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:	8 years, x months
		School / Grade	2nd
Phone:		Psychologist	Sherri Sharp
		Supervising Psychologist	[name withheld]

The patient is an 8-year-old, left-handed, white male who was referred due to memory difficulty. The patient was seen on November 2, 2001 and administered a clinical interview and mental status exam. The patient was then administered a neuropsychological evaluation, consisting of 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. The results are consistent with an individual who is experiencing no significant distress. While the mother did indicate that there were mild difficulties with family functioning, they did not appear to affect the patient in a significant way.

INTELLECTUAL FUNCTIONING

General intellectual functioning is a measure of broad cognitive ability. The results indicated the patient's general cognitive ability to be in the average range (IQ =102).

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 within normal limits.

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 within normal limits. The ability to visually match and combine shapes necessary in solving abstract visual-spatial problems was within normal limits.

MEMORY/LEARNING

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

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

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 within mildly impaired range. When required to scan and locate identical numbers in a row, the patient was within normal limits.

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 within normal limits for an individual of similar age and educational background. Further, the patient's skill in analyzing and solving practical mathematical problems was within normal limits.

MOTOR FUNCTIONS
The patient's gait and Station were within normal limits. Romberg testing was negative.

Assessment indicated a preferred left of midline preference pattern for motor activities. Finger-to-nose assessment showed fine motor coordination to be within normal limits. The hand-thigh test showed coordination with alternation motion to be within normal limits for both hands. Simple manual dexterity, as measured by finger tapping, was within normal limits for both hands. Strength of grip was within normal limits for both hands. No construction dyspraxia was noted. Performance of simple movement tasks upon command was within normal limits for both hands. Measures of ideomotor movement, with tests of mime movements, indicated no ideomotor dyspraxia.

ACQUIRED LANGUAGE
Verbal expression was characterized by no dysarthria. Oral vocabulary, as measured by the knowledge of word meanings presented orally, was within normal limits. No dysnomia was noted. More complex vocabulary, when presented with pictured objects, was within normal limits.

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

SENSORY FUNCTIONS
Visual acuity using a near point estimate indicated 20/20 for the left eye and 20/20 for the right with the use of corrective lenses. The Visual Confrontation test showed no errors for either visual field. A clinical exam indicated simple auditory sensory perception to be within normal limits for both ears. Assessment of tactile perception showed no errors for either hand. The simultaneous examination showed no suppressions on either the left or right. No evidence of finger agnosia was noted for either hand.

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

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

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 within normal limits.

SUMMARY AND IMPRESSIONS

1) The patient is an 8-year-old, left-handed, white male of average cognitive ability. Academically, he appears to be performing above his overall cognitive ability, thus no evidence of a learning disability was noted.

2) In general, neuropsychological functions were within normal limits. However, severe impairment was observed on long-term memory and mild impairment was observed on a measure of processing speed when working with unfamiliar drawings.

3) Emotionally, the patient was within normal limits.

4) In summary, the patient's examination is consistent with a child of average intellectual ability who is experiencing little or no impairment in sensory/motor or cognitive functioning. The patient is academically gifted. However, he was experiencing significant long-term memory impairment that may interfere with his day-to-day and academic performance.

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Sherri A. Sharp, M.S. Date
Examiner