

PURPOSE: The individual documentation of assessment results form describes the procedures and instruments used in assessment of the student, the results obtained, any conclusions from observations of the student, and a statement of the apparent significance of the findings related to the student's **suspected disability(ies)** and instructional program. Each professional member of the evaluation group who contributed to the evaluation report is required to document the results of his/her individual assessment. This individual documentation may be a separate document or members may wish to incorporate the individual documentation elements in the evaluation report.



INDIVIDUAL DOCUMENTATION OF ASSESSMENT RESULTS

Student name: Amy James School: Experimental Education Unit
Date of birth: 4/25/99 Age: 2;10 Grade: ITP ID: _____
Examiners: Student Evaluation date(s): February 11 & 12, 2002
Area of assessment: Speech and Language

HISTORY

Identifying Information, Referral source and Chief Concerns

Amy James, age 2 years and 10 months, was seen for a speech and language evaluation at the Experimental Education Unit (EEU) on February 12, 2002. Amy has a documented medical diagnosis of Down syndrome and vision problems. Mrs. James accompanied Amy to the evaluation and provided information for the interview. Mr. and Mrs. James were referred to the EEU by a friend of the family (who is an SLP), and Amy began attending the birth-to-three program there in September 2000. In their initial admissions application, Mr. and Mrs. James indicated that a high teacher-to-student ratio and small class size were very important, so that Amy could receive individualized attention and the opportunity to socialize with her peers. The primary purpose of this evaluation was to provide an assessment of Amy's speech and language prior to her entry into a preschool program, which will likely be at the EEU.

Birth/Medical

Background information reported by Mrs. James in the interview, revealed Amy's birth and medical history to be unremarkable outside of the complications related to her medical diagnoses. Mrs. James reported that Amy has low muscle tone, which affects her gross and fine motor skills. Amy also presents with vision problems and has worn glasses since she was 2 years old. She was diagnosed as nearsighted by Dr. Smith at Children's Hospital and Medical Center (CHMC) in March 2000, and can see approximately one foot in front of her unaided. In addition, Amy was briefly hospitalized in 2000 at CHMC due to issues related to her eyes. Tubes were placed in her tear ducts and a CAT scan was performed to investigate an ongoing twitching in one eye.

Mrs. James reported that Amy has experienced ongoing earaches and ear infections since October 2001. Amy received antibiotics for these ear infections and her hearing was monitored at CHMC during this time-period. Amy is scheduled for a follow-up appointment with her otolaryngologist in March 2002 due to continuing problems with swollen tonsils and difficulty sleeping. Prior to the present evaluation, Amy's most recent hearing screening was administered at CHMC on November 15, 2001. Behavioral hearing testing was not successful with Amy at this time, so her hearing was assessed using Brainstem Auditory Evoked Response (BAER) and Evoked Otoacoustic Emission (EOAE) testing.

Assessment results indicated normal to near-normal sensitivity bilaterally. However, due to borderline normal results and existing speech and language concerns, it was recommended that her hearing be re-tested behaviorally in six months.

Developmental

Developmental milestones were reportedly reached after some delay. Mrs. James reported that Amy was able to sit by herself at 8 months and walk at 24 months. Mrs. James could not recall the exact timing of babbling onset, but she said the initiation was delayed. She stated that only recently has she noticed an increase in the frequency and duration of her babbling. Mrs. James reported Amy's frequent use of "b" and "g" sounds, and her tendency to use "ga" to refer to many different objects and people during vocalizations. Amy's first spoken word was "cat". Mrs. James reported that Amy speaks primarily with signs and single words, but has been heard to say some two-word combinations (e.g., "cat bye" and "more popcorn"). During the interview, Mrs. James estimated Amy's spoken, single word vocabulary at approximately 7 words and her sign inventory at approximately 20 signs. She also commented that while Amy knows many signs, she has not been using them very much over the past few months, often relying on pointing, noises and babbling instead.

Social

Amy lives at home with her parents and older brother, age 6 years. Mrs. James reported that Amy gets along very well with her brother and frequently imitates his actions and speech. However, Mrs. James stated that Amy does not get along well with her peers. In the classroom, she often ignores them and rebuffs their social initiations and touch. Outside of school, she often becomes frustrated and annoyed with other children (e.g., having to wait a turn on the slide, having to share adult attention with other children). Mrs. James described Amy as a child who prefers to stand back and observe what others do and say, and she can be very stubborn in relation to her likes and dislikes. She is inconsistent in responding to requests for communication (e.g., making choices, producing a word, producing a sign, etc.), and does not frequently initiate communication, even for basic needs such as food. Due to concerns about her lack of communication, Mrs. James reported that she and her husband often label objects for Amy at home, providing verbal models and signs when appropriate and encouraging her to use them in turn. Mrs. James stated that Amy typically practices a new sign repeatedly, and then overgeneralizes it, using it to label many things in her environment.

Educational

Amy currently attends the Infant and Toddler Program at the EEU twice a week, from 9:00 to 10:30. She participates in a small, special education playgroup lead by Jim Smith. The class is an integrated group consisting of typically developing children and children with special needs. Mrs. James reported that Amy is doing very well there and will transition to a preschool program once she turns 3 years old.

Previous Evaluations / Treatment

Amy was previously evaluated at the Children's Therapy Center in Kent and participated in a playgroup there from May to October 2000. Records pertaining to the previous evaluation and services are currently not available. At the EEU, Amy currently receives speech and language services from Mary Jones once a week. She also recently began receiving additional speech and language therapy services from the Children's Therapy Center in Kent. The primary emphasis of this treatment is to: 1. Improve

Amy's pre-linguistic communication skills across settings, so she can express her wants and needs, 2. Improve her social skills and interactions with peers and 3. Improve her ability to categorize and organize objects as a means of making sense of her environment. Amy also receives physical therapy services from Lauren Jones once a week at the EEU, as well as services at the Children's Therapy Center in Kent. Physical therapy is directed at 1. Increasing Amy's trunk control, proximal stability, balance and strength for improved functional mobility and 2. Facilitating her gross and fine motor skill development.

Procedures and Instruments Used in Assessment and the Results Obtained:

- Classroom observation (2/11/02)
- Preschool Language Scale-3 (PLS-3)
 - Examines both auditory comprehension and expressive language
 - Amy did not participate consistently in the testing; she did respond to some items that are listed in the table below.
- The MacArthur Communicative Development Inventory: Words and Gestures (CDI)
 - Asks parent to report the child's inventory of words and gestures (both signed and verbalized)
 - The CDI: Words and Gestures is normed for children age 8- to 16-months. Although Amy's chronological age exceeded the upper limits of the standardization group, the CDI: Words and Gestures was administered because her language skills appeared to be comparable to the age ranges covered by the inventories. The median or 50th percentile level was used to provide an approximate age equivalent for evaluation purposes.

PLS-3

Subtest	Amy was able to:	Age Ranges (year-month)
Auditory Comprehension:	<ul style="list-style-type: none"> • anticipate an event or a signal • demonstrate joint attention • understand a specific phrase • maintain attention for 2 minutes • identify familiar object • indicate body parts • understand verbs in context • understand spatial concepts 	<ul style="list-style-type: none"> • 0-6 to 0-11 • 0-6 to 0-11 • 0-6 to 0-11 • 1-0 to 1-5 • 1-0 to 1-5 • 1-6 to 1-11 • 1-6 to 1-11 • 2-0 to 2-5
Expressive Communication:	<ul style="list-style-type: none"> • vocalize pleasure and displeasure sounds • vocalize when talked to • laugh • combine sounds to form syllables • communicate nonverbally • produce at least four different consonant-like sounds • has at least a one-word vocabulary • initiate a game/social routine 	<ul style="list-style-type: none"> • 0-0 to 0-5 • 0-0 to 0-5 • 0-0 to 0-5 • 0-6 to 0-11 • 0-6 to 0-11 • 0-6 to 0-11 • 1-0 to 1-5 • 1-0 to 1-5

CDI

Area	Approximated Age Equivalencies
Starting to Talk: <ul style="list-style-type: none"> • Amy does not imitate words she has heard • Amy does name/label objects 	<ul style="list-style-type: none"> • Imitation: 16 months • Labeling: 13-14 months
Vocabulary Checklist: <ul style="list-style-type: none"> • Words Understood: 123 • Words Produced (verbally and/or signed): 27 	<ul style="list-style-type: none"> • ~14 months* • ~15 months*
Gestures: <ul style="list-style-type: none"> • Early Gestures: 11/18 • Later Gestures: 31/45 	<ul style="list-style-type: none"> • 13 months • ~16 months*

* Median scores not available for the number of words/gestures in Amy's inventory. Scores used were the closest to the median available, and ranged from the 55th to the 60th percentile.

Conclusions Obtained from Observations:*Classroom Observation:*

Within the classroom, Amy was willing to interact with the teacher and an adult observer. She made eye contact with the teacher and observers, requested objects by pointing and reaching, and commented on objects (e.g., she smiled at a toy, she laughed at the observer's play behaviors). She engaged in play behaviors with an observer (e.g., played with hats, signs, bubbles, and a toy birthday cake), and fulfilled teacher/observer requests (e.g., she gave the observer a hat, she took the teacher's hand, she put signs up on the wall). She was resistant to signing when responses were requested, and only did so when a classroom aide physically assisted her.

Formal Evaluation:

Language Comprehension: During the out-of-classroom assessment, Amy demonstrated comprehension of simple commands (e.g., "kiss bear," "put the car on the table", "where is your nose"), but did not respond consistently. She performed typically-expected actions on objects, but did not respond when unexpected requests were made (e.g., she would make a bear walk and jump, but would not make it fly, she would kiss a bear, but not a car). She demonstrated comprehension of the prepositions "on," "off," and "in" by appropriately placing objects in several instances. She was not consistent, however, which may have been a reflection of her level of motivation or attention. Although the results of the comprehension portions of the PLS-3 and the CDI indicate language comprehension largely in the 12-18 month level, behaviors observed in the low-structured assessment suggest Amy's comprehension to be around the 18 – 24 month level.

Language Expression: The following table lists the communicative intentions and actions Amy demonstrated during the classroom observation and the assessment. The most chronologically developed levels of intention that Amy demonstrated are listed.

Intention	Average Age of Emergence	Modality	Example
Requesting Object	13-17 months	Gesture, Verbalization, Physical Manipulation	Pointed to car she wanted, asked for /ka/, tried to take ball out of clinician's hands
Requesting Action	13-17 months	Vocalization, Physical Manipulation	Asked for /ka/ when she wanted clinician to push car to her, pushed car to clinician
Greeting	13-17 months	Gesture	Backed up into teacher when greeting him
Answering	9-18 months	Gesture (pointed)	Pointed to specific body part when asked
Acknowledgment of Other's Speech	9-18 months	Eye gaze, Gesture (head turn, smile)	Turned head and smiled when addressed (inconsistent), looked in direction indicated

Formal (PLS and CDI) and informal/low-structured assessment suggests Amy's expressive skills are in the 12 –18 month range.

Although it was not possible to assess Amy's articulation (due to her limited inventory of spoken words), she did produce the following speech sounds during the classroom observation and assessment.

Speech: Amy used the following vowels: /i/, /u/, /ʌ/, /a/, and /o/. Her consonant repertoire included: /p/, /b/, /m/, /w/ (one occurrence), /g/, /k/, /h/ (one occurrence). Although Amy uses these consonants, their use is restricted to word-initial position.

Amy's verbalizations are all consonant-vowel (CV) combinations. A possible explanation for this would be that Amy does not have sufficient coordination of motor movements to produce words of any greater complexity at this point in time.

Related Factors:

Oral-Motor/Structural-Functional: Observational data indicated that the tone of Amy's oral musculature was such that she could maintain closed-mouth posture. She had a strong swallow, displayed good lip closure and a strong suck when drinking juice with a straw, displayed good cheek tone when palpated, was able to clear the bolus from her oral cavity with her tongue, and controlled the bolus throughout the swallow. She was able to approximate a pursed-lip posture when it was modeled by the clinician during bubble blowing, but could not manage the airflow.

Play: Amy demonstrated the following play behaviors in the classroom and during the assessment: visual regarding, manipulating objects, semi-appropriate toy use (e.g., throwing and feeding stuffed animals, pushing toy trucks), and nesting objects. These behaviors suggest that Amy's play skills are around the 15-month level.

Statement of the Apparent Significance of the Findings as Related to the Suspected Disability(ies) and Instructional Program:

Amy James is eligible for services under the category “Communication Disordered” for the following reasons:

Language:

Amy has difficulty with receptive and expressive language, in the content and/or use of language. She met the following criteria:

A standardized language test could not be performed with this child. Professional judgment based on communication samples and observation in the classroom indicated that this child has a significant communication disorder/delay.

Amy appears to have difficulty in the following areas:

- **Initiation of communication:** She initiated communication (e.g., reaching for a snack after a model, requesting more bubbles) when motivated by tangible reinforcers. However, without a sufficiently strong motivator, Amy did not initiate communication, even when prompts and models were provided.
- **Reduced understanding and expression of vocabulary:** Results from the CDI indicate that she is at the 13- to 16-month age range for vocabulary development for both the expressive and receptive domains.
- **Reduced social interaction with peers and play skills:** Observational data indicates that Amy had limited interactions with her peers in the classroom setting. She did not initiate interactions, and was not responsive to attempts made by her peers. In addition, her play behaviors are delayed, which may impact her ability to easily interact with peers.

This child’s disability will affect her involvement and progress in the general curriculum because:

Amy’s receptive language disorder/delay may cause difficulty in her understanding subject content, following directions and/or learning new concepts. Her expressive language disorder/delay may cause her to seem inappropriate in conversation, to have difficulty expressing ideas or asking/answering questions and be difficult to understand.

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Date

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