Chapter 9
Conceptualization and Classification

9.1 Introduction

This chapter presents the process of integrating data from multiple methods of assessment and sources of data to generate a data-driven portrait (i.e., conceptualization) of a child's functioning across multiple domains. The psychoeducational assessment process of integrating data and conceptualizing a child's functioning is similar to, but likely more data-driven, than the case formulation process within a therapeutic framework. When conceptualizing a child's functioning it is important to be mindful about straying too far from the data and into the realm of speculation or story creation. Following the presentation of how to conceptualize a child's functioning, you will be in the position to offer a classification decision that is supported by the data.

The conceptualization and classification section within a psychoeducational report is divided into four parts: (1) an introduction; (2) cognitive and academic functioning; (3) social, emotional, behavioral, and adaptive (if applicable) functioning; and (4) a conclusion. Within the conceptualization and classification section, you will discuss the integrated, summarized findings from each domain. After that, you will make a case for classification, ruling in or out various conditions. An example of each type of IDEA classification is discussed after the presentation of how to integrate information and write the conceptualization and classification section.

9.2 Integration of Information

Integration of data collected during the psychoeducational assessment process is a necessary prerequisite to writing the conceptualization and classification section of the psychoeducational report, but can be overwhelming to the graduate student or

neophyte psychologist. The capacity to properly integrate and then conceptualize requires a higher level of cognitive processing and sufficient experience with the process. Further confounding the integration process, several research sources indicate that the information collected during the comprehensive evaluation process is inconsistent and there is generally a lack of agreement among sources (e.g., Achenbach et al., 1987; Konold et al., 2004). Integration of information is one of the more difficult tasks that lay before the psychologist. It requires the psychologist to distill essential information from superfluous, to reconcile inconsistent sources of data, and to prioritize the most important findings that will be used to formulate a conceptualization within the report. This practice also draws upon understanding of the scientific literature so that conclusions drawn do not stray far from the research base. By necessity, this process is iterative. In other words, the psychologist may have engaged in what they thought was a comprehensive psychoeducational evaluation only to come to find that he or she needs to gather additional data to assist with the integration and conceptualization process. In fact, I tell my students that when you feel uneasy about conceptualizing a child's functioning and offering a classification decision then it generally means that you have not collected sufficient assessment information.

Of course, the perfectionistic, new psychologist must guard against the tendency to continuously seek additional data to support a potential classification decision. Unfortunately, the comprehensive psychoeducational assessment process may not always furnish a completely clear portrait of the child so the psychologist must make the most informed data-based decision possible. Psychologists may take a lesson from the legal system. The standard of evidence within the family court system is preponderance of the evidence. The criminal court system requires a higher standard of evidence (i.e., beyond a reasonable doubt). In certain cases, the information collected during the psychoeducational evaluation process allows the psychologist to draw a classification conclusion that is beyond a reasonable doubt, but in most cases the psychologist must use a preponderance of the evidence standard when determining a classification. The ambiguity of this decision-making process may cause a high degree of angst in the graduate student or psychologist who may seek (and wish for) for a straightforward classification decision.

9.2.1   Guidelines for the Integration of Results

The following guidelines will be helpful for the psychologist when integrating evaluation results in the service of conceptualizing a child's functioning and making a classification decision.

A. Review all sources of data and information collected during the evaluation.

B. Determine where there are major concerns (e.g., reported difficulties, low performance or at-risk/clinically significant findings) and strengths (e.g., reported strengths, high scores) on the following sources of data:

   i. Developmental history questionnaires, educational, medical, and behavioral records, interview results, and classroom observations.

    ii. Cognitive ability and academic achievement tests. When considering standardized assessment results, prioritize full scale composites over index scores which in turn are prioritized over subtest scores.

    iii. Social-Emotional, behavioral, and adaptive functioning instruments. Determine low scores on the adaptive behavior measures and at-risk to clinically significant findings on social, emotional, and behavioral measures. Determine where relative strengths might exist on the same measures.

C. Determine where sources of information/data (e.g., test results, interview results, observations, questionnaire results, background information) converge. When sources of information converge, then this lends greater support to the likelihood of a difficulty, deficit, or strength in that area.

D. Determine where sources of information diverge. When information/data sources diverge from another, then this may require follow-up with informants and possible additional evaluation.

E. Attempt to explain discrepancies/divergence but be very cautious about misattributing information. There can be numerous reasons for divergent findings including eye of the behavior issues (Martin, 1988), measurement error, situational factors and environmental factors. If you can find an explanation, then this can be valuable when formulating a conceptualization of the child's functioning and offering recommendations. If you cannot find a data-based explanation for the discrepant findings, then just state that the information sources do not all agree. Be wary of offering further explanation, unless you have definitive evidence, because you may just be speculating at that point.

F. Prioritize what information you will include in the report when conceptualizing the child's functioning. You have collected a significant amount of information, all of which will not necessarily be incorporated into the report.

G. Write the Conceptualization and Classification Section. You now have the task before you of writing succinctly the conceptualization and classification section of the report. It is difficult to synthesize complex psychoeducational data. The next section of this chapter provides a framework for writing the conceptualization and classification section of a psychoeducational report.

9.3 General Framework for the Conceptualization and Classification Section

Within this section you will follow a framework for writing the conceptualization and classification section that describes the child's progress in the cognitive, academic, social, emotional, behavioral, and adaptive domains. This is where you consider the integration process described in the previous section of this chapter. There are four main components to this section.

1. Opening statement.
2. Cognitive and Academic Functioning.

3. Social, Emotional, Behavioral, and Adaptive Functioning.
4. Concluding statement regarding eligibility.

The Cognitive and Academic functioning and the Social, Emotional, and Behavioral functioning sections have additional subsections. When writing the conceptualization section, you should have reviewed and integrated all relevant information collected during the comprehensive assessment process.

A general approach to writing the conceptualization and classification section is presented below. An example follows this general guidance.

1. Start with an opening statement that portrays how you arrived at your conceptualization and classification.

> **Example**
>
> Multiple methods of assessment and sources of data inform the conceptualization of Nikia's cognitive, academic, social-emotional, and behavioral functioning including whether he qualifies for special education support. Details in support of these findings are offered below.

2. Discuss your integration-based conceptualization of the child's cognitive and academic functioning.

   a. Start with a presentation of norm-referenced cognitive ability measures and then academic achievement measures.

   > **Example**
   >
   > Nikia's overall cognitive ability is in the average range (WISC-V FSIQ = 94; 34th percentile). According to cognitive assessment results, Nikia's working memory abilities fall in the below average range (WMS Standard score = 92; 30th percentile). Nikia also struggled on a measure of phonological awareness generally scoring in the low average to below average range on this measure (CTOPP-2). Nikia's standardized academic achievement test results were similarly below average across the broad reading cluster (WJ IV Achievement Broad Reading Cluster = 73; 4th percentile). His performance on measures of writing (WJ IV Achievement Broad Writing cluster = 92, 28th percentile) and mathematics (WJ IV Achievement Broad Mathematics = 95, 45th percentile) was average. It is possible that Nikia's difficulties with phonological awareness combined with working memory difficulties contribute to his decoding, fluency, and comprehension difficulties in reading.

b. Present information regarding functional academic performance including CBA/CBM data.

> **Example**
>
> Nikia's performance on Reading Curriculum-Based Measurement (R-CBM) is at 45 words per min below the expected range of 69–120 min expected of an average 2nd grade student. According to the AIMSweb Growth Table, Nikia is performing below an instructional level and in the below average range.

c. Discuss the child's progress in school as noted on his grade reports and via interviews with his teachers and parents.

> **Example**
>
> Teacher reports and academic grade reports suggest considerable difficulty with all aspects of reading including fluency, decoding and comprehension. Nikia has been receiving additional support through the reading specialist two times per week. Ms. Jones reports that Nikia participates in tutoring for one hour per week after school. Despite these efforts, Nikia continues to struggle with reading.

d. Discuss whether the sources of data and methods of assessment are consistent with one another.

  i. If so, state that methods of assessment and sources of data including norm-referenced achievement, grade reports, and teacher interview results converge to suggest that the student struggles with a particular academic area.

> **Example**
>
> Nikia has received additional, more intensive intervention via the reading specialist, but still continues to struggle. He also receives outside tutoring support. Background information, teacher reports, norm-referenced assessment, curriculum-based measurement, and school grade reports converge to suggest that Nikia faces considerable struggles with tasks that require him to read and understand written information.

  ii. If not, state where there might be areas of convergence and state where there are inconsistencies. This may occur, for instance, when the norm-referenced results are higher than school furnished data (i.e., grades or teacher interviews). This may also occur when classroom observations lack agreement with teacher interview results or behavior rating scales.

Example

John has received additional, more intensive intervention via the reading specialist because of struggles reading within the second grade curriculum. His mother reports that she provides him with outside tutoring support. Nikia's teachers indicate that his guided reading is at level H, below where he should be at this time of year (level K). Nikia's performance on the WIAT-III, however, indicate average reading performance (Reading Composite Std. Score = 93; 30th percentile).

e. Make the case for whether or not the child qualifies for special education services (or is eligible for a DSM classification if in Canada or if using a clinic-based approach).

Example

Multiple methods of assessment (e.g., norm-referenced and curriculum-based assessment) and sources of data including interview results, review of records, grade reports and classroom observations suggest that Nikia is eligible for special education support under a classification of learning disabilities.

3. Discuss your integration-based conceptualization of the child's social, emotional, behavioral, and adaptive functioning.

a. Present a discussion of the child's struggles in particular social, emotional, behavioral, and adaptive domains.

Example

(Nikia LD Example)
Several methods of assessment including the BASC-2, classroom observations, review of grade reports, and teacher and parent interviews indicate that Nikia is a well-liked child who gets along with others. Ms. Davis explained that Nikia sometimes feels badly about himself and sometimes expresses that he is "dumb." The BASC-2 reported an at-risk elevation on the depression clinical scale. Both suggested problems with self-esteem and depression. All other areas of social-emotional and behavior functioning was within normal limits. Nikia enjoys drawing, singing, playing sports, and spending time with family. Ms. Davis reports that he is very helpful with his younger sister.

> (ED Example)
>
> Mark struggles with struggles with inattentiveness, loss of focus, impulsivity, and distractibility. He also faces significant struggles with processing of social information. Mark frequently misperceives ambiguous and even benign interaction with other students as harmful or being directed negatively toward him. At these times, Mark will overreact, sometimes through physical aggression and other times through verbal threats. Mark has previously been sent to juvenile detention (September, 2015) for bringing in scissors and threatening another child. Mark has a preoccupying fascination with guns and weapons. He states that he wants to become a spy to gain access to the repertoire of guns available to spies so that he can defend himself against those who would bully him.

b. Present a discussion of the child's strengths in relevant social, emotional, behavioral, and adaptive domains.

> **Example**
>
> Nikia's strengths include his verbal expressiveness and creativity. Ms. Davis notes that Nikia can strike up a conversation with anyone and has many friends. Nikia has also been described as a caring child who can be helpful with his younger sister. Nikia loves animals and also assumes responsibility for caring for his dog.

c. When writing the conceptualization and classification section for emotional disturbance, delineate each line item of the special education code and address whether the child's symptoms meets that particular criterion. Consult your state's special education criteria for emotional disturbance.

> **Example**
>
> The following criteria from the Pennsylvania Special Education Code guided classification of emotional disturbance.
>
> *Emotional disturbance* means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:
>
> A. *An inability to learn that cannot be explained by intellectual, sensory, or health factors.*
>
>   There are no intellectual, sensory or health factors that contribute to Mark's learning difficulties. This criterion is not applicable at this time.

B. *An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.*

Mark struggles in his interaction with peers and teachers. He has used and continues to use physical threats and actual aggression when relating to other students. Mark has been suspended for physical aggression, verbal threats, and cussing out teachers (e.g., telling a teacher he "hates" them or to "fuck off"). Mark struggles with social-cognitive information processing distortions (i.e., understanding social nuance) where he misperceives ambiguous and even benign social interaction as being negatively directed, and even harmful, toward him. These characteristics and behaviors intrude upon his ability to build and maintain satisfactory interpersonal relationships with peers and teachers.

C. *Inappropriate types of behavior or feelings under normal circumstances.*

Mark displays several behaviors and feelings that are inappropriate under normal circumstances. His reaction to peers, teachers, and situations that frustrate him can be aggressive and volatile. He has cussed out teachers (e.g., telling them he "hates them" or to "fuck off"). Mark also tends to overreact to actual or perceived insults directed toward him by peers. At these times he will physically aggress, make verbal threats, or become disproportionately upset. Even when interaction with peers is appropriate, Mark frequently misperceives the interaction as negative and will become extremely upset and sometimes become either verbally or physically aggressive. Mark has been observed to flip a switch and go from being calm to extremely upset to a mildly frustrating circumstance. For instance, he has been observed to be fine one moment, but then extremely upset and angry the next moment when he struggled with opening his locker. Mark has a preoccupying fascination with guns and has stated an interest in learning how to use guns as a means to protect himself from other children who might aggrieve upon him.

D. *A general pervasive mood of unhappiness or depression.*

Multiple sources of evaluation data do not indicate that Mark is pervasively depressed or unhappy. He does sometimes become volatile when upset or denied his own way. This criterion is not applicable at this time.

> E. *A tendency to develop physical symptoms or fears associated with personal or school problems.*
>
> Multiple sources of evaluation data do not indicate that Mark develops physical symptoms or fears associated with personal or school problems. This criterion is not applicable at this time.
>
> *Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.*
>
> This is not applicable at this time.

4. Offer a concluding statement where you make a decision regarding classification.

> **Example**
>
> (For Learning Disabilities—Nikia Example)
> Multiple methods of assessment and sources of data suggest that Nikia faces considerable struggles with all aspects of reading. These difficulties impinge upon his educational progress at school and suggest that he is eligible for special education support under a classification of learning disabilities. Multiple methods or assessment and sources of data indicate that Nikia is a well-liked child with many friends. He struggles with low self-esteem but is a creative and friendly child who gets along well with others.
>
> (For Emotional Disturbance)
> Multiple methods of assessment and sources of data suggest that Mark faces considerable struggles in the social, emotional, and behavioral arena. These difficulties impinge upon his educational progress at school and suggest that he is eligible for special education support under a classification of emotional disturbance.

This above presented general framework may be followed for each of the IDEA categories and will be helpful in making a case for the classification decision and recommendations that will be offered.

9.4   Specific Conceptualization and Classification Examples

What follows are specific examples of the classification and conceptualization approach and write-up regarding LD, ED, Autism, and ID. Further guidance regarding best practices in classifying of individuals with suspected disabilities in each of these categories is offered in the next section of this book under separate chapters

(Chaps. 10–16). Please note all scenarios and iterations cannot be discussed within this text. Suffice to say that the general framework presented can be readily followed and will create an organized and easy to follow flow to your psychoeducational reports.

9.4.1   Learning Disabilities Conceptualization and Classification

Here is an example of a conceptualization and classification section in a child who struggles with dyslexia.

Conceptualization and Classification (Example)

Multiple data sources and methods of assessment inform the conceptualization of Jack's cognitive, academic, social-emotional, and behavioral functioning including whether he qualifies for special education support. Details in support of these findings are offered below.

Cognitive and Academic Functioning

Jack's overall cognitive ability is in the average range (WISC-V FSIQ=94; 34th percentile). According to cognitive assessment results, Jack's working memory abilities fall in the average range (WMS Standard score=92; 30th percentile). Jack struggled on a measure of phonological awareness generally scoring in the low average to below average range on this measure (CTOPP-2). He scored in the below average range on a measure of memory (WMS=74; 4th percentile). Jack's standardized academic achievement test results were similarly below average across the broad reading cluster (WJ IV Achievement Broad Reading Cluster=73; 4th percentile). His performance on measures of writing (WJ IV Achievement Broad Writing cluster=92, 28th percentile) and mathematics (WJ IV Achievement Broad Mathematics Cluster=95, 45th percentile) was average. Background information, teacher reports, and school records converge to suggest that Jack faces considerable struggles with task that require him to read written information. Jack has received additional, more intensive intervention via the reading specialist, but continues to struggle. He also receives outside tutoring support. Multiple sources of data and methods of evaluation converge to suggest that he will benefit from special education support under a classification of learning disabilities.

Social-Emotional and Behavioral Functioning

Jack is a well-liked child who gets along with peers and adults alike. He can be compassionate and caring. Jack has several close friends and a host of extracurricular activities including athletics, drawing, and piano. Jack is a quiet child who is

anxious and self-conscious about his performance in school. This is supported by interview results and BASC-2 ratings in the at-risk range on anxiety. Jack is also beginning to struggle with self-esteem and feel badly about himself. Again, this is consistent with elevations of the BASC-2 and supported by parent interview results. Jack's difficulty with anxiety and self-esteem should continue to be monitored.

Summary

Based upon multiple methods and sources of evaluation including the dual academic deficit model of learning disabilities supported by clinical judgment, the IEP team concludes that Jack qualifies for special education services under a classification of learning disabilities. He will benefit from specially designed instruction for his difficulties with a reading disability.

9.4.2 Emotional Disturbance Conceptualization and Classification

When conceptualizing a child with suspected ED, it is critical to list and then address the classification criteria because the definition and diagnostic approach to ED is vague and elusive. There is not a linkage to specific DSM criteria and the definition of ED has not changed in over half a century since Bower (1982) first discussed the condition. What was then described as a landmark classification category can now be thought of as an anachronism.

Conceptualization and Classification (Example)

Multiple data sources and methods of assessment inform the conceptualization of Margaret's cognitive, academic, social-emotional, and behavioral functioning including whether she qualifies for special education support. Details in support of these findings are offered below.

Cognitive and Academic Functioning

Margaret's present performance on measures of cognitive ability was low average (Composite IQ = 89, 23rd percentile; VIQ = 82, 12th percentile; NIQ = 101, 53rd percentile). Margaret's performance on the WJ-IV Achievement was below average across the mathematics cluster, low average on the writing cluster and average on the reading cluster. Margaret's standardized achievement test performance is consistent with prior evaluation results which suggested a classification of learning disabilities. Margaret's difficulties with distractibility and loss of focus during non-structured activities intensify her academic struggles. Margaret will benefit from specially designed instruction for her academic difficulties.

Social and Emotional Functioning

Margaret is a child who struggles with rule compliance, respect for authority, and use of coercion in her interaction with other children. She tends to use intimidation and verbal threats when she does not get her way. Margaret, however, can be an influential child with strong leadership potential but who sometimes uses those leadership abilities in negative ways. Still, Margaret can be supportive of and kind to others. When confronted about her behavior, Margaret has been observed to role her eyes, argue with teachers, and shut down. She displays low frustration tolerance and becomes upset when things do not go her way. Margaret also struggles with symptoms of inattention, distractibility, and impulsivity.

Margaret came to Smith Public School with a prior classification of emotional disturbance which she received in the second grade. In the prior evaluation dated October 16, 2013, a classification of emotional disturbance was deferred. It was determined that her emotional and behavioral functioning at that time was not sufficiently severe to meet the threshold for emotional disturbance. Events that have transpired since that evaluation now indicate, with a reasonable degree of clinical certainty, that Margaret meets criteria for a classification of emotional disturbance. Details in support of this decision are outlined below.

The following criteria from the Pennsylvania Special Education Code guided classification of emotional disturbance.

Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

A. *An inability to learn that cannot be explained by intellectual, sensory, or health factors.*

There are no intellectual, sensory or health factors that contribute to Margaret's learning difficulties. This criterion is not applicable at this time.

B. *An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.*

Since October, 2013, Margaret has experienced an escalation in her difficulties with peers and teachers. She is oppositional with teachers and argues with or disregards their requests. She has flat out refused to return to class or continued to hang out in the bathroom despite being warned against such behavior. Background information revealed that although Margaret can be an influential, and sometimes a popular child with significant social influence, she struggles with getting along with those who do not share her perspective. When this occurs, she may intimidate, manipulate or bully those who disagree with her. During times of disagreement with other children, Margaret will become upset and lash out persistently. This style of interacting has even transcended the school environment where Margaret has engaged in cyberbullying. Margaret's escalated and

intensified struggles with peers and teachers suggest that she now meets criterion B for a classification of emotional disturbance.

C. *Inappropriate types of behavior or feelings under normal circumstances.*

Margaret sometimes becomes upset when denied her own way or when redirected by teachers or other adults in the classroom. She also acts out, disregards, and argues with those in authority. Background information suggests that Margaret's response to teacher requests or disagreement with peers is inappropriately aggressive and intense. Margaret spent all of December, 2013 in the Horsham Clinic for behavioral and emotional difficulties. Although some of Margaret's behaviors are considered oppositional and socially maladjusted, many of her behaviors and feelings are inappropriate and sometimes even quite extreme. She responds aggressively to those with whom she does not agree. She also disregards common teacher requests to stay on task and follow classroom rules. Margaret's inappropriate behaviors and feelings under normal circumstances suggest that she now meets criterion C for a classification of emotional disturbance.

D. *A general pervasive mood of unhappiness or depression.*

Multiple sources of outside evaluation data indicate that Margaret suffers from a Mood Disorder, NOS. Mr. Ford notes that Margaret's affect is generally flat and she is rarely joyful with the exception of events such as her birthday. He also notes that Margaret has in the past been fairly "depressed" for an extended 2-week period. Margaret appears at times an hedonic and unhappy. Her difficulties in this area should continue to be monitored. Although Margaret experiences periods of anhedonia and unhappiness, evaluation results do not suggest that she is pervasively unhappy or depressed.

E. *A tendency to develop physical symptoms or fears associated with personal or school problems.*

Multiple sources of evaluation data do not indicate that Margaret develops physical symptoms or fears associated with personal or school problems. This criterion is not applicable at this time.

Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

This is not applicable at this time.

Conclusion

Multiple methods of assessment and sources of data suggest that Margaret now meets criteria for a classification of Emotional Disturbance. She would also benefit from support for learning related difficulties.

9.4.3 Conceptualization and Classification of Autism

When conceptualizing and classifying a possible autism spectrum, it will be important to describe the core features of the syndrome and whether the child meets diagnostic criteria. According to IDEA, these features include verbal and nonverbal communication, social interaction, repetitive activities and stereotyped movements, unusual responses to sensory experience and difficulty with environmental change and changes in daily routines.

Conceptualization and Classification (Example)

Multiple data sources and methods of assessment inform the conceptualization of Mike's cognitive, academic, social-emotional, and behavioral functioning including whether she qualifies for special education support. Details in support of these findings are offered below.

Cognitive and Academic Functioning

Mike's present performance on a measure of cognitive ability was in the low average range (RIAS Composite Intelligence Index Standard Score=85; 16th percentile). His performance on standardized measures of academic achievement suggest that he struggles with reading comprehension and applied mathematics problems. His progress on rote academic tasks including spelling and sight word recognition was in the average range. Within the classroom, Mike recognizes and identifies all of his letters and most of his sounds. He occasionally mixes up a few of the commonly confusing letters: b/d, g/q. He has basic concepts of print awareness including which way to open and read a book and where to find letters on the page. Ms. McCormack notes that Mike is starting to read small sight word books with 50–70 % accuracy. He writes down letters and his name and some sight words, but he struggles with carrying meaning along with his writing. In math, he identifies and writes his numbers and counts with one-to-one correspondence. Ms. McCormack notes that Mike cannot follow along with us when we break numbers into parts (e.g., saying "7 is 4 and how many more?") Mike struggles with expressive language and communication and receives speech-language support as a result.

Social, Emotional, and Behavioral Functioning

Multiple data sources and methods of assessment including interview results, classroom observations, and rating forms indicate that Mike struggles with communication, socialization, following classroom rules, and overactivity. When asked a direct question, Mike struggles with producing a clearly understood verbal response. Sometimes this occurs because his speech can be difficult to understand and even unintelligible. At other times Mike responds with a tangential statement that is

unrelated to the question asked of him. Mike receives speech services for his communication difficulties. Mike struggles with relating to other children in an age expected manner. He seeks out other children with whom to play, but does so primarily in a way that tends to alienate him from them. Mike can also be physical with other children (e.g., hitting, punching, sliding into, or pushing them) sometimes intentionally and at other times accidentally. Additionally, Mike struggles with interpersonal boundaries and will encroach upon children's personal space or will get up in their face with his hands. Sometimes he engages in this behavior to play with them. At other times he engages in this behavior to get their attention or to get a response from them. This interactional style tends to alienate him from other children in the classroom. Although Mike seeks out social opportunities, he struggles with developing peer relationships at a developmentally appropriate level. Still, Mr. and Mrs. Jones note that Mike can be a compassionate and helpful child. Mike can be quite active in the classroom and frequently darts from one location to another. He loses focus easily and struggles with low task persistence for activities that he does not prefer. Mike is responsive to adult instruction when in a one-on-one situation than when in a group setting. At these times he is more easily redirected. Mike seems to enjoy playing in the sand tray including the sensation of feeling the sand on his hands. Over the past few days, Mike has been also observed to play with his hands while wearing a glove with the face of a cartoon bear (i.e., talk to his hands; interact with his hands). Mike has been wearing his gloves throughout the entire class day over the past several days. At other times, Mike will show his gloves to peers in the classroom. During one observation, most of these peers did not share Mike's excitement and interest in his gloves. Mike has been observed to elicit noises repeatedly (e.g, "ee-ah-ee-ah-you-your") and laugh while looking at his hands. Mike was asked about his gloves and he revealed that they can make ice cream or bring in fish. Mike struggles with following classroom and teacher rules. He will protest when requested to do something he does not prefer. These protests are much more intense than that of a typical kindergarten child. However, with considerable prompting, structure and support, Mike eventually complies. Still, his behaviors can be disruptive to other children around him and at times the entire class. Mike often can be observed with his back to the teacher and therefore the activity being discussed in class. At other times, he has been observed to stare blankly or play with an object such as a pebble or a string on the floor. This causes him to miss much of what is being discussed in the classroom. Mike's cluster of symptoms are impairing his social and behavioral functioning and also contributing to difficulties with his academic functioning. Mike will benefit from accommodations for symptoms consistent with a classification of autism.

Conclusion

Mike faces significant struggles with communication and socialization. Mike also displays atypical mannerisms including repetitive speech sounds and wearing gloves in school. At times, Mike disregards teacher requests and classroom rules, seeking to do what he prefers. Multiple methods of assessment and sources of data suggest that Mike meets criteria for a classification of autism.

9.4.4   Classification of Intellectual Disability

Cognitive and Academic Functioning (Example)

Keith's present performance on a measure of cognitive ability was in the delayed range (RIAS Composite IQ = 48; 0.03 percentile; VIQ = 49, 0.03 percentile; NIQ = 62, 1st percentile). This is consistent with his prior performance (January, 2009) in the delayed range on a measure of cognitive ability (RIAS Composite IQ = 50; 0.04 percentile; Verbal IQ = 44; <0.01 percentile; Nonverbal IQ = 74; 4th percentile). Keith's performance on the WJ-IV Achievement was also in the delayed range across all academic areas. Keith's extremely delayed cognitive ability and academic achievement performance suggests a need for intensive supports in a more restrictive environment. Keith's level of intellectual functioning is in the moderate intellectually disabled range.

Social, Emotional, and Adaptive Functioning

Keith experiences delays in two major adaptive behavior areas: communication and functional academics. His performance on an intelligence test revealed scores in the moderate intellectual disability range (RIAS Composite IQ = 48; 0.03 percentile). The combination of moderate delays in cognitive ability and deficits in adaptive behavior (e.g., functional academics and communication) suggests, with a reasonable degree of clinical certainty, a classification of intellectual disability.

Keith also displays some areas of strength in his social-emotional and behavioral functioning. He has a capacity to emulate other children's behavior, which helps him to blend in with them. However, when Keith attempts to engage in reciprocal interaction, other children struggle to understand what he is saying. Although Keith can be charming and will often smile at or tease other children in an endearing way, he can be assertive, if not aggressive, in his interaction with them. For instance, in his attempt to be first in line, Keith will push others out of his way. This tends to alienate Keith from other children. Keith also struggles with reading and interpreting social cues. And, although he may successfully enter into a conversation or social interaction with other children in the classroom, he struggles to maintain that interaction. Keith will require more intensive social and communication intervention.

9.4.5   Conceptualization and Classification of OHI

Conceptualization and Classification (Example)

Tina's present performance on measures of cognitive ability was in the average range (Composite IQ = 104; 61st percentile; VIQ = 109, 73rd percentile; NIQ = 98, 45th percentile). Tina's performance on the WJ-IV Achievement was low average in

writing, reading and mathematics. Her attentional difficulties appear to impact her performance on rote, timed academic tasks.

Tina struggles with impulsivity, inattentiveness, disorganization, and following directions. She also struggles in her interaction with other children in the classroom. Tina tends to misperceive the intent of others and considers even benign interaction as hostile. On occasion, Tina will disregard teacher and classroom rules. She will benefit from teacher guidance and support for her social and behavioral difficulties.

Considering multiple data sources and methods of assessment, Tina will qualify for specially designed instruction under a classification of Other Health Impaired since her documented difficulties with Attention-Deficit/Hyperactivity Disorder are adversely impacting her progress in the classroom. The team concludes that specially designed instruction is called for in this case. The following recommendations might benefit her.

9.5 Conclusion

As noted throughout this section, the conceptualization and classification section requires psychologists to synthesize information, describe what animates (i.e., conceptualize) a child's functioning, and arrive at a classification decision. The approach presented in this chapter offers a framework for this purpose.

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