PSYCHOLOGICAL ASSESSMENTS

PTY LTD

CONFIDENTIAL PSYCHOLOGICAL REPORT

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Name:	John FLANAGAN
Date of birth:	03.05.2017
Date of testing:	24.03.2023
Age at testing:	5 years, 10 months
Referred by:	Jessica Brooker (Granite Belt Support Services)
Assessor:	Jessica Orford (Clinical Psychologist)
Date of report:	24.05.2023

1. Purpose

1.1. Reason for Referral

Mr John Flanagan is a 5-year-old male who was referred for a psychological assessment to determine whether his presentation is consistent with Autism Spectrum Disorder (ASD). John is currently supported through the NDIS early intervention program due to a history of global developmental delay. The purpose of this assessment is to determine John's cognitive strengths and weaknesses, his social and adaptive functioning, and identify his ongoing support needs.

2. Summary and Impressions

2.1. DSM-5-TR Diagnoses

- Attention-Deficit / Hyperactivity Disorder, combined type presentation [F90.1]

Please see Section 9.0 for evidence of how John's presentation meets DSM-5-TR diagnostic criteria.

2.2. John's Strengths

John's overall cognitive abilities are within the expected range for his age (21st percentile) and as such he is able to keep pace with his peers on most tasks. John can comprehend language and express himself verbally, use words to compare ideas, recall age-appropriate general knowledge, name pictures, and use pictures to convey his understanding of word meanings. John's ability to solve visually presented abstract reasoning problems is similar to that of his peers. He can determine the next element in a pattern or sequence and identify pictures of objects that have a common trait. John's ability to work quickly with information is an area of strength. He can quickly and accurately find and mark items, find a target image in a sequence, and match images with shapes. John appears to function better in his school environment, this can be common for young people with John's trauma and attachment history. The structured and routine environment with set rules and boundaries is predictable. Young people with trauma backgrounds will often do better in these environments and then when in the care of the trusted adult let go of all the emotional control and display emotional dysregulation and seek connection.

John is a warm and likeable boy who was cooperative during testing and appeared to apply appropriate effort. He is very active and enjoys movement-based activities and when given breaks to engage in movement based activities is able to apply himself and achieve most tasks at a level equal to his peers. John has made significant progress since entering foster care and has formed a strong connection with his foster mother. John can be very loving and affectionate with those he is close to. John is at his best in predictable environments where he feels safe and supported.

2.3. John's Vulnerabilities

While John has many strengths, he also has some areas of vulnerability. There were no significant difference across indexes or subtests for John in the cognitive testing however, John struggled to sit through the assessment and required movement breaks between each subtest. These breaks included doing yoga, getting up and walking around and doing handstands. John was restless in his seat and required regular prompts to stay on task.

According to his foster mother, John displays a very high level of activity, difficulties with impulse control, defiant and aggressive behaviours, and is self-conscious. John's foster mother also noted John is achieving sound grades at school however, up until recently (i.e., before Ritalin was prescribed) she was called daily to pick John up from school due to his behaviours. John's foster mum reported in the few weeks following his use of Ritalin, his foster mother has had no phone calls. John's symptoms are highly suggestive of attention-deficit / hyperactivity disorder as diagnosed by his paediatrician recently.

John's teacher indicated John has trouble meeting some of the conceptual, practical, and social demands of his school environment. John has difficulty planning and accomplishing tasks, planning and engaging in leisure activities, and functioning within the school community. John's overall adaptive functioning is lower than most individuals his age. It is anticipated that without appropriate support, John's functioning will decrease as the academic, social, and emotional demands of his environments increase.

John has a history of trauma and neglect and experiences significant emotional and behavioural difficulties. He does not generally seek comfort from caregivers and tends to either lash out or withdraw. While John does respond when comfort is provided by his foster mother, it may take up to an hour for him to become calm again. John has formed a strong connection with his current foster mother who has provided the necessary support and scaffolding to aid John's development. Due to his extensive trauma history, John is in a vulnerable position and will require ongoing, intensive support. It is imperative that John is in an environment where he feel safe and supported, and that those around him work within a trauma-informed framework. If the appropriate support is not provided, John's presentation will deteriorate, and he may fall behind his peers.

3. Recommendations

Medical and Allied Health:

- John's foster parents are encouraged to share the results of this evaluation with John's paediatrician, school, and other treating professionals.

- John requires review by his paediatrician for ongoing management of diagnosis and consideration of treatment options.

- John would benefit from ongoing support and intervention with a trauma-informed psychologist. Ideally, psychological support and interventions would include anxiety management strategies, emotional literacy, behaviour regulation skills, and support with developing social skills.

- John requires ongoing engagement with an Occupational Therapist to assist with development of fine and gross motor skills and adaptive functioning skills. This should occur at a frequency as recommended by the Occupational Therapist. Additionally, an OT assessment in the classroom to ensure his desk is set up the best possible way to allow him to learn i.e., ensuring his feet are flat on the ground and his desk is at the right height, this could aid in the fidgeting and restlessness.

- John would benefit from ongoing funding to continue accessing Play Therapy intervention. Play therapy will assist with developing play skills, social skills, and emotional regulation.

- John's development and progression should be closely monitored. It is recommended John be re-evaluated in two years to ensure his cognitive functioning continues to develop at the expected level.

- Due to John's extensive trauma history, it is imperative that all clinicians, support workers, and educators work within a trauma-informed care framework to support John's well-being and foster a sense of safety and security. Regular team meetings with clinicians, school, foster parents, and other supports would be beneficial in providing collaborative, wrap-around support and intervention.

<u>Home and Community:</u>

- John would benefit from engagement in extracurricular activities (e.g., team sports) as they also provide an opportunity for socialisation and social skill development. Participation in structured community groups that align with his interests would allow him to build his social skills, develop new skills, and show his strengths.

- John's foster parents are encouraged to reduce stress on John by providing him with clear behavioural expectations. For example, instead of telling John to "pay attention", they might say "put both feet on the floor and face me".

- John's foster parents are encouraged to explain home rules and consequences in a clear manner. When John's behaviour does not comply with these rules, he should be asked in a non-punitive manner whether his behaviour is consistent with the home rules. Consequences should be consistent, fair, and predictable.

- John would benefit from positive reinforcement throughout his day. Caregivers should make an effort to identify positive behaviours and point them out to John. For example, they might say "I like the way you are painting that picture". A focus on reinforcing positive behaviours rather than punishing negative behaviours will be beneficial. If John assists with chores, for example, one might say "thank you for picking up those toys. You are a good helper".

- John would benefit from an incentive system designed to help him develop independence and contribute to the home environment. Small, simple incentives could motivate John to complete tasks without being told and he may also assist in identifying appropriate incentives. John's foster parents are encouraged to positively reinforce small improvements in his performance of simple routines. It is important to establish simple routines and maintain consistent limits. As John masters simple tasks, additional tasks may be added to develop more complex routines. Caregivers should assist John in dividing daily routines into simple steps. he can then use a visual aid to complete the routine until he has mastered it. For example, the larger routine of "getting ready for school" can be divided into smaller steps such as "brush teeth, wash face, choose clothes" etc… John can then use self-talk during each task to reinforce the sequencing of the steps required for successful completion.

- John will benefit from regular exercise, good nutrition, and good sleeping habits to support the development of executive functioning skills (e.g., emotion regulation).

School:

- John will benefit from an ongoing Education Support Plan supported by regular communication between his foster parents and teachers. This plan should include a regularly reviewed range of short-term and long-term goals to support his learning and social-emotional well-being. To assist access to the curriculum and learning to the best of John's potential, the following strategies could be implemented:
    - Allow some sense of choice and control.
    - Negotiate flexibility around tasks.
    - Teach to his strengths and incorporate interests into tasks to motivate and reinforce.
    - Ensure that tasks are meaningful and provide simple 'rationales' for tasks.
    - Break tasks into manageable chunks.
    - Share tasks and take turns.
    - Avoid open-ended questions and instructions – make tasks as explicit and concise as possible.
    - Provide frequent sensory-motor breaks throughout the day and show these in a visual schedule to motivate and support focus and task engagement.

- John will benefit from classroom structures that are kept consistent and predictable. Children with trauma backgrounds feel safest when they are able to anticipate the day's events. Unexplained changes to classroom routines and the unpredictable nature of the school environment may cause anxiety for children with histories of trauma. Advance warning of changes to routine would be beneficial.

- John would benefit from management plans for events such as swimming carnivals, sports events, or school excursions. Due to John's trauma history, it is important to support him in feeling safe by giving advance warning about impending changes. he would benefit from having a go-to teacher if he is feeling overwhelmed or struggling to cope.

- John would benefit from strategies to help him manage his emotions and mood. For example, a system where John can give a card to his teacher when he needs some time out which allows him to have a break in a "chill out" area in the school. The Zones of Regulation curriculum could also be implemented in the classroom setting to assist with his emotion regulation.

- John would benefit similarly to above having a break card or scheduled breaks after tasks to move his body through yoga moves, going for a walk etc. Of benefit may be some sensory regulation items for him to fidget with.

If you have any questions or concerns regarding this report, please do not hesitate to contact either myself or Adina Piovesana (Principal Psychologist) on the contact details below or via reception@psychologicalassessments.com.au.

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4. Sources of Information

4.1.	Interviews:	▪ Chantelle McKenzie (foster mother) – 24.03.2023 (in person) and 20.4.2023 (phone)

5. Relevant History

5.1.	Family:	John currently lives with his older sister, Bella with their foster mother in Springfield, Queensland. John's foster mother also has a daughter who has just given birth. John's foster mother has a warm manner who John responds well too and there is a clear attachment. John has been in care from infancy. It is reported John and his sister, Bella were initially in separate care arrangements and then they were in a kin arrangement together where further abuse and neglect took place. John entered his foster mother's care in August 2022. John and Bella recently had a visit with family however his foster mother reports this further disrupted John's development and behaviour. John's family medical and psychiatric history are unknown, however his sister, has recently been assessed and meets criteria for ADHD and requires review from a paediatrician to confirm diagnosis. It is unknown whether John has a family history of ADHD or autism spectrum disorder.
5.2.	Developmental History:	Due to John's current foster care placement, no information was provided regarding his pregnancy or birth. His foster mother reports that since being in her care, she has not observed any developmental delays however her predominant concern was with John's emotional and behavioural dysregulation. John's foster mother reported since the visit with family, John has become preoccupied with food, eating, and when his next meal will be. This was also observed in the testing session whereby, seeking movement breaks, John would also seek snacks and ask when he could have his next snack.
5.3.	Medical:	John has no reported significant medical history and has no known allergies.
5.4.	Education	John is currently enrolled at Springfield Central State School in grade 1. John has had significant difficulties as school with his behaviour and emotional regulation which is likely to have impacted his social and academic outcomes. John's foster mother was receiving phone calls almost daily from the school due to John's behaviour and she was required to collect him from school. Since commencing on medication for his ADHD, she has had no phone calls regarding John's behaviour. According to his teacher's report John is performing within slightly to expected levels academically.
5.5.	Treatment and Evaluations:	John was assessed by, and regularly sees his paediatrician for his developmental delays. The paediatrician recently diagnosed John with ADHD and he is now prescribed Ritalin. His foster mother reported this has significantly reduced his inattention and hyperactivity especially at school.

6. Current Information

6.1. Current Concerns:

John is an active child who has difficulties attending and sitting still, he requires regular breaks, particularly movement breaks to assist in him attending, completing tasks, impulse control and listening. John has some sleep difficulties. John's foster mother reported that John recently had a visit in Toowoomba with family. On his return John was more emotional, reactive, did not separate easily and become fixated on food, eating and when the next meal was. According to his foster mother, John's disruptive behaviours and emotional outbursts have escalated since the trip to Toowoomba.

6.2. Behavioural and Emotional Concerns:

John's foster mother reported John regularly experiences 'meltdowns' that can last for up to an hour. During meltdowns John may yell, scream, hit and break things (his and others). John has difficulty controlling his emotions and when upset will say or do things he doesn't mean because he is angry. John's mood can shift quickly and he is quick to become dysregulated and it can seem an overreaction to the situation. John can be irritable and sad, and his foster mother reports a level of him withdrawing generally, indicating a level of hopelessness.

John is reported to be very active. He frequently runs around (both inside and outside), often jumps on furniture, and requires prompting to engage in safe levels of physical activity in the house. John struggles to remain seated and frequently gets off his chair when doing homework. John may only spend 5-10 minutes on an activity (e.g., colouring in or completing a jigsaw puzzle). He is able to sit and watch television when the show is of interest to him. John is also reported to be very talkative. John has recently been diagnosed with ADHD by his paediatrician, and prescribed stimulant medication in supporting the management of this.

John's teacher reported much lower levels of the behaviour above and reported it has limited effect on his schooling and peer relationships. Additionally, the stimulant medication for treatment of his ADHD appears to have a significant positive effect at home and especially at school.

6.3. Social:

According to his foster mother, John has a couple of friends and generally gets along with most children. He engages in imaginative play, has conversations with others, and participates in interactive play when playing with others. John generally gets along well with his foster sister but his play and interactions can erupt into fights easily, with both their emotional regulation difficulties. It was noted John and his sister do engage in rough play and this can lead to one of them becoming hurt.

6.4. Strengths and Interests:

John is an active boy, who on observation, has great coordination and is good at sport. It was observed John and his sister enjoy playing video games together, as well as more active games outside. John is warm, friendly and likeable, he engages well with his sister, foster mother and author of this report. He has good social skills including good eye contact and social smiling. He is able to engage in play with adults and peers at an age-appropriate level. It was also reported that John can be very loving and affectionate with those he is close to and has formed a strong connection with his foster mother.

6.5. Current Supports: John is currently receiving funding from the NDIS under the early intervention program. He receives support coordination services through Granite Belt Services. John remains under the care of his paediatrician. John has no other formal support in place.

7. Assessment Procedure

7.1. Behavioural Observations: John was assessed in his current home environment, in an open space with little distractions. His foster mother, Chantelle was present throughout the assessment but did not interfere with the testing process (was in another room). His sister, Bella, was also present and was directed to be in another room and to not distract John. John was dressed in his school uniform and presented with appropriate grooming and hygiene. He appeared his stated age (5 years). John displayed some difficulties with language and word pronunciation. He used simple sentences and made several grammatical errors. His volume and rate of speech were appropriate. John's mood and affect were appropriate, and he engaged well with the examiner. John transitioned well to testing, was generally cooperative, and responded well to praise and encouragement. John frequently fidgeted, struggled to remain seated, required prompting to continue tasks, and displayed some impulsivity. Regular breaks were required between subtests, which included doing yoga poses and John walking around before returning to his seat. John appeared to apply appropriate effort during testing and the results of testing are considered valid.

7.2. Direct Testing:

- Wechsler Preschool & Primary Scale of Intelligence – Fourth Edition (WPPSI-IV)
- Autism Diagnostic Observation Schedule – Second Edition (ADOS-2)

7.3. (Foster) Parent Report:

- Adaptive Behavior Assessment System – Third Edition (ABAS-3)
- Social Responsiveness Scale – Second Edition (SRS-2)
- Child Behaviour Check List ages 1 ½ - 5 years

7.4. Teacher Report:

- Adaptive Behavior Assessment System – Third Edition (ABAS-3)
- Conners Comprehensive Behavior Rating Scales – (Conners CBRS)

8. Test Results and Interpretation

8.1. Overall Cognitive Functioning

Wechsler Preschool & Primary Scale of Intelligence – Fourth Edition (WPPSI-IV)

Index	Score	Percentile	Range	Interpretation
Full Scale IQ (FSIQ)	88	21	Low Average	John's overall cognitive abilities as measured by the FSIQ fall within the expected range for his age. John's strengths lie in his information processing abilities and visual spatial skills.
General Ability Index (GAI)	88	21	Low Average	
Cognitive Proficiency Index (CPI)	92	30	Average	
Non-Verbal index (NVI)	78	7	Very Low	
Vocabulary Acquisition Index (VAI)	97	42	Average	

Verbal Comprehension Index (VCI)	88	21	Low Average
Visual Spatial Index (VSI)	94	34	Average
Fluid Reasoning Index (FRI)	89	23	Low Average
Processing Speed Index (PSI)	100	50	Average
Working Memory Index (WMI)	88	21	Low Average

8.2. **Language Abilities**

Task	Score	Percentile	Range	Interpretation
Verbal Comprehension Index (VCI)	88	21	Low Average	John's ability to comprehend language and express himself verbally falls within the Low Average range. He is able to use words to compare ideas (Low Average). He can recall information about age-appropriate general knowledge topics (Average). John's ability to verbally express his knowledge of word meanings is equal to that of his peers (Average) John's ability to use pictures to indicate his understanding of language is similar to that of his peers (Average).
WPPSI-IV Information	9	37	Average	
WPPSI-IV Similarities	7	16	Low Average	
WPPSI-IV Receptive Vocabulary	10	50	Average	
WPPSI-IV Picture Naming	9	37	Average	

8.3. **Visual Abilities**

Task	Score	Percentile	Range	Interpretation
Visual Spatial Index (VSI)	94	34	Average	John's visual-spatial skills fall within the Average range. John was able to recreate designs using blocks at a similar level to his peers (Average) and could synthesise and assemble puzzle pieces to create pictures of common objects (Average). He can choose pictures from two to three rows to form a group with a common trait (Average) at a similar level to his peers. John's visual abstract reasoning abilities are within the expected range for his age (Average).
Fluid Reasoning Index (FRI)	89	23	Low Average	
WPPSI-IV Block Design	9	37	Average	
WPPSI-IV Object Assembly	9	37	Average	
WPPSI-IV Matrix Reasoning	8	25	Average	
WPPSI-IV Picture Concepts	8	25	Average	

8.4. **Speeded Processing and Graphomotor Abilities**

Task	Score	Percentile	Range	Interpretation
Processing Speed Index (PSI)	100	50	Average	John's ability to work quickly and accurately with information falls within the Average range. He is able to quickly and accurately
WPPSI-IV Bug Search	10	50	Average	

WPPSI-IV Cancellation	10	50	Average	find and mark items in both structured and random arrays (Average), can find a target image in a sequence of five images (Average), at a similar level to other boys his age.

8.5. **Attention and Concentration**

Task	Score	Percentile	Range	Interpretation
Working Memory Index (WMI)	88	21	Low Average	John's ability to attend to and recall visual information falls within the Low Average range. John's ability to memorise pictures and identify them on subsequent pages is equal to other boys his age. John can memorise the location of animal cards on a map and place the cards in the correct locations (Low Average).
WPPSI-IV Picture Memory	9	37	Average	
WPPSI-IV Zoo Locations	7	16	Low Average	

8.5 Autism Assessment

Autism Diagnostic Observation Schedule – Second Edition (ADOS-2)

Domain	Total Rating	Interpretation
Communication	5	The ADOS-2 is a standardised, semi-structured assessment instrument designed to assess communication, reciprocal social interactions, interests, and behaviours in individuals who may be affected by an ASD. Assigned ratings from the relevant algorithm items for Module 3 were converted to algorithm scores. John's combined score of 3 did not exceed the autism cut-off score on the Module 3 algorithm. John's classification on the ADOS-2 Module 3 algorithm was *low.* John has *not met* the diagnostic cut-offs indicative of a classification of *autism spectrum disorder* with *minimal to no evidence* of autism-related symptoms.
Reciprocal Social Interaction	1	
Social Affect Total (Com) + (RSI)	6	
Restricted and Repetitive Behaviour (RRB)	0	
Overall Total (SA) + (RRB)	6	
ADOS-2 Comparison Score	3	

Social Responsiveness Scale – Second Edition (SRS-2) – Parent Report

Scale	T-Score	Range	Interpretation
Social Awareness	79	Severe	According to his foster mother, John displays Severe difficulties understanding social cues, and communicating socially. She reported John has moderate difficulties finding motivation to have social relationships. John is reported to display more restricted interests and repetitive behaviour when compared to his peers (Severe). Overall, John displays clinically significant difficulties in reciprocal social behaviour that lead to Severe interference in everyday social interactions.
Social Cognition	72	Moderate	
Social Communication	90	Severe	
Social Motivation	69	Moderate	
Restricted Interests and Repetitive Behaviour	80	Severe	
Social Communication and Interaction	83	Severe	
Total Score	83	Severe	

Social Responsiveness Scale – Second Edition (SRS-2) – Teacher Report

Scale	T-Score	Range	Interpretation
Social Awareness	62	Mild	

Social Cognition	51	Normal	According to his teacher, John displays mild difficulties understanding social cues. However, is the normal range for communicating socially, and finding motivation to have social relationships. John is reported to display normal restricted interests and repetitive behaviour when compared to his peers (normal). Overall, John's scores do not indicate symptomology of ASD.
Social Communication	54	Normal	
Social Motivation	42	Normal	
Restricted Interests and Repetitive Behavior	59	Normal	
Social Communication and Interaction	52	Normal	
Total Score	54	Normal	

8.6. Emotional and Behavioural Functioning

Child Behaviour Checklist (1 ½- 5years) – Foster Parent Report

Scale	T Score	Range	Interpretation
Empirically Based Scales			
Emotionally Reactive	69	Borderline Clinical	John's foster mother reported John displays clinically significant affective problems, is withdrawn and displays aggressive behaviours. John's foster mother also reported John's emotional reactivity is in the borderline clinical range as is his attentional problems. Scores indicate a high likelihood of ADHD Predominantly Hyperactive / Impulsive presentation (T = 76, Very clinically significant, Symptom Count = 6). John's scores also indicate potential for ODD however, caution should be given due to his ADHD presentation and significant trauma and disruption to attachment.
Anxious/Depressed	66	Clinical Range	
Somatic Complaints	51	Normal Range	
Withdrawn	73	Clinical Range	
Sleep Problems	56	Normal Range	
Attention problems	67	Borderline Clinical	
Aggressive Behaviours	87	Clinical Range	
DSM 5 Oriented Scales			
Affective Problems	72	Clinical Range	
Anxiety Problems	63	Normal Range	
Pervasive Developmental Problems	68	Borderline Clinical	
Attentions Deficit/Hyperactivity Problems	76	Clinical Range	
Opposition Defiant Problems	80	Clinical range	

8.7. Adaptive Functioning

Adaptive Behavior Assessment Systems – Third Edition (ABAS-3) – Parent Report (Foster Mother)

Scale	Score	Percentile	Range	Interpretation
General Adaptive Composite	77	6	Low	John's foster mother indicated John is not able to meet the conceptual, social, and practical demands of his home environment without support. His overall adaptive functioning is lower than that of other children his age. John had relative strengths in practical skills compared to conceptual skills (base rate <=15)
Conceptual	73	4	Low	
Communication	4	2	Low	
Functional Academics	6	9	Below Average	
Self-Direction	5	5	Low	
Social	80	9	Average	
Leisure	6	9	Below Average	
Social	6	9	Below Average	

Practical	83	13	Average
Community Use	5	5	Low
Home Living	6	9	Below Average
Health and Safety	9	37	Average
Self-Care	9	37	Average

Adaptive Behavior Assessment Systems – Third Edition (ABAS-3) – Teacher

Scale	Score	Percentile	Range	Interpretation
General Adaptive Composite	79	8	Below Average	John's teacher indicated John struggles to meet some of the conceptual and practical demands of his school environment without support. John has some difficulty planning and accomplishing tasks, functioning in the school community and with leisure activities. According to his teacher, John can engage socially, and communicate his needs. John's overall adaptive functioning is lower than most individuals his age.
Conceptual	81	10	Below Average	
Communication	8	25	Average	
Functional Academics	7	16	Below Average	
Self-Direction	5	5	Low	
Social	81	10	Average	
Leisure	4	2	Low	
Social	8	25	Average	
Practical	79	8	Below Average	
Community Use	7	16	Below Average	
School Living	5	5	Low	
Health and Safety	6	9	Below Average	
Self-Care	8	25	Average	

9. DSM-5-TR Diagnostic Summary

1.1. Attention-Deficit / Hyperactivity Disorder, predominantly hyperactive / impulsive presentation [F90.1]

A. *A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.*

- *a. Inattention* ***CRITERIA MET***
- *b. Hyperactivity* ***CRITERIA MET***

According to his foster mother and teacher, John:

- Fails to pay close attention to details or makes careless mistakes (a)
- Has difficulty sustaining attention (a)
- Often seems as though he is not listening when spoken to and struggles to recall details of conversations (a)
- Is often easily distracted by extraneous stimuli (a)
- Often fidgets (b)
- Struggles to remain seated (b)
- Often runs or climbs in situations where it is not appropriate (b)
- Has trouble playing or engaging in activities quietly (b)
- Is restless and constantly moving (b)
- Often talks excessively (b)

- Blurts out answers before questions have been completed (b)
- Has difficulty waiting his turn (b)
- Often interrupts or intrudes on others (b)

B. *Several inattentive or hyperactive-impulsive symptoms were present prior to the age of 12 years* ***CRITERIA MET***
   - This criterion is met due to John's current age (5 years, 6 months).

C. *Several inattentive or hyperactive-impulsive symptoms are present in two or more settings.* ***CRITERIA MET***
   - John's symptoms were reported to be present at school and home. John's symptoms were observed during the current assessment.

D. *There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning.* ***CRITERIA MET***
   - John's symptoms significantly impact his ability to meet the demands of his academic environment and engage socially. iHe struggles to remain seated to complete homework and has difficulty completing tasks that are not of interest to him. It is anticipated the impact of John's ADHD will become more apparent as academic demands increase.

E. *The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder.* ***CRITERIA MET***
   - John's hyperactivity and impulsivity do not appear to be better explained by another mental disorder. His difficulties with attention, impulsivity, and hyperactivity are beyond that which could be explained by anxiety or PTSD.