

University of Central Florida  
College of Community Innovation and Education  
Department of Counselor Education and School Psychology  
School Psychology Program

**Psychoeducational Evaluation Report**

**STUDENT INFORMATION**

Student Name:	Sample Doe	Birthdate:	04/10/2013 (C.A. 7-0)
Current Grade:	1 (2019-2020)	School:	Big City Catholic School
Teacher(s):	Ms. Brown	Date(s) Tested:	Select Dates in January - April 2020
Examiner:	Stephanie Courson	Referred By:	Ms. Doe, Mother

**REASON FOR REFERRAL:**

Sample Doe was referred voluntarily by his mother, Ms. Doe, for a behavioral assessment for the purpose of fulfilling the examiner's graduate course requirement on behavior assessment administration.

**RELEVANT STUDENT BACKGROUND AND EDUCATIONAL HISTORY:**

Sample Doe is currently in his seventh month of first grade at Big City Catholic School, a private Catholic school in Downtown Orlando. He is the youngest of five children (3 girls, 2 boys) in his family, all who attend, or have attended, Big City. Sample's family enjoys outdoor sports such as fishing and snow skiing, and the family also raises goats and chickens on their properties. These animals, especially the goats, are very important to Sample and his family and are treated as pets. Sample's mother indicates on her developmental history form that she has no behavior, fine, or gross motor concerns for Sample. Sample's mother and first grade teacher have both expressed concerns about Sample's reading development, particularly his ability to master sight words and blend sounds together in sequence, and he is currently being seen by a private reading specialist in addition to being served in a small group setting by a school resource specialist for reading skill development. He has also previously received speech services for articulation difficulties.

**Multi-Tiered System of Supports (MTSS):**

Public school utilizes a three-tiered model of instruction and assessment, also known as a Multi-

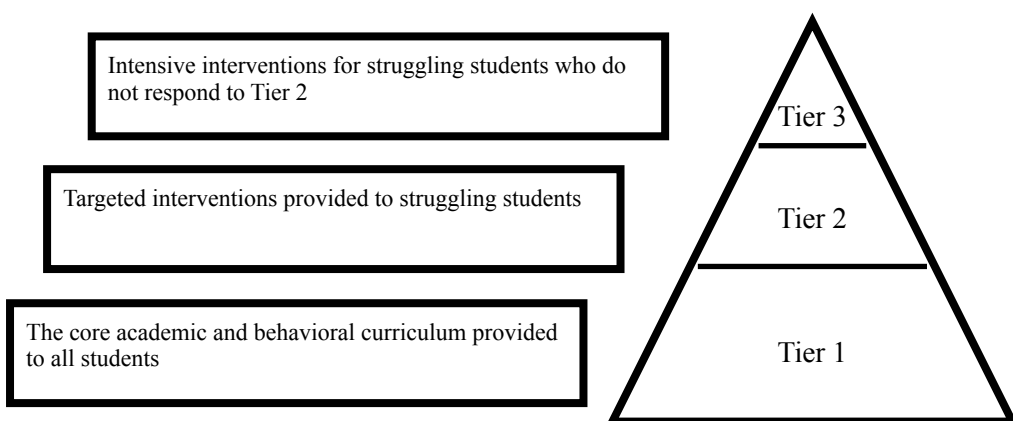
Tiered System of Supports (MTSS) model. Implementation of a three-tiered model allows close monitoring of each student's progress in several academic areas. Student performance on curriculum-based assessments (CBA) is regularly reviewed by members of the MTSS team. Students demonstrating a need for additional academic support are identified through this review.

Tier I – represents the general academic curriculum and behavioral supports which are available and presented to all students.

Tier II – is supplemental instruction that is given in addition to the core curriculum in order to help close identified achievement and/or behavioral gaps.

Tier III – gives students even more time in addition to Tier I and Tier II instruction. This instruction is individually tailored to his/his learning needs to help him/his close the identified achievement/behavioral gaps. Tier III instruction represents the most intensive interventions available in general education.

It should be noted that Big City Catholic School, as a private parochial school, is not required to use the terminology involved with MTSS and has not categorized Sample in any tier, though through universal screeners, has identified him as needing additional support in the area of reading.



## **PSYCHOLOGICAL ASSESSMENT DATA**

### **BEHAVIORAL OBSERVATIONS:**

The examiner performed a 20-minute classroom observation on January 9, 2020 from 9:48am to 10:08am and observed Sample during reading center rotations. For the first ten minutes of the observation, Sample was sitting adjacent to the instructional aide at a small-group phonics center. During

this center activity, Sample was observed to need prompting to sit down and get his supplies to begin the activity, cutting his materials, reading words with the aide's assistance, leaning back on his stool while cutting out words, looking at the class alphabet placed above the whiteboard as a reference for the task, and standing up while continuing to work on his task. When the classroom teacher's phone alarm went off, the Samples began to transition to their next center. The examiner noted that Sample was slow to transition to the next center, an independent writing center. He was the last student of his small group to arrive at the table with his supplies. For the final ten minutes of the observation, Sample's behavior was markedly more off task. During this time, Sample was observed to talk with the peer sitting next to him, look around the room (as opposed to writing), not be holding his pencil, and "sword fighting" with his pencil with his small group peer. When exiting the classroom, the examiner visited Sample in his small group and made general observations about his writing and those of his peers. His peers had all made some attempt at the writing assignment, whereas Sample had not yet begun to write. When the examiner commented that the assignment looked like fun, Sample stated that it wasn't.

#### **EVALUATION INSTRUMENTS/PROCEDURES:**

Behavior Assessment System for Children-3rd Edition

#### **EVALUATION DATA:**

##### **Behavior Assessment System for Children-3rd Edition (BASC-3):**

The Behavior Assessment System for Children-Third Edition (BASC-3) is an integrated system designed to facilitate the differential diagnosis and classification of a variety of emotional and behavioral disorders of children and to aid in the design of treatment plans. This assessment yields T-scores with a mean (average) of 50 and standard deviation of 10. Scores between 60 and 69 fall within the At-Risk range and may identify a significant problem or one that needs monitoring. Scores above 70 are considered clinically significant and require immediate intervention. The Adaptive Scales measure prosocial behaviors; therefore, higher scores indicate more positive or desired behaviors.

Sample's mother and current first grade teacher both completed the BASC-3 parent rating scale (PRS-C) and teacher rating scale (TRS-C), respectively. Based upon the responses of Ms. Doe regarding her observations of Sample, Sample scored within the average range for all scales, demonstrating a relative strength in the area of adaptability.

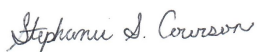
Sample's current 1st grade teacher, Ms. Brown, completed the BASC-3 (TRS-C). Based upon her responses, Sample received a Clinically Significant Range Composite Score in the area of School Problems and an At Risk Composite Score in the area of Adaptability.

In terms of Scale Scores, Ms. Brown reports Clinically Significant Range Scores for the following: Learning Problems and Atypicality. At-Risk Range Scores were obtained for Attention Problems, Social Skills, Functional Communication, Leadership, and Study Skills.

It was notable that Sample's degree of Atypicality was scored vastly different by his mother, Ms. Doe. Ms. Brown marked Sample as often seeming confused, odd, out of touch with reality, and possessing confused or disorganized speech. Ms. Doe indicated none of these areas as a concern. There is reason to believe that Sample's different lifestyle at home and the topics of conversation that stem from these experiences may position him as seeming odd when in fact, his experiences at home are deemed normal by his mother, who possesses the same interests and experiences.

#### **INTEGRATED SUMMARY AND RECOMMENDATIONS:**

BASC-3 scores from Sample's first grade teacher reveal a Clinically Significant Composite Score in the area of School Problems and an At-Risk Composite Score in the area of Adaptability, which directly contrasts with Sample's mother's reported observations as measured by the parent rating scale of the BASC-3. Sample's difficulties as demonstrated by the teacher rating scale mirror the classroom observation in that Sample was observed to be off task during the independent writing center and needing frequent prompting by the instructional aide during the phonics center. More information may be necessary to determine if an instructional mismatch between the academic tasks that Sample is expected to complete and Sample's current instructional level is present and may be provoking some of the observed behaviors. It is recommended that Sample continue to receive academic support in the area of reading to improve his academic skills, which may in turn, improve his confidence in the classroom environment.



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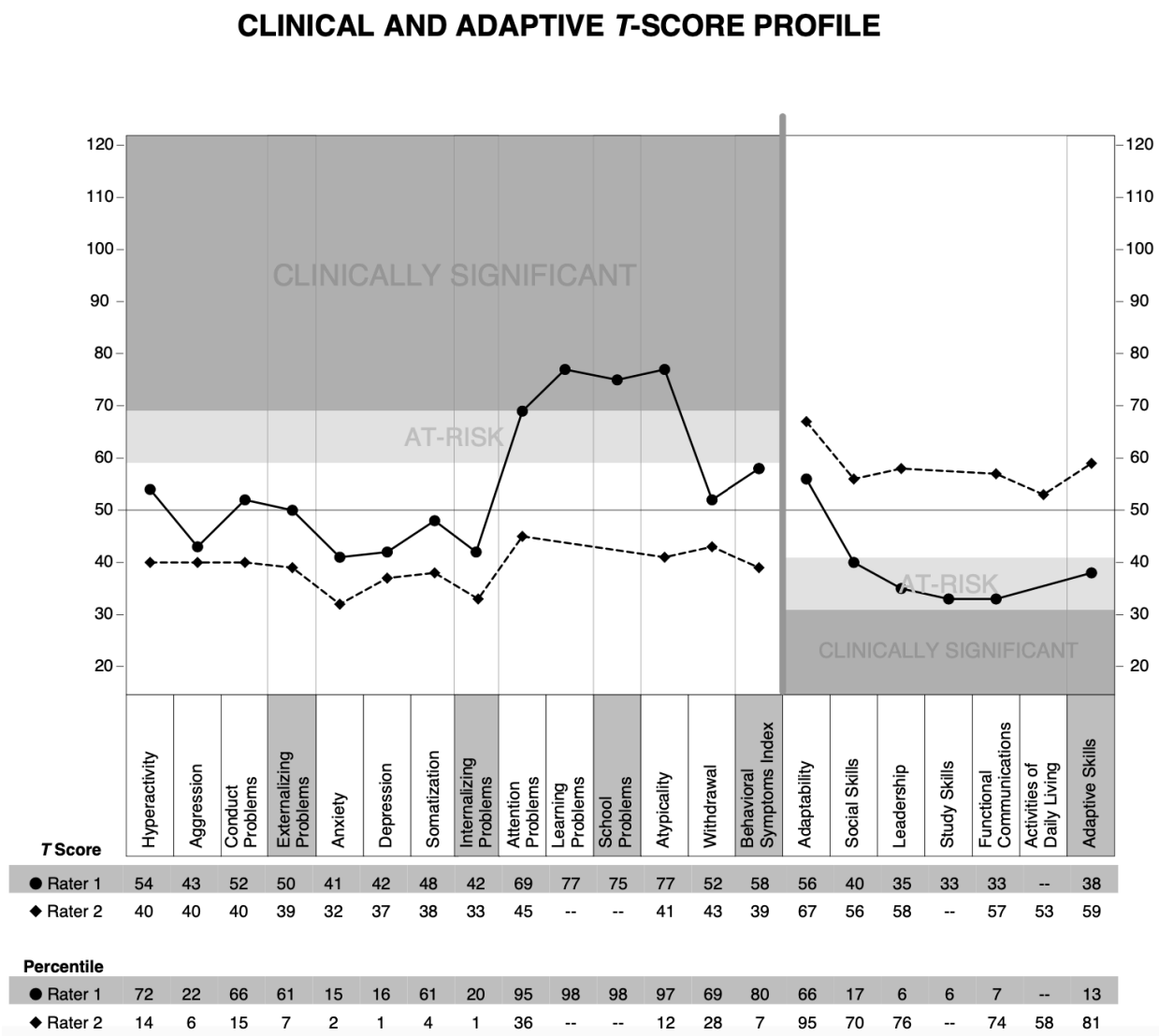
Stephanie S. Courson  
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**Table 1. BASC-3 T-Score Results from Parent and Teacher Rating Scales for Sample Doe**

<b>BASC-TRS/PRS</b>	<b>DOT: 4/10/2020</b>	<b>DOT: 3/12/2020</b>
<i>Rater:</i>	<i>Parent</i>	<i>Teacher</i>
<i>Relationship to Student:</i>	<i>Mother</i>	<i>1st Grade Teacher</i>
<i>Domain</i>	<i>Category</i>	<i>Category</i>
<b>Behavioral Symptom Index</b>	<b>39</b>	<b>58</b>
<b>Externalizing Problems</b>	<b>39</b>	<b>50</b>
• Hyperactivity	40	54
• Aggression	40	43
• Conduct Problems	40	52
<b>Internalizing Problems</b>	<b>33</b>	<b>42</b>
• Anxiety	32	41
• Depression	37	42
• Somatization	38	48
<b>School Problems</b>	<b>---</b>	<b>75 CS</b>
• Attention Problems	45	69 AR (66 AR for gender-specific norms)
• Learning Problems	---	77 CS
<b>Adaptive Skills</b>	<b>59</b>	<b>38 AR</b>
• Adaptability	67	56
• Social Skills	56	40 AR
• Leadership	58	35 AR
• Study Skills	---	33 AR
• Functional Communication	53	33 AR
• Activities of Daily Living	57	---
<b>Additional Clinical Scales</b>		
• Atypicality	41	77 CS
• Withdrawal	43	52

**CS=Clinically Significant    AR=At-Risk**

Figure 1. Clinical and Adaptive T-Score Profile for Sample Doe



**Rater 1 - Ms. Brown, First Grade Teacher**

**Rater 2 - Ms. Doe, Sample's Mother**

**Table 2. Definitions of Index Measures**

<b>Behavioral Symptom Index</b>	<b>Global indicator of serious emotional disturbance</b>
<b>Externalizing Problems</b>	<b>Characterized by disruptive behavior problems (Under-controlled behavior)</b>
Hyperactivity	The tendency to report being overly active, rushing through work or activities, and acting without thinking
Aggression	The tendency to act in a hostile manner (either verbal or physical) that is threatening to others
Conduct Problems	The tendency to engage in antisocial and rule-breaking behavior, including destroying property
<b>Internalizing Problems</b>	<b>Not marked by acting out behavior (Over-controlled behavior)</b>
Anxiety	Feelings of nervousness, worry, and fear; the tendency to be overwhelmed by problems
Depression	Feelings of unhappiness, sadness, & dejection; a belief that nothing goes right
Somatization	The tendency to be overly sensitive to, to experience, or to complain about relatively minor physical problems and discomforts
<b>School Problems</b>	<b>A broad measure of adaptation to school</b>
Attention Problems	The tendency to report being easily distracted and unable to concentrate more than momentarily
Learning Problems	The presence of academic difficulties, particularly understanding and completing homework
<b>Adaptive Skills</b>	<b>Measure of positive adjustment</b>
Adaptability	The ability to adapt readily to changes in the environment
Social Skills	The skills necessary for interacting successfully with peers and adults in home, school, and community settings
Leadership	The skills associated with accomplishing academic, social, or community goals, including the ability to work with others
Study Skills	The skills that are conducive to strong academic performance, including organizational skills and good study habits
Functional Communication	The ability to express ideas and communicate in a way others can easily understand
<b>Additional Clinical Scales</b>	
Atypicality	The tendency toward bizarre thoughts and behaviors considered “odd”
Withdrawal	The tendency to evade others to avoid social contact
Activities of Daily Living	The skills associated w/ performing basic, everyday tasks in an acceptable & safe manner