors leading up to the foundation for 36 months (19 to 35 months) where "children anticipate the series of steps in familiar activities, events, or routines; remember characteristics of the environment or people in it; and may briefly describe recent past events or act them out. (24-26 mos.)"
	"Find a hidden toy, even when it is hidden under two or three blankets (24 mos.)
Attention Maintenance	Behaviors leading up to the foundation for 36 months (19 to 35 months) where "children sometimes demonstrate the ability to pay attention to more than one thing at a time."
	"Play alone with toys for several minutes at a time before moving on to different activity. (18-24 mos.)"
	"Sit in a parent's lap to read a book together.(21-22 mos.)"

Cognitive Areas John Demonstrates at More Than a 50% Deficit:

Cause-and-Effect	Behaviors leading up to the foundation for 18 months (9 to 17 months) where a child can "combine simple actions to cause things to happen or change the way they interact with objects and people in order to see how it changes the outcome."
	"Cry and anticipate that the infant care teacher will come to help (9-12 mos.)"
	"Drop an object repeatedly from the chair to hear it clang on the floor or to get the infant care teacher to come pick it up. (9-12 mos.)"
	"Continue to push the button on a toy that is broken and appear confused or frustrated when nothing happens (12 mo.)"
Problem Solving	Behaviors leading up to the foundation for 18 months (9 to 17 months) where "children use a number of ways to solve problems: physically trying out possible solutions before finding one that works; using objects as tools; watching someone else solve the problem and then applying the same solution; or gesturing or vocalizing to someone else for help.
	"Pull the blanket in order to obtain the toy that is lying out of reach on top of the blanket. (8-10 mos.)"
Spatial Relationships	8 months – "At around eight months of age, children move their bodies, explore the size and shape of objects, and observe people and objects as they move through space."
	"Use vision or hearing to track the path of someone walking by (5.5-8 mos.)"
	"Watch a ball roll away after accidentally knocking it (5.5-8 mos.)"

Imitation	8 months "At around 8 months of age, children imitate simple actios and expression of others during interactions."
	"Notice how the infant care teacher makes a toy work and then push the same button to make it happen again. (6-9 mos.)"
Number Sense	8 months "At around eight months of age, children usually focus on one object or person at a time, yet they may at times hold two objects, one in each hand."
	"Watch a ball as it rolls away after hitting it with hand. (5.5-8 mos.)"
	"Notice when someone walks in the room."
Classification	8 months "At around eight months of age, children distinguish between familiar and unfamiliar people, places, and objects, and explore the differences between them."
	"Explore how one toy feels and then explore how another toy feels"
	"Stare at an unfamiliar person and move toward a familiar person."
Symbolic Play	8 months "At around 8 months of age, children become familiar with objects and actions through active exploration. Children also build knowledge of people, action, objects, and ideas through observation."
	"Cause toys to make noise by shaking, banging, and squeezing them (5.5-8 mos.)"
	"Roll car back and forth on floor" [with hand over hand]

Adaptive Behavior

Teacher reports No change from XX/XX/XX John is tube fed at school and requires maximum adult assist for all of his self care needs. He uses a wheelchair at school which provides head, neck, trunks, and foot supports. He is not using the toilet or eating any foods. "John is dependent for all activities of daily living (hygiene, dressing, diapering, positioning/transfers, wheelchair transportation). He is cooperative with all care activities. " The Developmental Assessment of Young Children Second Edition (DAYC-2) Adaptive Behavior Domain is used for the same reason as it was for the Cognitive Domain. Given that this rating scale has within it items that John cannot physically do, or communicate in any meaningful way (at this time) which are fundamental to measure of adaptive behavior, scoring in the standard way would significantly underestimate John's score. Therefore, the two techniques used for the Cognitive Domain were used to arrive at estimations of his adaptive behavior.

The first method identified the following three top attained items:

> **18**. Sleeps through the night; may take one nap during the day
> **22.** Fusses when diaper needs to be changed [Mother reports that John makes a distinct vocalization for this]
> **39**. Recognize own home [Mother reports that when they are coming back from church from Sunny Valley, John' becomes excited, increasing vocalizations and laughing from as far away as 3 blocks]

The average of the items numbers (26.3) converts into a Standard Score of <50 and an age equivalent of 22 months. This can be viewed as a low end estimate as the gaps between tasks

John is able to do may be few and far between. Again, building on these demonstrated skills for adaptive purposes is key and reflected in the goals that have been developed for him.

The second method's highest value item is 39 and converts into a Standard Score of 62, with an age equivalent of 37 months. By using the highest item number John achieves provides us with a high end estimate of John's adaptive behavior.

These scores demonstrate improvement compared to adaptive score reported by Sunny Valley District. More importantly, proportionally, John's adaptive behavior delay had gone down. At 35 months of age his age equivalent was 5 months constituting a 97% delay. Currently at 63 months of age his age equivalent is estimate to be somewhere between 22 to 37 months or only a 41-65% delay (an improvement from 32%-56%). This is most likely due to the methodology used in deriving these scores. What is still true however, is that within this range, John is still estimated to be significantly delayed, as 50% falls within the middle of this estimated range for his adaptive behavior.

Using the California Infant/Toddler Learning & Development Foundations (California Department of Education, 2009) adaptive areas are consistent with the DAYC-2 adjusted estimates.

Adaptive Areas John Demonstrates at More Than a 50% Deficit:

Understanding of Personal Care Routines	Behaviors leading up to the foundation for 18 months (9 to 17 months) where "children show awareness of familiar personal care routines and participate in the steps of these routines."
	"Cooperate during diaper change by lifting bottom (10.5-12 mos.)"
	"Raise arms when the infant care teacher tries to put a dry shirt on the child. (12 mos.)"

With significantly low Cognitive Ability and Adaptive Behavior, the IEP team has objective support for John meeting special education eligibility for ID.

Social-Emotional Functioning

From XX/XX/XX "John is non-verbal. He uses reaching, eye gaze, and vocalizations to express his wants and needs. He is very social with classroom staff and his peers and always has a big smile when greeted." For this assessment, mother reports that he is now interested in cars. Mom puts cars on the ground for him and mom puts hand over hand and winds it back and he enjoys "watching the car go". He laughs and vocalizes and he extends/straightens his arms, and smiles. Mother can tell by his vocalizations if he is sad, happy, or feeling sick. Teacher reports that "John is social with teachers and peers. Appropriately responds to familiar and unfamiliar people. Has cried when with someone he does not know and can't see a familiar face. Displays joint attention. Participates in reciprocal social games (peek a boo etc) and using eye gaze, vocalizations, and affect to indicate a desire to continue. Appears happy to come to school (smiling) and transitions well from bus to classroom setting."

The Developmental Assessment of Young Children Second Edition (DAYC-2) Social-Emotional Domain for the same reason as it was for the Cognitive Domain. This assessment tool was also used in his initial evaluation by Sunny Valley Unified. Given that this rating scale has within it items that John cannot physically do, or communicate in any meaningful way (at this time) which are fundamental to measure of social emotional development, scoring in the standard way would significantly underestimate John's score. Therefore, the two techniques used for the Cognitive Domain were used to arrive at estimations of his adaptive behavior.

The first method identified the following three top attained items:

> **24**. Separates from parent in familiar surroundings without crying
> **29.** Quietly listens to story, music, movie, or TV [Mother reports not sure if he is listening, but his is quiet when watching TV or Movie]
> **35.** Recognizes when another person is happy or sad[Mother reports if people are happy he will smile and vocalize, if sad he will become upset]

The average of the items numbers (29.3) converts into a Standard Score of 50 and an age equivalent of 20 months. This can be viewed as a low end estimate as the gaps between tasks John is able to do may be few and far between. Again, building on these demonstrated skills for social communication purposes is key and reflected in the goals that have been developed for him.

The second method's highest value item is 35 and converts into a Standard Score of 60, with an age equivalent of 27 months. By using the highest item number John achieves provides us with a high end estimate of John's social emotional ability.

These scores demonstrate improvement compared to social emotional score reported by Sunny Valley District. More importantly, proportionally, John's social emotional delay had gone down. At 35 months of age his age equivalent was 9 months constituting a 74% delay. Currently at 63 months of age his age equivalent is estimate to be somewhere between 20 to 27 months or only a 57-68% delay (an improvement from 6%-17%). This is most likely due to the methodology used in deriving these scores. What is still true however, is that within this range, John is still estimated to be significantly delayed, as even the high end estimate exceeds a 50% delay for his social emotional functioning.

Using the California Infant/Toddler Learning & Development Foundations (California Department of Education, 2009), a breakdown of more specific areas and estimates can be made with areas of relative strength and weakness for John

Relative Social Emotional Strength Areas John Demonstrates at Less Than a 50% Deficit:

Identity of Self in Relation to Others	Behavior leading up to the foundation for 36 months (19 to 35 months) where "children identify their feelings, needs, and interests, and identify themselves and other as members of one or more groups by referring to categories (24-36 mos.)."
	"Recognizes his own image in the mirror and understand that it is himself."
	"Know the names of familiar people, such as a neighbor."
Expression of Emotion	Behavior leading up to the foundation for 36 months (19 to 35 months) where "children express complex, self-conscious emotions such as pride, embarrassment, shame and guilt. Children demonstrate awareness of their feelings by using words to describe feelings to others or acting them out in pretend play."
	"Expresses frustration through tantrums. (18-36 mos.)."
Empathy	Behavior leading up to the foundation for 36 months (19 to 35 months) where "children understand that other people have feelings that are different from their own and can sometimes respond to another's distress in a way that might make that person feel better. (24-36 mos.)."
	"Become upset in the presence of those who are upset."

Social Emotional Areas John Demonstrates at More Than a 50% Deficit:

Interactions with Adults	18 months – "At around 18 months of age, children may participate in routines and games that involve complex back-and-forth interaction and may follow the gaze of the infant care teacher to an object or person. Children may also check with familiar infant care teacher when uncertain about something or someone (18 mos.)."
	"Allow an unfamiliar adult to get close only after the adult uses an object to bridge the interaction, such as showing interest in a toy that is also interesting to the child. (18 mos.)"
	"Seek reassurance from the infant care teacher when unsure if something is safe. (10-12 mos.)"
Relationships with Adults	18 months – "At around 18 months of age, children feel secure exploring the environment in the presence of important adults with whom they have developed a relationship over an extended period of time. When distressed, children seek to be physically close to these adults. (6-18 mos.)."
	"Snuggle with the special infant care teacher when feeling tired or grumpy."
	"Follow a parent physically around the room." [with eye gaze due to limited mobility]
Interactions with Peers	18 months – "At around 18 months of age, children engage in simple back-and-forth interactions with peers for short periods of time."
	"Hit another child who takes a toy (18 mos.) [John will hit sister if she is bothering him.]
Relationships with Peers	Behavior leading up to the foundation for 18 months (9 to 17 months) where "children prefer to interact with one or two familiar children in the group and usually engage in the same kind of back-and-forth play when interacting with those children (12-18 mos.)."
	"Watch an older sibling play nearby (12 mos.)."

Recognition of Ability	Behavior leading up to the foundation for 18 months (9 to 17 months) where "children experiment with different ways of making things happen, persist in trying to do things even when faced with difficulty, and show a sense of satisfaction with what they can do."
	"Look over shoulder, smile at the mother, and giggle in a playful way while crawling past her, to entice her to play a game of run-and-chase." [everything up until the run and chase part, more engage with him]
Emotional Regulation	Behavior leading up to the foundation for 18 months (9 to 17 months) where "children demonstrate a variety of responses to comfort themselves and actively avoid or ignore situations that cause discomfort. Children can also communicate needs and wants through their use of a few words and gestures."
	"Move away from something that is bothersome and move toward the infant care teacher for comfort. (6-12mos.)."
	."
	"Fuss to communicate needs or wants; begin to cry if the infant care teacher does not respond soon enough." (11-19 mos.)"
	"Repeat sounds to get the infant care teacher's attention. (11-19 mos.
Impulse Control	18 months "At around 18 months of age children respond positively to choice and limits set by an adult to help control their behavior. (18 mos.)
	"Stop reaching for the eyeglasses on the infant care teacher's face when she gently says, "no, no"" [John thinks this is fun game to try to touch but sometime accidentally touches]
Social Understanding	Behavior leading up to the foundation for 18 months (9 to 17 months) where "children know how to ge the infant care teacher to respond in a specific way through gestures, vocalizations, and shared attention; use another's emotional expressions to guide their own responses to unfamiliar events, and learn more complex behavior through imitation. Children also engage in more complex social interactions and have developed expectations for greater number of familiar people.".
	"Follow the infant care teacher's gaze to look at a toy."
	"Hold up or gesture toward objects in order to direct the infant care teacher's attention to them."

With significantly low Cognitive, Adaptive Behavior, and Social Emotional Domains all falling within or exceeding a 50% delay, the IEP team has even more objective support for John meeting special education eligibility for ID.

SUMMARY OF FINDINGS

Other than the aforementioned information detailed within the background information of this report, no other records indicated any environmental, cultural, or economic disadvantage; unfamiliarity with the English language; limited school experience; poor attendance; social maladjustment; intellectual disability; or visual, hearing, or motor impairment.

John is an enjoyable 5 year 3 month old attending the preschool county special education class at Sunny Vista Elementary School in Autumn. He is currently identified as a student with Multiple Disabilities: Orthopedically Impaired (OI), Speech language Impairment (SLI)
John has been medically diagnosed with

- Cerebral Palsy (343.9)
- Seizure disorder (780.39)
- Gastronomy tube (536.42)
- Orthopedic impairment (756.9)

Review of this report and specific recommendations will be made at the IEP meeting based on the multidisciplinary assessment data. Determination of Special Education eligibility and appropriate academic programs will be made by the IEP team, at the IEP meeting, based on all collected data.

Areas of Eligibility:

Orthopedically Impaired (OI)
John continues to meet the eligibility criteria for OI as he is diagnosed with Cerebral Palsy which was caused by Hypoxic ischemic encephalopathy at birth and his limited mobility which significantly impacts his educational performance.

Statement of Eligibility:
Orthopedically Impaired: California Code of Regulations, Title 5: Education Code Section 3030 (a) "A child shall qualify as an individual with exceptional needs, pursuant to Education Code section 56026, if the results of the assessment as required by Education Code section 56320 demonstrate that the degree of the child's impairment as described in subdivisions (b)(1) through (b)(1) through (b)(13) requires special education in one or more of the program options authorized by Education Code section 56361." (8) Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

Speech and Language

Based on the information obtained from his assessment, John does meet eligibility criteria for special education services in the area of Speech and Language. According to the PLS-5 and Functional Communication Profile, his receptive (understanding) skills and expressive (use) skills are below age level. His social communication/pragmatics are delayed for his age level.

Statement of Eligibility:
Language: California Code of Regulations, Title 5: Education Code Section 3030 (a) "A child shall qualify as an individual with exceptional needs, pursuant to Education Code section 56026, if the results of the assessment as required by Education Code section 56320 demonstrate that the

degree of the child's impairment as described in subdivisions (b)(1) through (b)(1) through (b)(13) requires special education in one or more of the program options authorized by Education Code section 56361." (11) A student is determined eligible in the area of language when scores are **at least 1.5 standard deviations below the mean, or below the 7th percentile**, for her or her chronological age or developmental level on **two or more standardized tests** in one or more of the following areas of language development: **morphology, syntax, semantics, or pragmatics**. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall determined by alternative means as specified on the assessment plan, or (B) The pupil scores **at least 1.5 deviations below the mean of the score is below the 7th percentile** for her or her chronological age or developmental level on **one or more standardized tests** in one of the areas listed in subsection (A) and displays inappropriate or inadequate usage of expressive or receptive language as measured by a representative spontaneous or elicited language sample of a **minimum of fifty utterances (CCR 3030 (b)(11)(D)(1)&(2)**

Intellectual Disabilities (ID)
Based on the information obtained from his assessment, John does meet eligibility criteria Intellectual Disability. John's estimate of cognitive ability and adaptive behavior both are significantly low (subaverage at or more than 50% of his chronological age) and has been identified as such prior to turning 18 years old (within the developmental period), significantly impacting his educational performance.

Statement of Eligibility:
Intellectual Disability: California Code of Regulations, Title 5: Education Code Section 3030 (a) "A child shall qualify as an individual with exceptional needs, pursuant to Education Code section 56026, if the results of the assessment as required by Education Code section 56320 demonstrate that the degree of the child's impairment as described in subdivisions (b)(1) through (b)(1) through (b)(13) requires special education in one or more of the program options authorized by Education Code section 56361." (6) Intellectual disability means **significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance.**

Multiple Disabilities (MD)
John continues to meet the eligibility criteria for MD as the combination of disabilities he has requires more services than can be accommodated in a program solely for any one of his disabilities e.g. just OI, or just ID, or just speech language impairment..
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Statement of Eligibility:
Multiple Disabilities: California Code of Regulations, Title 5: Education Code Section 3030 (a) "A child shall qualify as an individual with exceptional needs, pursuant to Education Code section 56026, if the results of the assessment as required by Education Code section 56320 demonstrate that the degree of the child's impairment as described in subdivisions (b)(1) through (b)(1) through (b)(13) requires special education in one or more of the program options

authorized by Education Code section 56361." (7) Multiple disabilities means concomitant impairments, such as intellectual disability-blindness or **intellectual disability-orthopedic impairment**, the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. "Multiple disabilities" does not include deaf-blindness.

Recommendations:
It is recommended that John receive direct speech therapy services to build his functional communication skills. Increasing John's ability to communication functionally will be paramount to achieve additional future goals.

1. At home, continue to practice cause and effect activities where John can predict what will happen next
2. Use visual schedules at home and school to build his communication skills in initiating more language with others and building language around daily activities.
3. Have John use a consistent yes-no response that John can use.
4. Bring John for speech and language therapy sessions consistently to build in his language goals.

The key to better estimating John's cognitive, adaptive, social emotional and educational progress will be John's ability to consistently be able to tell service providers, yes-no. Given the severity of his multiple disabilities, it is highly recommended that John continue to attend Contra Cost County's Program and continue his goals and services there.

It has been a pleasure given the opportunity of working with John. Please feel free to contact any assessors with any questions regarding the information in this report. IEP team will convene to discuss these report findings to determine eligibility and next steps, as well as address any concerns or amendments raised by this report at that time..

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School Psychologist Speech-Language Pathologist