Report of Neuropsychological Examination

ALL NAMES AND IDENTIFYING INFORMATION HAVE BEEN CHANGED TO PROTECT PRIVACY IN THIS PUBLICATION.

Confidential

Name:	John Doe	Dates of Evaluation:	********
Parent(s) Name:	Mom	Date of Birth:	********
Address:		Chronological Age:	2 years, 10 months
		School / Grade	n/a
Phone:		Psychologist	Sherri Sharp
		Supervising Psychologist	[name withheld]

The patient is a 2-year-old, white male who was referred due to his hypermotor behavior, language impairment, and severe acting out. The patient was seen on October 19, 2001 and administered a clinical interview and mental status exam. The patient was seen again on October 26, 2001 for a neuropsychological evaluation and administered the following: Dean-Woodcock Sensory and Motor Assessment Battery, Woodcock-Johnson Tests of Cognitive Ability and Achievement, and the Personality Inventory for Children.

EMOTIONAL STATUS

The patient's mother responded to the Personality Inventory for Children. She endorsed items that indicated that the patient was experiencing attention difficulties, restlessness, and impatience. She also endorsed items related to moodiness and disobeying rules.

INTELLECTUAL FUNCTIONING

General intellectual functioning is a measure of broad cognitive ability. The patient's general cognitive ability was unable to be found due to severe language impairments.

FLUID REASONING

Fluid reasoning involves the ability to reason, form concepts, and solve problems using unfamiliar information or procedures. The patient's ability to learn and apply new concepts when given feedback was impaired.

On a measure of analysis-synthesis, which involves analyzing components of an incomplete logic puzzle and providing the missing components, the patient's performance was impaired. The ability to visually match and combine shapes necessary in solving abstract visual-spatial problems was impaired.

MEMORY/LEARNING

Short term, or immediate, memory (<30 seconds) was impaired for unrelated words and impaired for simple words, phrases, and sentences presented auditorily. Non-verbal, short-term (<30 seconds) recognition memory was impaired.

Long term, or intermediate memory (>30 seconds) involving the recall of visual stimuli, which have been associated with unfamiliar auditory stimuli, was impaired. When new visual symbols (rebuses) were associated with orally presented familiar words, the patient's recall of visual symbols was impaired.

PROCESSING SPEED
Processing speed requires the patient to maintain focused attention on rather automatic cognitive tasks when under pressure. The patient's ability to scan and compare unfamiliar drawings was impaired. When required to scan and locate identical numbers in a row, the patient was impaired.

QUANTITATIVE ABILITY
This function involves the ability to manipulate numeric symbols and to reason procedurally with quantitative information and relationships. The patient's skill in performing mathematical calculation was impaired for an individual of similar age and educational background. Further, the patient's skill in analyzing and solving practical mathematical problems was impaired.

MOTOR FUNCTIONS
The patient's gait and station were unable to be tested. Romberg testing was unable to be conducted.

Assessment indicated a preferred right of midline preference pattern for motor activities. Finger-to-nose assessment showed fine motor coordination to be impaired. The hand-thigh test showed coordination with alternation motion to be impaired for both hands. Simple manual dexterity, as measured by finger tapping, was impaired for both hands. Strength of grip was impaired for both hands. Construction dyspraxia was noted. Performance of simple movement tasks upon command was impaired for both hands. Measures of ideomotor movement, with tests of mime movements, indicated ideomotor dyspraxia.

ACQUIRED LANGUAGE
Verbal expression was characterized by dysarthria. Oral vocabulary, as measured by the knowledge of word meanings presented orally, was impaired. Dysnomia was noted. More complex vocabulary, when presented with pictured objects, was impaired.

The patient's performance in identifying isolated letters and words was impaired. When required to read short passages and demonstrate comprehension, performance was impaired. On a test of spelling and punctuation the patient was impaired.

SENSORY FUNCTIONS
Visual acuity using a near point estimate was unable to be completed. The Visual Confrontation test showed errors for all visual fields. A clinical exam indicated simple auditory sensory perception to be impaired for both ears. Assessment of tactile perception showed errors for both hands. The simultaneous examination showed suppressions on both hands. Finger agnosia was noted for both hands.

<u>Tactile Information Processing</u>
Tactile perception of simple and complex stimuli, when presented on the palm of the hands, was impaired for both hands. The patient's ability to recognize simple objects using only tactile and kinesthetic cues was impaired for both hands.

<u>Auditory Information Processing</u>
Auditory closure of incomplete words missing one or more phonemes was impaired. The patient's ability to integrate, or blend, sounds into words was impaired.

Visual Information Processing

Visual discrimination or visual closure, requiring the ability to name pictures of simple objects after they had been altered in one of several ways, was impaired.

SUMMARY AND IMPRESSIONS

1) The patient is a 2-year old, white male who is experiencing congenital language impairment.

2) In general, neuropsychological functions were impaired.

3) On a measure of emotionality and behavior, the patient exhibited attention difficulties, restlessness, and impatience.

4) In summary, the patient's examination is consistent with a child who is experiencing Attention Deficit-Hyperactivity Disorder. It is recommended that the patient be considered for psychotropic medication (e.g., Ritalin) to alleviate these symptoms.

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Sherri A. Sharp, M.S. Date
Examiner