

DEVELOPMENTAL ASSESSMENT REPORT

Name:	Gender:
Date of Birth:	Chronological Age:
Mother name:	Father name:
Address:	Phone number: Email:
Primary Language:	Other Languages:
Grade:	School:
Referred by:	Evaluation completed:
Informant:	Examiner: Devanshi Sharma
Previous Diagnosis:	Report Completion Date:

REASON FOR REFERRAL:

As reported, ABC is exhibiting behavioural difficulties (traits falling along the Autistic Spectrum). This assessment is done to assess his current level of developmental functioning and to guide parents regarding appropriate interventions recommended and necessary.

BACKGROUND INFORMATION:

Birth, Developmental, Family and Medical History:

Antenatal History: Full-Term C-Section delivery (High Risk Pregnancy- placental abruption, had pseudo labour pains)

Neonatal History: Birth cry: immediate. Had cleft palate at birth.

Developmental Milestones: Neck holding at 3 months, sitting at 6 months, walking, and standing at 1 year (without support). Speech development: monosyllables at 1.5 years and sentences at 4 years

Medical: Had surgery for cleft palate at 8 months of age.

Therapy: Speech Therapy is ongoing (sign language was used before that). Has had occupational therapy for 3 months in the past

Schooling: Initiated at 2.5 years in an inclusive set up

PRESENTING CHEIEE COMPLAINTS

- ABC does not behave age appropriately.
- He exhibits mood-based communication
- His behaviour is mostly based on his mood.
- He is extremely restless
- He takes a long time to learn things
- He is very particular about the type of clothes he wars, like t-shirts

- He gets fixated to certain things: like watching television and wanting to act, and dressing up like the cartoons he watches
- He used to get scared of wipers of cars
- He tends to be a little fearless now
- He likes to play on swings
- He likes accelerator/ lifts

TESTS ADMINISTERED:

- Developmental Profile III (DP-3)
- Indian Scale for Assessment of Autism (ISAA)
- DSM-V Criteria for Autism Spectrum Disorder
- Examination: Clinical Observations

TEST DESCRIPTIONS, FINDINGS, AND INTERPRETATIONS:

DEVELOPMENTAL PROFILE-3 (DP-3)

The Developmental Profile evaluates children’s functioning in five key areas, in just 20 to 40 minutes. The DP-3 is designed to evaluate children from birth through age 12 years, 11 months, and includes 180 items, each describing skills. The respondent simply indicates whether the child has mastered the skills in question. It provides a **General Development score** as well as the following scale scores: **Physical**- Large and small muscle coordination, strength, stamina, flexibility, and sequential motor skills. **Adaptive Behaviour**- Ability to cope independently with the environment--to eat, dress, work, use modern technology and take care of self and others. **Social-Emotional**- Interpersonal abilities, social and emotional understanding, functional performance in social situations, and way the child relates to friends, relatives, and adults. **Cognitive**- Intellectual abilities and skills prerequisite to academic achievement. **Communication** Expressive and receptive communication skills, including written, spoken, and gestural language. Within each scale, basils and ceilings are used; therefore, one does not have to administer all 180 items. And because each scale has its own norms, one does not have to use all five scales if interested in just one. The examiner along with the input of the child’s mother filled the parent/caregiver checklist.

The results are shown below:

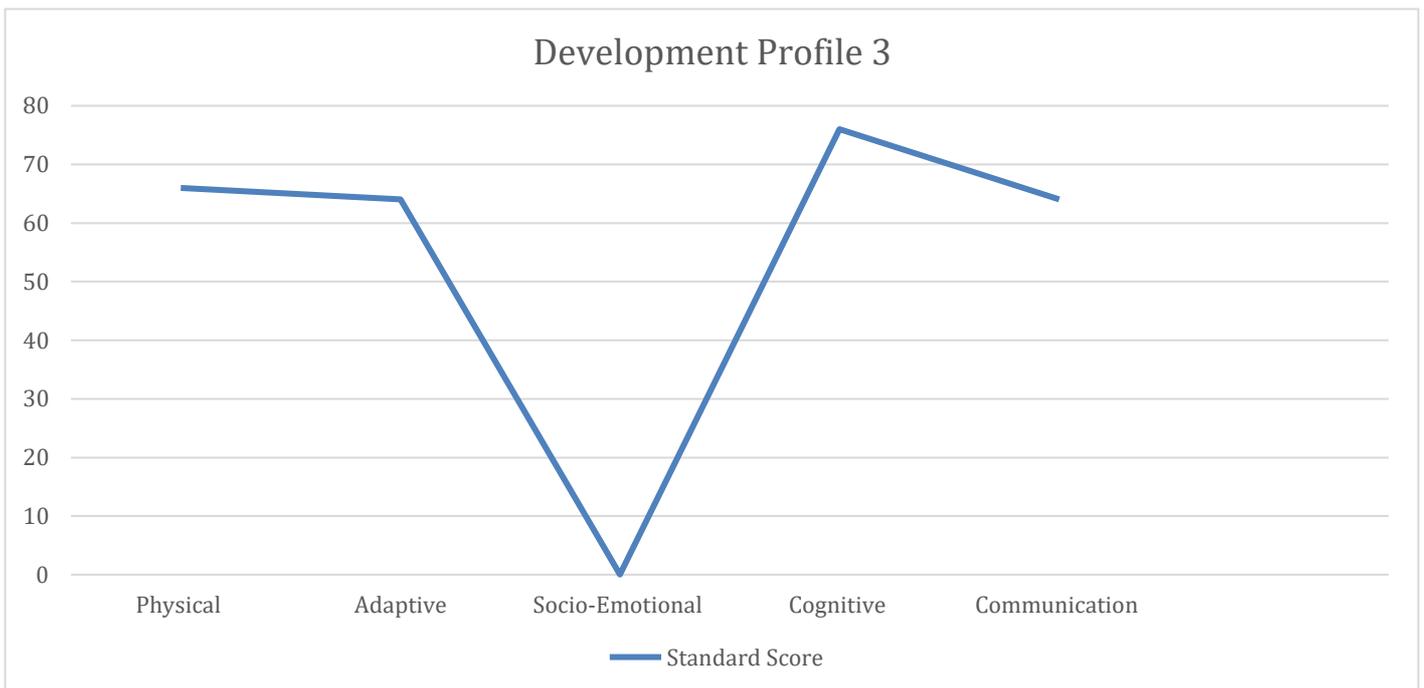
Scale/ Index	Standard Score	Confidence Interval (90%)	Description	Percentile	Age - Equivalent
Physical	85	79-91	Average	6	5.1
Adaptive	64	58-70	Delayed	1	2.8
Socio-Emotional	<50	49-59	Delayed	<0.1	2.4
Cognitive	76	71-81	Below Average	5	3.8
Communication	64	58-70	Delayed	1	2.10
General Development	50	46-54	Delayed	< 0.1	----

The above-mentioned table suggests that the overall score of the child's developmental functioning was **GDS= 50 Delayed**. The delays are prominent on all the developmental scales, except physical & Cognitive.

The following table helps to better understand the scores categorisations:

Scores	Qualitative Range
<70	Delayed
70-84	Below Average
85-115	Average
116-130	Above Average
>130	Well Above Average
Lower scores reflect potential difficulties in child development	

The graph below represents the standard scores in all areas of child's development.



INDIAN SCALE FOR ASSESSMENT OF AUTISM: ISAA is an objective assessment tool for persons with autism which uses observation, clinical evaluation of behaviour, testing by interactions and/or information supplied by the informant (generally the parent/guardian/teachers), to diagnose for autism.

ISAA consists of 40 items rated on a 5-point scale ranging from 1 (never) to 5 (always). The 40 items of ISAA are divided into the 6 sub scales:

DOMAINS	Description	SCORE
Social Relationships & Reciprocity	Children with autism do not interact with other people. They remain socially unresponsive, aloof and may have difficulty in understanding another person's feelings, such as pain or sorrow. They have significant problems in use of body language and nonverbal communication, such as eye contact, facial expressions, and gestures and establishing friendships with children of the same age.	
Emotional Responsiveness	Children with autism do not show the expected feelings in a social situation. Emotional reactions are unrelated to the situation and may show anxiety or fear which is excessive in nature without apparent reason. They may engage in self-talk that is inappropriate for their age and may lack fear of danger.	
Speech & Language Communication	Children with Autism will have problems in speech development. They find it difficult to express their needs verbally and nonverbally and may also have difficulty in understanding the non-verbal language of others. Children with autism often, have echolalia and may repeat a word, phrase or sentence out of context.	
Behavioural Patterns	Children with autism may engage in self-stimulatory behaviour in the form of flapping of hands or using an object for this purpose. They insist on following routines, sameness and may resist change. Some children with autism may be restless and exhibit aggressive behaviour.	
Sensory Aspects	Most children with autism are either hyper or hypo sensitive to light, sound, smell, and other external stimulation. They may ignore objects or become obsessed by them or they may watch those objects very intently or act as if they are not even there. Some children with Autism explore their environment by smelling, touching, or tasting objects.	
Cognitive Component	Children with autism may lack attention and concentration. They do not respond to instructions promptly or respond after a considerable delay. On the other hand, children with autism may also have special or unusual ability known as, savant ability in some areas like reading, music, memory, and artistic abilities.	
Total		

Total ISAA Score	Diagnostic Category
<70	Normal
70-106	Mild Autism

107-153	Moderate Autism
153>	Severe Autism

The scores on ISAA are indicative of Mild Autism (83) being present.

As per the DSM-5 diagnostic criteria for Autism:

- A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive, see text):** ABC demonstrates poor communication skills and does not interact much unless in the mood for the same
- B. Restricted, repetitive patterns of behaviour, interests, or activities:** ABC likes to be on accelerator and swings. He is extremely restless at times
- C.** Symptoms are causing clinically significant impairment in social, occupation and other areas of current functioning as demonstrated by his scores on DP-3 and ISAA.
- D.** Symptoms are present since early childhood only. Presently based on the scores of ISAA, ABC demonstrates mild to moderate range of Autism Spectrum Disorder features.

Levels of Support needed as per severity is **Level-3** Requires Substantial Support

ON EXAMINATION: Clinical Observations

As per clinical observations, ABC was very fidgety and restless. He was also very hyperactive but was able to work with prompting. He correctly named all colours. His concept of shapes is present. He can recognise toys. He has need based communication present. But tends to be moody and shows delays in responses at times. His attention flickers and he require one on one sessions

SUMMARY AND IMPRESSION:

The above-mentioned test findings are indicative of a provisional diagnosis for Autism Spectrum Disorder and its intensity being in the mild range on the scale of assessment (Indian Scale for Assessment of Autism). The findings also indicate Delayed developmental functioning (GDS=50), with the developmental functioning being the lowest in all areas, except average in physical & cognitive.

Diagnostic labels are used in assessment to help the child get the right accommodations and interventions. It is essential to recognize that these labels describe the problem and not the child.

Management Plan

General Psychological Management (Guidelines)

- If the child has poor attention span certain attention enhancing exercises could be practiced home by the parents such as grain sorting, colouring within boundaries, toy sorting etc. (For e.g.- mixing the pulses in bowl and asking him/her to extract that out as per the different colour size and quality of the pulse. Similarly, this can be done for toys and blocks using colour, shape, and size etc. as a means of separating them)
- The child may be given tasks wherein gestural communication can be used to improve his self-functioning skills (for e.g. - explaining him the meanings of certain bodily gestures that indicate him to either stop those behaviours etc.)

- Puzzles and games that focus on his attentive skills may be inculcated in his one-on-one

academic session as well to help him

- The child may be given divided tasks pertaining to academic sphere wherein focus on his writing and learning is focused upon (Memory mnemonics techniques could be used for e.g.- chunking the words in small chunks of alphabets squeezing down a chapter into paragraphs, remembering the key words in each paragraph etc.)
- **Differential reinforcement** may be practiced by the parent at home as well in order to enhance his/her desired behaviours and suppress the undesirable ones (for e.g.- rewarding the desired behaviours with small pallets of gifts or things that reinforce the child to repeat that behaviour in order to get that reward and not rewarding the undesired ones)
- **Token economy** as a means of rewarding the child with to curb his undesirable behaviours may also be practiced. (Making small tokens to reward the child and make him/her understand the concept of acquiring those tokens in order to avail the rewards derived out of those tokens)
- Time to time parental support and counselling is also recommended for keeping a check on effective parenting style and strategies being used for optimal development of the child
- Parents shall focus on exposing the child for autonomous activities and give him tasks to improve his social functioning

Re-assessment is recommended after a year following the mentioned interventions and recommendations

Professional Interventions and recommendations

- **Occupational Therapy** may be sought to induce more sitting span along with increased attention in the child along with reduction of all sensory issues
- **Speech therapy** shall also be sought for speech development and production along with logical sequencing of the sentences on the child.
- Parents shall focus on exposing the child for **autonomous activities** and give him tasks to improve his social functioning
- **Special education** that focuses upon his academic functioning may be sought later once his speech development and attention enhancement is sorted
- The child may resume regular schooling with an inclusive set up

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