

PSYCHOLOGICAL ASSESSMENT

Client Name: Kaleb Xiong
UCI: 8328040
Client Date of Birth: 03/13/2020
Age: 3-years, 9-months
Gender: Male
Date of Assessment: 12/13/2023
Intake Specialist: Jessica Fox
Evaluator: Morgen Aita, Ph.D.

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REASON FOR REFERRAL

Kaleb Xiong is a 3-year, 9-month, male who was referred to the Alta California Regional Center to assess for Lanterman eligibility under Autism Spectrum Disorder (ASD) and Intellectual Developmental Disorder (formerly referred to as Intellectual Disability in DSM 5). This examination took place at AB Psych Consulting in Elk Grove, California. Reported concerns are blindness, delayed cognitive/intellectual skills, physical self-stimulatory behaviors, echolalia, frequent object mouthing, and a lack of response to his name being called. These behaviors were observed by Yang and Mary Xiong, his parents. He did not undergo prior psychological or neuropsychological assessment.

INFORMED CONSENT

Kaleb's parents willingly gave consent to undergo the evaluation procedures. His parents were informed of the nature of the evaluation process and the reasons for undergoing the procedures. His parents were informed that the providers at Alta California Regional Center will have access to a report of the results after the evaluation is concluded.

LIST OF TESTS ADMINISTERED:

Review of Records
Clinical Interview
Clinical Observations
Adaptive Behavior Assessment System Third Edition (ABAS-3), Parent/Primary Caregiver Form
Autism Diagnostic Interview-Revised (ADI-R)
Childhood Autism Rating Scale, (CARS 2 - ST) Standard Version
Developmental Profile, Fourth Edition (DP-4 Cognitive)

RELEVANT HISTORY

Developmental History

Kaleb was born full-term via C-Section delivery at Kaiser Permanente in South Sacramento, California. Kaleb's mother was 39 years old at the time of his birth. Smoking, alcohol consumption, and illicit drug use were denied during the pregnancy.

Labetalol for high blood pressure was used during the pregnancy. Kaleb weighed 6 pounds, 13 ounces at birth and was negative for NICU services. Kaleb's temperament as a baby was calm. Kaleb first crawled at 7-8 months, walked at 11 months, spoke his first words at 12 months, and spoke in short phrases at 18 months. His parents noted concern with his development since birth due to blindness and at 2 years when he was unresponsive and did not reciprocate communication with others.

Family History

Kaleb was born to Yang and Mary Xiong. Kaleb resides in Elk Grove, California with his parents, 5 sisters, and 2 brothers. Mr. Xiong (50 years old) completed a master's degree and works as an administrative services officer. Mrs. (42 years old) completed some college and is a homemaker. Family history is notable for ASD on both sides of the family. Kaleb receives special education services through the Elk Grove Unified School District through which he receives specialized vision services, orientation and mobility, and individual and small group instruction. There is no known CPS involvement with the family. English is spoken at home.

Academic History

Kaleb attends a pre-K, special education class at Foulks Ranch Elementary. He has an IEP under the classification of Vision Impairment (VI) and Speech and Language Impairment (SLI). Kaleb has never repeated a grade. Kaleb receives specialized vision services, orientation and mobility, and individual and small group instruction.

Medical History

Kaleb receives primary care from Kaiser Permanente. Kaleb does not currently take any medications and has no known allergies. There is no history of significant hospitalizations, injuries, seizures, or illness. Beginning at 3 months he underwent multiple surgeries on his eyes. He is a picky eater in that he accepts a limited variety of foods. He prefers dry foods, carbs, broth, and meat. He appears to be sensitive to the texture of foods. Kaleb prefers for his food to not touch and will feel around and move his foods to be separated. He also will not allow his cup to be near his plate and will push it away. Kaleb has difficulties falling asleep and will wake frequently through the night.

Psychiatric History

Kaleb does not have any psychiatric diagnoses at this time. The family history is negative for a psychiatric history.

Legal Issues

None reported.

Substance Use History

None reported.

Employment History

None reported.

Behavioral History

Social Communication/ Social Emotional Reciprocity

Kaleb primarily communicates via single words with some 2-word phrases emerging. His parents estimate that he has less than 50 spontaneous words. Kaleb engages in frequent echolalia, both immediate and delayed. He primarily engages in self-directed verbalizations and typically does not respond to others when they talk to him. The exception is he will direct sounds towards others when he is asking for help or wants something. Kaleb does not respond to his name being called even if repeated. He does not respond to social praise. Kaleb will accept and give affection to his mother only. However, he will only give and receive affection from other family members on his terms only. Kaleb does not show items of interest or point out items of interest to others. He can complete some simple instructions if they are simplified and repeated. However, Kaleb is generally unresponsive to communication from others.

Social Interaction

Kaleb prefers to play alone. He generally ignores the overtures of others and shows no interest in interacting with peers. This was also observed at school. Kaleb does not initiate social interactions with others. He does not display empathy or offer comfort to others. Rather, if he hears others crying, he will imitate the sounds that they are making. Kaleb does not display any imaginative play skills. Kaleb displays limited stranger awareness and will approach others if they have something that he wants.

Nonverbal Communication

Kaleb is blind so his eye contact is limited in this sense. He does not direct his affect towards others. Kaleb has a limited range of emotional expressions. He does not utilize any gestures. Due to his blindness, he does not respond to the facial expressions of others. He does not respond to others' change in voice tone.

Restricted and Repetitive Patterns of Behavior

Kaleb displays several routine-like and rigid behaviors. For example, he requires his mother to give him his bottle and she must hold his feet while he feeds. Kaleb also isolates specific behaviors and interactions for specific people. For example, he will go to his sister for her to play a specific song, he will go to his father for a specific type of play and go to his mother for a specific type of comfort. Kaleb also will add additional steps that he feels is part of a sequence in a repetitive manner. For example, if his mother directs him to put away a toy and he knows where to put it, he will still approach her before putting the toy in the bin. He follows a specific daily routine in which he will explore various parts of his home and engage in specific behaviors unique to each location. Kaleb will engage in tantrum behaviors if people other than his mother take him to school. Kaleb will repetitively tap his toys to his hand. He engages in constant echolalia as well as other verbal self-stimulatory behaviors (e.g., making nonsensical noises). Furthermore, his echolalia is immediate as well as delayed. Kaleb will listen to songs repeatedly. Kaleb nearly always prefers to have something in his hand even if he is not directly interacting with it. He will also mouth the object. Kaleb will get "stuck" on a specific item and will engage in tantrum behaviors until he gains access to that item.

During such instances he cannot be redirected to other items and will continue to engage in tantrum behaviors until he is granted access to his desired item.

Sensory Concerns

Kaleb is highly sensitive to sounds and will cover his ears. He will engage in tantrum behaviors when exposed to such stimuli. However, he will generally tolerate such things if given significant preparation. For example, he will tolerate public restrooms if his parents repeat to him ahead of time that he will be entering one. Kaleb engages in frequent object mouthing with nearly everything in his environment. He will also wiggle his fingers towards his lips while making verbalizations. He does not engage in toe walking. However, Kaleb will walk sideways rather than forwards. He is sensitive to clothing textures and prefers softer textures. Kaleb is also sensitive to textures other than dry. He will refuse or engage in tantrum behaviors if his hands meet an unfavorable texture. Kaleb has been observed to repetitively jump and spin for sustained periods.

Other Behaviors

Kaleb displays a significant lack of safety and environmental awareness. He requires constant supervision as he engages in elopement, climbing onto furniture, or will attempt to touch dangerous items. Furthermore, Kaleb is unresponsive to his parents' warnings and verbal instructions to "stop" or "don't touch" items in his environment. Kaleb appears to not retain previously learned information. He will typically forget such information after approximately 1-2 days.

Previous Evaluations

None available for review.

OBSERVATIONS

Kaleb Xiong is a 3-year, 9-month, male of Asian descent. He came to the testing session accompanied by his parents. He presented with a flat affect overall and was self-directed throughout the evaluation. He came dressed in casually neat and appropriate attire. He is blind and did not make eye contact at any point. However, it was observed that Kaleb did not orient towards others nor did he direct affect towards others at any point of the evaluation despite clearly knowing where his parents and this examiner were located. His verbal skills are delayed in that his spontaneous language consisted primarily of single words. Although he was observed to use some short phrases, they were echolalic in nature and did not have a social component. Furthermore, Kaleb's speech was self-directed with no attempts at social engagement.

Kaleb transitioned into the testing room without issue. He primarily clung to his mother as his parents provided background history. Kaleb was offered toys at the table, to which he briefly explored but then returned to his mother and fell asleep in her arms. Once he awoke, Kaleb was observed to request items by repeating them over and over (e.g., pink, pink, pink, Cinderella, Cinderella, Cinderella). He did not direct his vocalizations towards others. Rather, he would be reaching into his bag while verbalizing. Once Kaleb found his desired toy, he was observed to mouth it as well as tap it near his ear. Kaleb did not

engage with his toys in a functional manner. Rather, he only tapped them or placed them to his mouth. Furthermore, Kaleb did not show or give items to others during the contact period. Kaleb was observed to flick his lips with his fingers while making self-directed verbalizations. At various points during the evaluation, Kaleb engaged in echolalia and repeated words that were just spoken as well as repeated words and phrases that were spoken several moments prior. None of his verbalizations were directed towards others nor did they appear to be for social purposes. The examiner activated some noise making toys which caught Kaleb's attention. Kaleb approached the toy but made no attempts to engage with the examiner. Rather, Kaleb played with the toy in a repetitive manner by pressing the buttons rapidly. He did not direct affect nor did his emotional state change significantly as his expression remained flat. Other noise making toys were introduced to him. However, he preferred to continue playing with the noise making toy. The examiner engaged Kaleb with hand over hand prompting to activate a jack in the box. Despite enjoying the toy, Kaleb made not reciprocal interaction or communication with the examiner, nor did he display shared enjoyment. Kaleb activated the toy with prompting then returned to repetitively pressing the cause-and-effect noise making toy. The examiner presented Kaleb with the multiple pop-up toy to which he showed some interest. Kaleb's play with all the presented toys appeared repetitive in nature with no imaginative or interactive play evident. He did not request items, nor did he attempt to engage with others. Kaleb was unresponsive to his name being called by his parents or by the examiner. Kaleb was generally aloof to the presence of others and did not respond when others gave directives or attempted to engage with him. Kaleb was observed to engage in echolalia as well as flicking his lips with his fingers while engaging in verbal self-stimulatory behaviors.

TEST RESULTS

ADI-R

Mr. and Mrs. Xiong participated as the informants for the Autism Diagnostic Interview - Revised (ADI-R). The ADI-R is a structured, standardized assessment of communication, social interaction, and behavior for individuals where an ASD is suspected. Scores at or above the cutoff indicate a higher likelihood of an ASD. The following table provides the raw score tallies that were totaled to acquire the "obtained score." Higher scores reflect a combination of autistic type characteristics and their severity. Ratings are based on both the patient's current behavior and their behavior in childhood (at the age of four to five years) as specified by the ADI-R directions.

| Autism Diagnostic Interview - Revised (ADI-R) | Obtained Scores | Cut-off Scores |
|--|------------------------|-----------------------|
| Qualitative Impairments in Social Interaction | 16 | 10 |
| Communication | 22 | 7 |
| Repetitive Behaviors and Stereotyped Patterns | 10 | 3 |

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| Abnormality of development evident at or before 36 months. | 4 | 1 |
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Mr. and Mrs. Xiong’s responses suggested that Kaleb exceeds cutoff for symptoms related to Autism Spectrum Disorder. Mr. and Mrs. Xiong reported that Kaleb’s Functional use of spontaneous, echoed, or stereotyped language that, on a daily basis, involves phrases of 3 words or more that at least sometimes include a verb and are comprehensible to other people. However, it should be noted that Kaleb’s speech is primarily echolalic in nature with spontaneous language consisting only of single words.

Reciprocal Social Interaction

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|---|----|
| A: Qualitative Abnormalities in Reciprocal Social Interaction (<i>Diagnostic cutoff=10</i>) | 16 |
| A1: Failure to use nonverbal behaviors to regulate social interaction | 2 |
| A2: Failure to develop peer relationships | 4 |
| A3: Lack of shared enjoyment | 6 |
| A4: Lack socioemotional reciprocity | 4 |

According to Mr. and Mrs. Xiong, Kaleb does not display eye contact due to his blindness. As such, he does not reciprocate a social smile. However, Kaleb evidences a markedly limited range of facial expressions. His parents further noted that it is difficult to discern his emotional state except when he is engaging in tantrum behaviors. Kaleb does not evidence any imaginative play skills with peers or even when playing alone. Kaleb shows no interest in other children. He consistently avoids or ignores the approaches of other children. In general, Kaleb evidences little or no interest or response to others. Kaleb does not seek play involving groups of other children. He does not have peer relationships that involve selectivity and/or sharing. Kaleb evidences rare or no social approaches that involve showing or directing attention. Furthermore, Kaleb does not spontaneously offer to share items with others in any form. Kaleb evidences few or no attempts to share enjoyment with others. He does not offer comfort to others.

Communication

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| B: Qualitative Abnormalities in Communication (<i>Diagnostic cutoff=8</i>) | 22 |
| B1: Lack of, or delay in, spoken language and failure to compensate through gesture | 6 |
| B2: Relative failure to initiate or sustain conversational interchange | 4 |
| B3: Stereotyped, repetitive, or idiosyncratic speech | 4 |
| B4: Lack of varied spontaneous make-believe or social imitative play | 8 |

According to Mr. and Mrs. Xiong, Kaleb does not use others’ hand as a tool or to gesture. He does not point to items of interest or desired items. This is due to his blindness. Kaleb does not point or nod his head to signify “yes” or “no”. Kaleb does not use conventional or instrumental gestures. Kaleb imitates the noises and words, but not behaviors of others.

Kaleb uses some speech to alert caregivers to immediate needs or wants, but little or no purely social use of verbalizations. He evidences little or no reciprocal conversation. Furthermore, he evidences very little spontaneous speech as the majority of his verbalizations are echolalic in nature. His phrases are almost exclusively stereotyped utterances. Kaleb often confuses his pronouns such as “you” and “I”.

Restricted, Repetitive, and Stereotyped Patterns of Behavior

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| C: Restricted, Repetitive, and Stereotyped Patterns of Behavior (<i>Diagnostic cutoff=3</i>) | 10 |
| C1: Encompassing preoccupation or circumscribed pattern of interest | 2 |
| C2: Apparently compulsive adherence to nonfunctional routines or rituals | 4 |
| C3: Stereotyped and repetitive motor mannerisms | 2 |
| C4: Preoccupation with parts of objects or nonfunctional elements of material | 2 |

Mr. and Mrs. Xiong reported that Kaleb displays definite preoccupations that intrude into family life (e.g., opening and closing doors). Kaleb has to say one or more things in a special way. He also evidences multiple activities that must be performed in a specific way. He displays significant distress if his routines are not followed or completed (e.g., being fed by his mother while she plays with his feet and holds him a specific way. Kaleb displays definite and frequent hand mannerisms (e.g., flicking his fingers to his lips). Kaleb has been observed to engage in stereotyped body movements (e.g., repetitive jumping/spinning). Kaleb’s play is linked to highly stereotypic use of objects (e.g., tapping/flicking). Kaleb evidences constant sensory interest in objects (e.g., mouthing).

Mr. and Mrs. Xiong’s responses indicated that Kaleb exceeds cutoff scores for symptoms related to Autism Spectrum Disorder in 3 of 3 areas (Reciprocal Social Interaction, Communication, and Restricted, Repetitive, and Stereotyped Patterns of Behavior). His behaviors have been present since his early developmental periods and are consistent across settings.

CARS 2-ST, Standard Version

The Childhood Autism Rating Scale–Second Edition (CARS2) is a 15-item rating scale used to identify children with Autism Spectrum Disorder and distinguishing them from those with developmental disabilities.

| Category Ratings | Raw Score | Comments |
|-----------------------|-----------|--|
| 1. Relating to People | 4 | Kaleb was consistently aloof or unaware of what adults were doing in the room. He almost never responded to or initiated contact with adults. Only the most persistent attempts to get his attention had any effect. |
| 2. Imitation | 4 | Kaleb does not imitate the behaviors of others. However, he frequently imitates others’ verbalizations in an |

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| | | echolalic manner with no sense of social communication evident. |
| 3. Emotional Response | 3 | Kaleb evidences definite signs of inappropriate type and/or degree of emotional response. |
| 4. Body Use | 3 | Kaleb engages in repetitive jumping and spinning. He also postures his fingers and flicks them on his lips. |
| 5. Object Use | 3 | Kaleb was preoccupied with using an object or toy in some strange way. He focused on insignificant part of a toy. Kaleb played with cause-and-effect toys in a repetitive manner. He also repetitively taps items in a nonfunctional manner. |
| 6. Adaptation to Change | 3 | Kaleb displays significant behavioral rigidities. For example, he will only take a bottle with his mother and she must play with his feet a specific way as he feeds. He will become stuck on specific things (e.g., toys) and is unable to be redirected. |
| 7. Visual Response | 4 | Kaleb is blind and generally unresponsive to visual stimuli. |
| 8. Listening Response | 3 | Kaleb overreacts and underreact to sounds to an extremely marked degree, regardless of the type of sound. He will cover his ears for some noises, but can tolerate other noises of similar frequency and volume. |
| 9. Taste, Smell, and Touch Response and Use | 4 | Kaleb engages in frequent object mouthing with nearly everything in his environment. He is sensitive to the texture of his clothing and foods. |
| 10. Fear or Nervousness | 4 | Kaleb frequently fails to show appropriate regard for hazards that other children typically avoid. |
| 11. Verbal Communication | 3.5 | His verbal communication was a mixture of minimal meaningful speech and peculiar speech such as jargon, echolalia, or pronoun reversal. |
| 12. Nonverbal Communication | 4 | Kaleb does not use and is completely unresponsive to the nonverbal communication of others. This is evident even when considering his blindness as he is unresponsive to changes in tone and sounds denoting danger. |
| 13. Activity Level | 1 | He exhibited normal activity level for age and circumstances. |

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| 14. Level and Consistency of Intellectual Response | 3.5 | Based on observed deficits in language and/or attention, Kaleb has severely low intelligence. | | |
| 15. General Impressions | 3 | A number of symptoms or moderate degrees of a symptom was observed. | | |
| | Total Raw Score | Percentile | T-Score | Description |
| Autism Index | 50 | 97 | 60 | Severe Symptoms of Autism Spectrum Disorder |

Kaleb’s level of ASD symptoms is in the Minimal-to-No Symptoms of Autism Spectrum Disorder range (Autism Index T-Score = 60).

Developmental Profile 4 (DP-4 Cognitive)

The Developmental Profile 4 (DP-4) is designed to assess the development and functioning of individuals from birth through age 21 years, 11 months. The DP-4 is administered as a direct interview of a parent or caregiver, as a checklist completed by a parent/caregiver or teacher, or as a rating form completed by the clinician. This allows for evaluation of a child’s development across both home and school settings, and from the perspectives of different respondents. The cognitive scale measures the respondent’s perceptions of the child’s development of skills necessary for successful academic and intellectual functioning. At younger ages, this scale assesses skills that are prerequisite to scholastic functioning in academic areas such as reading, writing, arithmetic, computer use, and logic. At the preschool and older ages, the skills measured are more directly tied to actual school curriculum.

This measure was used as Kaleb is unable to respond to visual stimuli of other cognitive measures as he is blind. Kaleb obtained a standard score of 40 (<0.1 Percentile). His parents reported that he gives or takes one more of something when asked to do so. However, he does not use pencils or crayons to make marks on writing surfaces.

ABAS-3, Parent/Primary Caregiver Form

The Adaptive Behavior Assessment System, Third Edition, evaluates behaviors one displays in the home, school, and community environments. Items yield composite scores that are divided into three composite scores: Conceptual Composite, Social Composite, and Practical Composite. The Conceptual Composite examines an individual’s skills in Communication, Functional Academics, and Self-direction. The Social Composite examines an individual’s Leisure and Social skills. The Practical Composite examines an individual’s skills in Community Use, Home Living, Health and Safety, and Self-Care Skills. The General Adaptive Composite is an overall Composite combining the Conceptual, Social, and Practical Composites.

| Adaptive Functioning | Standard Score | 95% Confidence Interval | Percentile | Interpretation |
|----------------------------------|-----------------------|--------------------------------|-------------------|-----------------------|
| General Adaptive Composite (GAC) | 48 | 43-53 | <0.1 | Extremely Low |
| Conceptual Composite | 50 | 43-57 | <0.1 | Extremely Low |
| Social Composite | 51 | 41-61 | 0.1 | Extremely Low |
| Practical Composite | 51 | 44-58 | 0.1 | Extremely Low |

| Adaptive Skill | Scaled Score | Percentile | Interpretation |
|-----------------------|---------------------|-------------------|-----------------------|
| Communication | 1 | 0.1 | Extremely Low |
| Community Use | 1 | 0.1 | Extremely Low |
| Functional Academics | 1 | 0.1 | Extremely Low |
| Home Living | 1 | 0.1 | Extremely Low |
| Health and Safety | 1 | 0.1 | Extremely Low |
| Leisure | 1 | 0.1 | Extremely Low |
| Self-Care | 1 | 0.1 | Extremely Low |
| Self-Direction | 1 | 0.1 | Extremely Low |
| Social | 1 | 0.1 | Extremely Low |
| Motor | 1 | 0.1 | Extremely Low |

According to his parents, Kaleb’s adaptive functioning, or sets of behaviors associated with independent functioning, is in the Extremely Low range (GAC Standard Score = 48). Such a profile suggests that his skills in these areas are performed less frequently and/or proficiently as his same-age peers. Then of his Adaptive Skills are in the Extremely Low range: Communication (Scaled Score = 1), Community Use (Scaled Score = 1), Functional Academics (Scaled Score = 1), Home Living (Scaled Score = 1), Health and Safety (Scaled Score = 1), Leisure (Scaled Score = 1), Self-Care (Scaled Score = 1), Self-Direction (Scaled Score = 1), Social (Scaled Score = 1), and Motor (Scaled Score = 1).

Kaleb sometimes names 20 or more familiar objects. He does not stay with parents or other family members in a store. Kaleb sometimes points to at least one body part when asked. He sometimes removes cookies, chips, or other food from a box or bag. Kaleb sometimes sits still in highchair, booster seat, or chair, without climbing or sliding off. He sometimes plays with a single toy or game for more than 5 minutes. Kaleb sometimes lifts arms as needed when another person is dressing or undressing him. He sometimes explores an unfamiliar room or other new situation, even if a parent must encourage it. Kaleb sometimes relaxes body when held. He sometimes stands up from a sitting position.

IMPRESSION

| F84.0 Autism Spectrum Disorder | | |
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| DSM-5TR Diagnostic Criteria | | |
| A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text): | | |
| Met | Not Met | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>(A1) Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.</p> <p>Comments: Kaleb does not engage in reciprocal social interactions. He does not direct affect towards others, nor does he share his emotional state with others. He does not initiate or respond to the overtures of others. Rather, he prefers to play by himself in his own manner.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>(A2) Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.</p> <p>Comments: Kaleb does not utilize or respond to the nonverbal communication of others. He does not respond to changes in tone of voice nor urgency. His range of emotional expression is limited.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>(A3) Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.</p> <p>Comments: Kaleb shows minimal-to-no interest in peer interaction. He generally ignores the overtures of others, and he does not initiate interactions with others outside of instances where he needs assistance. He does not engage in imaginative play skills, nor does he display enjoyment in social interaction. Kaleb displays poor stranger awareness and is unable to adjust his behaviors to meet the social context of a given situation.</p> |

Severity of current social communication impairments:

| | | |
|-------------------------------------|--|---|
| <input checked="" type="checkbox"/> | <p>Level 3: “Requiring very substantial support”</p> | <p>Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions,</p> |
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| | | and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches. |
| <input type="checkbox"/> | Level 2: “Requiring substantial support” | Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal response to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication. |
| <input type="checkbox"/> | Level 1: “Requiring support” | Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful. |
| <input type="checkbox"/> | Not applicable | |

| | | |
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| B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text): | | |
| Met | Not Met | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>(B1) Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).</p> <p>Comments: Kaleb engages in frequent echolalia (immediate and delayed). He has been observed to engage in repetitive jumping and spinning as well as hand posturing. Kaleb also flicks his fingers on his lips while engaging in verbal self-stimulatory behaviors. Kaleb’s play behaviors are highly repetitive and nonfunctional. For example, he primarily plays with toys in a cause-and-effect manner.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (B2) Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day). |

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| | | <p>Comments: Kaleb is highly routine oriented and will engage in tantrum behaviors if specific routines are not followed. For example, he must take his bottle with his mother only and she must play with his feet while he feeds. Kaleb also repeats himself over and over in a self-directed manner with no attempts at social interaction. Kaleb is highly particular about how his food is presented to him. He will push away cups and refuse to have them in his area during mealtimes. He also is a highly selective eater in that he has an extremely limited variety of accepted foods. He will also push foods away so that they do not touch.</p> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>(B3) Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).</p> <p>Comments: None reported or observed during this evaluation.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>(B4) Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).</p> <p>Comments: Kaleb engages in frequent object mouthing. He displays significant sound sensitivities and will cover his ears or engage in tantrum behaviors when overstimulated. Kaleb is sensitive to the texture of his clothing and will refuse to wear specific articles based on how they feel. He is sensitive to textures other than hard and will engage in tantrum behaviors if he touches slimy textures.</p> |

Current level of severity for restricted, repetitive patterns of behavior:

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| <input type="checkbox"/> | <p>Level 3: “Requiring very substantial support”</p> | <p>Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.</p> |
| <input checked="" type="checkbox"/> | <p>Level 2: “Requiring substantial support”</p> | <p>Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.</p> |
| <input type="checkbox"/> | <p>Level 1: “Requiring support”</p> | <p>Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.</p> |

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| <input type="checkbox"/> | Not applicable |
|--------------------------|----------------|

| Met | Not Met | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies later in life). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | D. Symptoms cause clinically significant impairment in social, occupation, or other important areas of current functioning. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | E. These disturbances are not better explained by intellectual disability or global developmental delay. Intellectual disability and ASD frequently co-occur; to make comorbid diagnoses of ASD and intellectual disability, social communication should be below that expected for general developmental level. |

DSM-5TR Diagnoses

- F84.0 Autism Spectrum Disorder (L3, L2) with Accompanying Language and Intellectual Impairment
- F80.2 Language Disorder
- F88 Global Developmental Delay

Kaleb Xiong is a 3-year, 9-month, male who was referred to the Alta California Regional Center to assess for Lanterman eligibility under Autism Spectrum Disorder (ASD) and Intellectual Developmental Disorder (formerly referred to as Intellectual Disability in DSM 5). Reported concerns are blindness, delayed cognitive/intellectual skills, physical self-stimulatory behaviors, echolalia, frequent object mouthing, and a lack of response to his name being called. Kaleb was administered a battery of tests to observe behaviors and traits associated with Autism Spectrum Disorder (ASD) as well as to assess his cognitive functioning and adaptive behaviors. His profile indicates Moderate-to-Severe symptoms related to ASD with deficits in social affective functioning or stereotyped and repetitive behaviors. Furthermore, his performance on the ADI-R exceeds diagnostic cutoff for an ASD. Based on parent report, direct clinical observation, and performance on standardized measures, it is in this examiner’s opinion that Kaleb meets diagnostic criteria for ASD.

Regarding his cognitive skills, Kaleb is unable to participate in cognitive testing due to his blindness and lack of response to verbal instruction. As such, the Developmental Profile, Fourth Edition (DP-4 Cognitive) was used to provide an estimate of his overall cognitive functioning. His parents indicated that Kaleb’s cognitive skills are in the Extremely Low range (DP-4 Cognitive Standard Score = 40) which is within the delayed range. His parents reported that Kaleb’s adaptive skills are in the Low range (GAC = 48) which is within above the Delayed range. It is in this examiner’s opinion that Kaleb’s delays are above and beyond influence of his blindness. Furthermore, it is in this examiner’s opinion that he meets diagnostic criteria for Global Developmental Delay.

RECOMMENDATIONS

1. Kaleb meets diagnostic criteria for Autism Spectrum Disorder and Global Developmental Delay.
2. Kaleb's parents are encouraged to seek ABA services to develop academic skills, increase attention and imitation for learning, develop social and play skills, reduce behavioral challenges, increase self-care skills, and to provide parent education.
3. Kaleb's parents are encouraged to seek speech therapy services to increase his comprehension, use and understanding of gestures, functional communication, and parent education.
4. I encourage Kaleb's parents to apply for social security benefits due to the diagnosis of Autism Spectrum Disorder. More on this possibility could be researched at the following website: <http://www.disability-benefits-help.org/disabling-conditions/autism-and-social-security-disability>.
5. I encourage Kaleb to participate in feeding therapy to assist his family in expanding his variety of accepted foods.
6. As Kaleb evidences significant deficits in danger/safety awareness and requires constant supervision, he may benefit from services such as IHSS and/or Respite care.

It has been a pleasure to work with Kaleb. I sincerely hope that you find this evaluation report informative and helpful.

Sincerely,



Morgen Aita, Ph.D.
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AB Psych Consulting