



SAMPLE NEUROPSYCHOLOGICAL EVALUATION REPORT

Name: "Client X"

Date of Birth: --/--/--

Date(s) of Evaluation: 9/27/24, 10/10/2024

Age: 13 years, 8 months

Evaluating Clinician: Dr. John Park

REASON FOR SEEKING ASSESSMENT SERVICES

"Client X" was referred for a neuropsychological evaluation by her mother, Y, with regards to how anxiety might be impacting her school performance. Y reported that "Client X" engages in perfectionistic behaviors and will panic when she does not know or know how to do something. Y reported that time-based testing has been historically challenging for "Client X" as she will tend to exhibit increased symptoms of anxiety when she is uncertain of the correctness of her responses.

Y also reported that "Client X" will engage in fear-based questioning for instance, prior to attending soccer events, "Client X" will panic about having to use the restroom outside of the home setting.

Currently, "Client X" is reported to experience increased anxiety around high stakes testing for high school placement. "Client X" currently attends ____ School and has since she was in Kindergarten. "Client X" reported that her school has provided accommodations for standardized testing (e.g. MAP testing) to allow her to finish at her own pace. When inquired about feelings of anxiety, "Client X" reported that she tends to feel anxious prior to sports game, before examinations, at times prior to social events, and also during the neuropsych intake. "Client X" indicated that she starts to ruminate over anxiety-based questions prior to test-taking such as asking herself "what if I don't finish?" or "what if I mess up and get a bad grade?" These thoughts have been reported by "Client X" and her mother to impact her ability to focus on the assessment at hand.

DEVELOPMENTAL AND CLINICAL HISTORY

Y reported that "Client X"'s developmental history was unremarkable as she met all her milestones with no deficits or additional support necessary at the time. "Client X" was described to be a historically picky eater as she used to be grossed out by certain foods but has worked hard to push herself to expand her palate in order to minimize social awareness of her eating habits. No eating or sleeping concerns were reported; "Client X" reports going to bed around 10:30-11PM and waking up at 7AM without issues.



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Y indicated that "Client X" has displayed a bit of anxiousness but the issue has exacerbated with the increased academic demands of school. "Client X" was reported to externalize her frustrations to her mother when experiencing challenges with preparing for her private school examination.

"Client X" reported living at home with her two older brothers (both high school aged), and both mother and father. Both her mom and "Client X" report good relationship standings among all family members. All family members were reported to have some level of anxiety and symptoms of ADHD. Y reported that "Client X" often seeks reassurance around fears of embarrassment. An instance was recalled where "Client X" wanted to double check a text to a friend prior to picking up something she had left at a sleepover.

Socially, "Client X" was reported to be popular amongst her friends and able to make friends with new peers though she does not always initiate conversation with others. "Client X" reported having three groups of distinct friends stemming from camp, school, and soccer.

Academically, both "Client X" and her mother reported that she earns good grades. With additional time awarded, "Client X" and her mother indicated that her MAP score percentile ranks in math and reading were above the 90th percentiles. Some procrastination behaviors were reported; however, "Client X" indicated that she almost always completes her homework. This year, she indicates that Math class has been the most challenging as she often reports getting confused and has trouble understanding her teacher's explanations. In Math class, "Client X" indicated that she will get overwhelmed, so she has taken breaks in class to refocus (around 1 break per math class to get food for about 5 minutes).

No trauma history or medical conditions were reported.

MEDICATION: CURRENT & HISTORY

- None

ASSESSMENT PROCEDURES

- **Clinical Interview with "Client X" and her mother (Debra)**
- **In-person 4 Hour Evaluation**
- **Behavior Assessment System for Children, 3rd Edition (BASC-3):** Self-report and 3rd Party Observers

The BASC-3 is a standardized assessment used to examine overall behaviors



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and emotions of children. It consists of a self-report completed by the client and observers' reports

- **Comprehensive Executive Function Inventory (CEFI):** Self and 3rd Party Observers
The CEFI is a comprehensive behavior rating scale of executive function strengths and weaknesses. Executive function is essential for problem solving and reasoning
- **Conners Continuous Performance Test 3rd Edition (Conners CPT-3):** A computerized test that assesses how well a person performs in four areas of attention: inattentiveness, impulsivity, sustained attention, and vigilance
- **Multidimensional Anxiety Scale for Children (MASC-2):** A self-report and 3rd Party questionnaire that assesses anxiety symptoms in children and adolescents.
- **Wechsler Intelligence Scale for Children, 5th Edition (WISC-V)**

The WISC-V is an intelligence assessment that measures a child's intellectual abilities across cognitive domains that are related to performance

- **Record Review:** Review of intake information provided for LOA

BEHAVIOR OBSERVATIONS DURING TESTING

Appearance and Grooming:

- "Client X" appeared well-groomed and dressed appropriately for the assessment

Orientation and Awareness:

- "Client X" was oriented to person, place, and time
- "Client X" demonstrated increased awareness of her performance often asking if she got a question right, or acknowledging that she got a question wrong

Activity Level:

- "Client X" was appropriately engaged during testing
- "Client X" requested a fidget toy halfway during testing administration
- "Client X" was observed to report double checking her answers before submitting a "final answer"

Attention and Concentration:

- "Client X" was able to maintain focus throughout testing



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- "Client X" was observed to use significant time on questions, sometimes impacting her ability to earn points due to timing

Communication Skills:

- Speech was clear, coherent, and intelligible with appropriate volume and rate
- Expressed thoughts and ideas, with a good range of vocabulary

Mood and Affect:

- Client's mood appeared stable and appropriate to the setting
- No adverse mood or affect was observed

Social Interaction:

- Engaged appropriately with the examiner, making good eye contact
- Displayed appropriate social behaviors, including compliance with testing and response to questions

Effort and Motivation:

- "Client X" exhibited good attention in 1-on-1 testing
- "Client X" demonstrated good motivation throughout testing

Behavioral Regulation:

- "Client X" exhibited good self-control, asked for help or clarification questions when needed

SUMMARY OF FINDINGS

Attention and Executive Functioning

"Client X"'s attention was assessed using the Conners CPT-3 and her executive functioning skills were measured from a self and teacher report on the CEFI.

Executive functions are a set of skills directed by the brain to manage thoughts, actions, and emotions. These abilities, primarily governed by the frontal lobes of your brain, are essential for carrying out complex, goal-oriented tasks. Your frontal lobes act as a conductor, orchestrating all cognitive activities, especially when dealing with intricate information. These functions include adapting to new situations (cognitive flexibility), controlling impulses (inhibition), solving problems, and regulating your attention and



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emotions. Understanding and harnessing these abilities can empower you to achieve your goals and navigate challenges with confidence.

Regarding her executive functioning skills, "Client X" and her science teacher, Ms. ____, did not report any deficits or challenges to attention, emotional regulation, initiation, organization, or planning. Many of these areas were reported in the High Average to Superior range by "Client X"'s teacher. "Client X"'s responses all fell in the Average range suggesting that she has adequate skills around attentional control, planning, managing thoughts/emotions, and working in an organized manner.

The Conners CPT-3 was assessed to determine "Client X"'s level of inattentiveness, impulsivity, sustained attention, and vigilance that may mimic a testing situation. A slow Hit Reaction Time (HRT) was found when comparing "Client X"'s score with peers of the similar age. In "Client X"'s case, a slower HRT score with Low scores across Detectability (ability to differentiate targets from non-targets), Omissions (failure to respond to targets), and Commissions (responses given to non-targets) suggests that "Client X" engages in a conservative response style that impacted her speed of response.

No concerns were found with impulsivity. "Client X"'s Commissions score was found in the Low range indicating that she responded to a lower percentage of non-targets compared to the normative group. Her Perseverations score was also found in the Low range indicating that she made less random or anticipatory responses compared to the normative group.

"Client X" demonstrated a High Average score on the HRT Block Change measure indicating that she had a slight reduction in response speed in later blocks of the assessment; however, her omissions and commission errors did not significantly increase across the later blocks. These results suggest that "Client X" did not demonstrate a problem with sustained attention throughout testing.

"Client X"'s score on the HRT Inter-Stimulus Intervals (ISI) Change fell in the Very Elevated range indicating that she experienced a significant reduction in response speeds at longer ISIs; that said, her error rate remained consistent across all three levels of ISIs measured. These scores suggest that "Client X"'s vigilance (i.e. her performance at varying levels of stimulus frequency or ability to maintain performance

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level when the task rate is slow) is impacted on trials with longer intervals between stimuli.

Behavioral and Emotional Functioning

"Client X"'s behavioral and emotional functioning was measured using the MASC-2 and BASC-3 rating scales. The BASC-3 teacher report was completed by a general education teacher, Ms. ___r. The following areas were reported by at least two reporters to be in an elevated range:

- Anxiety (Clinically Significant on Self, Parent BASC-3; At-Risk on Teacher BASC-3)
- Somatization (At-Risk on Self, Parent BASC-3)
- Panic (Slightly Elevated on Self MASC-2, Very Elevated on Parent MASC-2)

"Client X"'s teacher, Ms. _____ reported that "Client X" talks about high school testing in a worried manner and indicates that she will do poorly on these exams. All three raters indicated at least some degree of "Client X"'s display of worried, nervous, or fearful behaviors. Both "Client X" and her mother endorsed concerns with "Client X"'s perception and complaining of health-related symptoms. Due to no health concerns reported, it is likely that these behaviors are related to symptoms of anxiety.

On the MASC-2, both "Client X" and her mother reported concerns with panic symptoms. "Client X" indicated physical symptoms of sweaty/cold hands and irregular heartbeat. Her mother included these symptoms in addition to "Client X" reporting feeling sick to her stomach, having trouble breathing, feeling dizzy, and having chest pains.

Cognitive Functioning

"Client X"'s cognitive abilities were measured across five indices to obtain a Full Scale IQ in the High Average range.

Her Visual Spatial and Fluid Reasoning Indices were scored in the Very High range. The Visual Spatial Index measured her ability to evaluate visual details and understand visual-spatial relationships to construct geometric designs from a model. The Fluid



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Reasoning Index measured her ability to detect the underlying conceptual relationship among visual objects and use reasoning to identify and apply rules.

"Client X"'s performance on the Working Memory Index fell within the High Average range. This index assessed her ability to register, maintain, and manipulate visual and auditory information in conscious awareness - requiring attention and concentration, as well as visual and auditory attention.

"Client X"'s Processing Speed and Verbal Comprehension Indices fell in the Average ranges. The Processing Speed Index assessed "Client X"'s speed and accuracy of visual identification, decision making, and decision implementation. The Verbal Comprehension index measured her ability to access and apply acquired word knowledge.

Summary

"Client X" was referred for a neuropsychological evaluation by her mother, Y, to assess "Client X"'s level of anxiety and how it has manifested in the school setting - particularly around the preparation for high school testing. Though "Client X" has not received prior mental health services, the results of the evaluation indicate that she experiences symptoms of anxiety in multiple areas including school, social situations, and perceptions of her performance.

As a result of her anxiety, "Client X" has been receiving accommodations at her school, School, in the form of extended time on standardized tests. The additional time has allowed "Client X" the opportunity to take her examinations without the risk of increased panic symptoms - which impede her ability to think logically and problem solve appropriately.

Though "Client X" demonstrates adequate and above average executive functioning skills, results from a performance based assessment as well as testing observations on the cognitive assessment both indicate that she responds conservatively in terms of time in order to confirm her final answer choices. It was noted on multiple questions on the WISC-V that "Client X" may have earned full credit had she finalized her answer sooner; though in doing so would mean indicating an answer before she is ready to commit. Both "Client X" and her mother endorsed a level of Panic symptoms that are likely impacting her ability to perform.

DSM-V DIAGNOSTIC IMPRESSIONS

Generalized Anxiety Disorder (GAD) (F41.1)

CLINICAL RECOMMENDATIONS

Cognitive Behavioral Therapy (CBT)

Just as you exercise your body to strengthen your muscles, therapy is an opportunity to rewire your brain to operate more effectively. By engaging in Cognitive Behavioral Therapy, you will have the opportunity to train your brain to think new thoughts and engage in more adaptive coping behaviors, as it learns to reduce its reliance on unhelpful thought patterns and ineffective coping mechanisms.

- ✓ "Client X" should consider receiving Cognitive Behavioral Therapy (CBT) around managing anxiety - particularly performance related fears.

Medication

Consider medication consultation to review effectiveness in conjunction with therapy and explore if alternate medication would allow for decreased symptoms of anxiety, depression, and improved concentration and attention.

- ✓ "Client X" may wish to consult with a psychiatrist/medication management provider to explore how medication may help manage symptoms of anxiety and panic.
- ✓ Light On Anxiety's psychiatry team is available to offer high-quality and integrated medication management services to support your current therapeutic work at Light On Anxiety.

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School Accommodations

Just as a pair of glasses, when needed, helps the eyes see certain stimuli more clearly, school accommodations through a 504 Plan may help to create an environment in which your brain can function to its highest capability.

- ✓ Additional time for tests and standardized examinations
- ✓ Access to take breaks as needed
- ✓ Access to a quieter, smaller environment free from distractions
- ✓ Access to school-based mental health services including counselor, social worker, or school psychologist

Sleep Hygiene

For your brain to function at its highest potential, it is important for it to be well rested. Poor sleep causes your brain to work less efficiently and effectively. It can compound the learning and attentional difficulties and enhance symptoms of anxiety and depression. Prioritizing good sleep is essential as it helps your brain maintain the attention, concentration and stamina needed to meet your goals.

- ✓ Reduce distractions and engage in a relaxing activity prior to sleep
- ✓ Develop a nighttime routine that reduces external stimuli, such as reading
 - o This can help get a higher quality and more consistent sleep.



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Establish Environmental Supports / Self-Accommodations

It takes dedication, hard work and daily commitment to create an external environment that helps keep you on track to meet your goals. The good news is that, with a few tips, you have the skills and abilities needed to serve as your own wellness coach and help set yourself up for success.

- ✓ Consistently use daily task and behavior checklist
 - o Add structure and accountability
 - o Reduce tendencies to procrastinate and avoid completing less desirable tasks
- ✓ Identify specific days/times and strategies to work at home or school
 - o Access resources to assist in completing work (teachers, peers, tutoring, executive functioning strategies)
 - o Avoid potential distractions in home environment
- ✓ Develop and follow a schedule
- ✓ Create a consistent sleep-wake schedule
- ✓ Eat a meal before work and long tasks

Thank you for taking the time to obtain this assessment. It was a pleasure to work with "Client X" throughout this evaluation and to learn more about her many strengths and unique qualities. Light On Anxiety is here for her should you need any additional support or assistance in obtaining appropriate accommodations. We have no doubt that, as a strong self-advocate, you will continue to achieve your goals and create the life you want.

If there are any questions regarding the information contained in this report, please do not hesitate to contact us at (312) 508-364.