



*Center for Children and Parents*

*18102 Irvine Blvd. Suite 206*

*Justin, California 92680*

TUCKER, Adam  
16142 Harbor Boulevard  
Fountain Valley, CA.

Date of Birth: 2/4/79

Date of Report: July 1985

SUMMARY COMMENTS:

1. Adam was referred for general assessment as it relates to placement in school. There may be some mild response to recent divorce. Tends to be emotional and defensive.
2. Present clinical study indicates that functional mental capacities are above average. Basic intellect is not a problem. The scatter in mental ages would be correlated with extroverted, temperament and other types of behavior.
3. Basic achievement is at the beginning first grade level, but one year below computed potentials. This is probably related to exposure.
4. Basic visual-motor-perceptual abilities are adequate, but there are some immaturities, such as reversals. These may disappear with time.
5. Several projective tests including Tree-House-Person, Draw-A-Family, and Rorschach were administered. There appears to be some general psychosocial immaturity. Adam appears to be an extroverted, temperamental child. There appears to be some problems with interpersonal relationships and sensitivity. Adam probably tends to be a little bit self-centered and more temperamental. Mild anxiety indicators are present, but there are no major signs of emotional disturbance. During evaluation he was cooperative and verbalized on request.

6. IMPRESSION:

The history and study suggest that Adam is a child with good mental capacities and presents a primary developmental etiology associated with extroverted temperament type behaviors. Prognosis is positive.

2.  
TUCKER, Adam  
July 1985

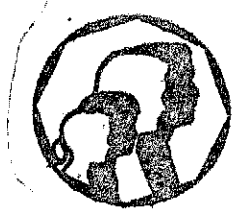
7. RECOMMENDATIONS:

36. The Ames and Gessell Model gives a 40% "no go" for first grade. This could be a mild source of stress. Adam could go on in first grade, but teachers should be alerted that he could use some special tutoring as outlined in the report.
37. Temperamental children must be trained by positive shaping and a specific set of rules. Cultural systems of discipline and control make them worse. Referral to parent education programs for follow-up parent training sessions.
38. If problems occur at school, such things as home-school contracts could be used.
39. Preventive care monitoring for several years would be highly recommended since there is a scatter in development and late blooming is predicted. Direct consultation school staff can be maintained by phone.

Stanley H. Walters, Ph.D.

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SW:eq



CENTER FOR CHILDREN AND PARENTS  
RECOMMENDATIONS  
(for Immediate Implementation)

- ☒ 1. Follow-up parent consultation. (Parents please call to schedule.)
- ☒ 2. Referral to the Center's parent training programs. (Classes or workshops.)
- ☒ 3. Follow-up parent-training and counseling sessions: one to four thirty or sixty minute sessions over a period of time. (Please bring a list of problems and a tape recorder.)
- ☒ 4. Cooperation with school staff. (We can meet with school personnel.)
- ☐ 5. Referral to school programs: ☐ A. Resource Teacher ☐ B. Learning Handicapped  
☐ C. Educationally Handicapped ☐ D. Severely Emotionally Disturbed.  
☐ E. Aphasic ☐ F. Other
- ☒ 6. Medical follow-up to evaluate: ☐ A. Diet ☐ B. Neurology ☐ C. Allergies  
☒ D. Attention Deficit ☒ E. Temperamental ☒ F. Has symptoms that should respond to medical management.
- ☒ 7. Preventive-care monitoring through high school and college.
- ☒ 8. Venting activities / Ecological work-off: for hyperactivity, internalized anger, and temperament problems. (See "Ecological Work-Off Activities".)
- ☐ 9. Developmental placement. (Can be justified by the Ames and Gesell Model.)
- ☒ 10. Group dynamic therapy for three or four months.
- ☒ 11. Family therapy.
- ☐ 12. Individual therapy.
- ☐ 13. Psychiatric evaluation.
- ☐ 14. Referral to the Center's "Study Habits Program". (Six to eight weeks.)
- ☐ 15. Maintenance tutoring to maintain skills at expectancy levels.
- ☐ 16. Referral to the Center's tutoring services.
- ☒ 17. Immediate implementation of positive shaping model at home and at school for discipline, motivation, and control.
- ☒ 18. Avoid negative discipline, motivation, and control procedures. (These will increase the temperament and anger levels.)
- ☒ 19. Needs structured school and home environments.
- ☒ 20. Implement ideas contained in "Attention Deficit Child in the Classroom".
- ☐ 21. Implement ideas contained in "Inadequate Secretarial Ability."
- ☐ 22. Implement ideas contained in "Neurological Redundancy".
- ☐ 23. Needs immediate relief from "sustained effort" and "peak efficiency" activities at home and school.
- ☐ 24. Needs more use of body language and written instructions (cue cards) for visual-spatial learning.
- ☒ 25. I.E.P. meeting should be held at the school. (Parent arranged.)
- ☐ 26. Referral to the Resource Teacher for Fernald Tracing and choral reading.
- ☐ 27. Needs the use of concrete operations, and less use of formal operations. (Piaget Model.)
- ☐ 28. The Center's staff can provide teacher inservice at the school.
- ☒ 29. Home-school contracts to help build inner control and motivation. (Parents provide reinforcers.)
- ☒ 30. Reasonable demands should be made for grades: the child is primarily a CB pupil in school at this moment in time.
- ☒ 31. Home and school should be more structured to help build inner control with the use of positive shaping.
- ☒ 32. Identify stressors and modify wherever possible.
- ☒ 33. Evaluate once a year to see if growth is occurring and if the recommendations and/or therapy is working.
- ☐ 34. Wait for mental ages of six years and six months before introduction to a formal academic program (reading etc.)
- ☐ 35. Refer to therapist for making a desensitization tape for use at home.



## READ CHECKED ITEMS ONLY!!!

Name Tucker, Adam School \_\_\_\_\_ Grade 1.0  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_  
Referred by: \_\_\_\_\_ Birthdate 2/79 Age 6.5 Date of testing: 7/85  
Reason for referral: \_\_\_\_\_

Actual grade placement (1.0) Verbal IQ 120 Performance IQ 120 Total IQ's 240  
Chronological grade placement (1.0) Mental age 7.7 WISC-R good ability  
Mental Age Grade Placement (2.2)  
(This is School Expectancy) NORMAL DISTRIBUTION CURVE  
Reading Grade Placement ((E) 1.1 (F) 1.1) IQ \_\_\_\_\_ 6% 10% 68% 10% 6%  
Arithmetic Grade Placement (1.5) Expected grade in school F D C B A  
Vocabulary Grade Placement (3.0) Mental Age Range 2.5 15 10 8.5

☒ Possibility of PSEUDO scores present 120+ Estimate only of true IQ ☒ Caution  
Mental Age Range is not significant for diagnostic purposes  
☒ Mental Age Range is significant for diagnostic purposes  
☒ Developmental Etiology ☐ Psychogenic Etiology ☐ Both Factors contributing

EDUCATIONAL POTENTIAL: ☒ Below Average ☐ Average ☒ Above Average  
Potentials masked by: ☒ Anxiety ☒ Visual-motor-perception ☐ Physical ☒ Motivation  
True remedial problems in: ☐ Reading ☐ Arithmetic ☐ Spelling ☐ Writing

Chronological Age Line	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Ames
Mental Age Line	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Plaget
INTELLECTUAL MENTAL AGES																				Gessell
Adaptive Ability																				Model
Visual Memory																				need
Associative Memory(categorical)																				MASOF
Long Term Memory																				6x64
Auditory Memory(short term)																				For 1st
Abstract Ability																				20%
Imagination(functional)																				90
General knowledge																				
Reading																				
Spelling																				
Arithmetic																				
Rote Memory																				
Immediate Learning																				
Vocabulary																				
PHYSICAL-PERCEPTUAL MENTAL AGES																				
Visual-motor-perception(fine)																				40%
Visual-motor-perception(gross)																				50
Secretarial Ability(writing)																				
PSYCHOSOCIAL MENTAL AGES																				
Social Age																				40%
Emotional Age																				NO 90
Body Image Age(self-image)																				

ACCOUNTABILITY STATEMENT FOR TEACHERS: Expected grade level in June 1986 will be grade placement 3 grade 3 month(s). Computed correction for masking factors such as anxiety, visual-motor-perceptual immaturity, motivation problems, personality problems, etc., gives a reading grade expectancy of grade 2, 2 month(s) plus

## TESTS GIVEN:

## INTELLIGENCE

☒ Weschler  
☐ Binet  
☒ Peabody  
☐ Psycholinguistics  
☐ Pre-School Attain.

## ACHIEVEMENT

☒ Wide Range Achievement  
☐ Gilmore Reading  
☐ Wepman  
☐ Test for Aphasia(2)  
☒ House-Tree-Person  
☒ Draw A Family (1)

## BEHAVIOR

☐ Vineland  
☒ Rorschach  
☒ Draw-A-Person  
☐ MMPI  
☐ Gessell Scales  
☐ TAT

## PERCEPTUAL-MOTOR

☒ Bender-Gestalt  
☒ Mateer's Scale  
☐ Goddards Adaptation  
☐ Arthur Point Scale  
☐ Seguin Form Board  
☒ Knox Cube Test

age = 6.5

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SOCIAL-EMOTIONAL STATUS

Status is: ☐ appropriate ☒ immature ☐ disturbed ☐ emotionally hurt child  
Anxiety: ☐ Anxiety is severe enough to interfere with coping and learning  
(Sarason Model) ☐ fears ☐ stress ☐ high state of anxiety  
Affect is: ☒ essentially positive ☐ somewhat disturbed  
Sensitivity is: ☒ essentially positive ☐ somewhat disturbed  
Motivation for negative behavior is: ☒ poor self-concept ☐ possible organic basis ☐ negative personality ☒ psychogenic ☐ factors ☐ inborn temperament ☐ psychological disturbance ☐ traits (Chess Model)  
Self-concept is: ☒ good ☐ poor ☒ feelings of inadequacies ☐ feelings of unworthiness  
Reality contact is: ☒ essentially positive ☐ somewhat disturbed  
Defense mechanisms are: ☐ absent ☒ developing ☐ established ☐ over-defensive ☒ withdrawing type ☐ attacking type ☒ passive-aggressive

MA = 5.5  
6.0

Signs of disturbances are: (clinical observations)

☐ complaining ☐ gets high ☐ oppositional  
☐ ego-centered ☐ malingering ☐ inter-personal relationship problems  
☒ impulsive ☐ rigidity ☒ intra-personal relationship problems  
☐ hostility ☐ stubborn ☒ restrictive thinking  
☐ anger ☐ belligerent ☐ withdrawing tendency  
☐ negativism ☐ regression ☐ low frustration level  
☒ hyperactive ☐ bites nails ☒ poor motivation (takes easy way out)  
☐ confusion ☒ defensive ☒ needs lots of support  
☐ suspicious ☐ poor contact ☐ poor attention  
☒ distant (cool) ☐ whimpering ☐ nervous and tense  
☐ apathy ☐ controlling ☐ avoidance behavior  
☐ aggressiveness ☒ distractable (itchy) ☐ frustration with school  
☒ flippant ☐ compulsive ☐ verbal perseveration

MEDICAL EVALUATION

☐ recommended ☐ see developmental history ☐ see behavior checklist  
☐ blood chemistry ☒ anxiety control ☐ specialist in learning and  
☐ diet ☐ psychiatric evaluation ☐ behavior disorders  
☒ neurology ☒ developmental indicators ☐ psychogenic indicators present  
☐ allergies ☐ present

PROPER SCHOOL PLACEMENT

(Ames and Moore Model)  
☐ no further retention ☒ team decision: will help will not help difficult to say  
factors supporting retention: ☒ 60% go for 1st ☐ borderline  
☐ chronological age grade placement ☒ social-emotional immaturities  
☐ poor achievement ☐ average or lower potentials  
☒ anxiety and stress present ☒ a boy  
☐ visual-motor-perceptual immaturities ☐ young for group

LEGAL CANDIDATE FOR PUBLIC SCHOOL PROGRAM

☐ TMR ☐ EH ☐ Orthopedic ☐ adaptive educational program  
☐ EMR ☐ LDC ☐ Gifted ☐ resource room  
other: ☒ some areas

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HOMEWORK

- Homework should be limited to fifteen minutes. ✓  
 ✓ All homework should be success oriented.  
 ✓ No homework on Fridays or weekends.  
 Homework should be for practice only and should be therapeutic.

Homework formula  
 (5min/per/grade level)  
 $5\text{min} \times \text{grade} = \text{time}$   
 $5\text{min} \times 5\text{th grade} = 25\text{min}$   
 $5\text{min} \times 1\text{ grade} = 5\text{min}$

IMAGINATION (Creativity-Is related to problem solving.) (Guilford Model)

- |                  |   |   |
|------------------|---|---|
| High             | ✓ Peculiar                              | Interferences with abstraction.           |
| ✓ Average        | ✓ Unusual                               | Interferences with seeing consequences.   |
| Low              | Interferences with cognitive awareness. | Interferences with reading comprehension. |
| Functionally low | ✓ Interferences with problem solving.   |   |

PROBLEM SOLVING ABILITY (How child gets along in interaction with others.)

- poor average ✓ above average *Some* inappropriate

PROGNOSIS FOR ACADEMIC SUCCESS

- |         |                   |                    |
|---------|-------------------|--------------------|
| ✓ good  | will depend upon: | ✓ parent education |
| poor    |                   | ✓ school program   |
| guarded |                   | medical management |

LONGITUDINAL STUDY (Child should be seen periodically.)

- ✓ needed plot developmental charts re-evaluation at least once a year  
 not needed  
 ✓ Preventive Care Monitoring - Grades K 1 2 3 4 5 6 7 8 9 10 11 12 ✓

PARENT CONFERENCES - Follow-up conferences: Parents should schedule conferences with the following:

- |  |             |                   |
|--|-------------|-------------------|
| ✓ teacher                                | nurse       | ✓ guidance worker |
| doctor                                   | ✓ principal | speech counselor  |
| ✓ center's staff can consult with school |             |                   |

PARENT FOLLOW-UP

- |  |  |
|--|--|
| ✓ parent education program for:                                    | ✓ how children learn                           |
|  | ✓ teaching your child to assume responsibility |
| family counseling (therapy)  | self-esteem groups                             |
| individual counseling with the child                               | group counseling with the child                |
| follow-up parent training sessions scheduled once or twice a month |  |

TUTORING

- Recommended for:
- |   |
|---|
| how to study program for visual-spatial learner |
| ✓ reading writing                               |
| arithmetic spelling                             |
| tutoring is available at the center             |

THREE BASIC AREAS OF CHILDREN'S MATURATION

The rating for the child at present developmental level is:

- |                     | Below Average | Average | Above Average | Inappropriate  |
|---------------------|---------------|---------|---------------|----------------|
| 1. physical         | —             | ✓✓✓     | —             | <i>scatter</i> |
| 2. social-emotional | —             | ✓✓      | —             |                |
| 3. intellectual     | —             | ✓✓      | —             |                |



THE CENTER FOR CHILDREN AND PARENTS  
I.E.P. - NEEDS ANALYSIS - PRESCRIPTIONS

I. INTELLECTUAL - COGNITIVE DEVELOPMENT:

- ☒ Interpret I.Q. with caution
- ☒ Monitor I.Q. several years
- ☐ Build vocabulary
- ☐ Language training
- ☒ Provide enrichment
- ☐ Consider gifted program
- ☐ Field trips
- ☐ Concrete-abstract learning experiences
- ☐ Help with categorical concepts
- ☒ Define intellectual capacity in terms of school expectancy
- ☒ Equate learning with capacity
- ☐ Refer for intellectual assessment
- ☐ Refer to psychologist
- ☐ Consider academic readiness
- ☐ Wait for adequate mental ages: K=5.5, 1<sup>st</sup>=6.5, dictation=10.5, algebra=14.5, reading= 6.5 to 8.0
- ☐ Compute intellectual expectancy using W-M Tables
- ☒ Intellectual Track:
  - I = Below average
  - II = Average
  - ☒ III = Above average

Learning Style: (T)

- ☐ Visual-spatial learner
- ☒ Neurological redundancy
- ☒ Choral reading
- ☐ Direct modeling
- ☐ Indirect modeling
- ☒ "Fernald" procedure
- ☒ Learns by doing
- ☐ Teach by concrete-abstract equations
- ☐ Task-oriented curriculum
- ☐ Phonics training
- ☒ Auditory learner
- ☐ Auditory training
- ☒ Learns by listening
- ☐ Improve listening habits
- ☒ Practice, drill, and repetition
- ☐ Learns by all systems
- ☐ Phonics not the best system
- ☐ Divergent learner
- ☒ Convergent learner

Assessment of Achievement (T)

- ☐ 50% assessed orally
- ☐ 80% - 90% assessed orally
- ☐ Use recorders for reporting
- ☐ Allow typing
- ☒ Allow printing
- ☐ Allow for poor writing and spelling
- ☐ Inadequate secretarial ability
- ☐ Request measurement of intellectual capacity
- ☐ Test spelling orally

Attention: (T)

- ☒ Check for inappropriate seating
- ☐ Face towards wall
- ☐ Desk screens
- ☐ Office (quiet corner)
- ☐ Ear plugs
- ☒ Small class
- ☒ Self-contained classroom
- ☒ Motivational devices (Contracts, etc.)
- ☐ Possible medical management

II. PSYCH - SOCIAL - EMOTIONAL DEVELOPMENT:

Emotional-Temperament-Affect:

- ☒ Responds to cultural systems of discipline
- ☐ May not respond to cultural systems of discipline
- some* ☐ Environmentally-induced temperament problems
- some* ☐ Inborn temperament traits
- ☒ Structure to reduce anxiety and depression
- ☒ Structure to provide security
- ☒ Use other systems to control, teach, & discipline
- ☒ Stress will increase symptoms
- ☒ Cultural systems of discipline will increase symptoms

Discipline and Motivation: (T)

- ☐ Stop doing
- ☐ Define limits
- ☒ Home-school contracts with ticket systems
- ☒ Avoid take-away point systems

- ☒ Avoid name on board, check marks, & send-from-the-room systems
- ☒ Avoid demerit systems
- ☒ Avoid tickets for bad behavior
- ☒ Avoid demanding systems
- ☒ Non-verbal signals / short isolation
- ☒ New chance / New chance
- ☒ Labeling behavior
- ☒ Home-school cooperation
- ☒ Ticket systems
- ☒ Limit choices
- ☐ Teacher and parents gain control
- ☒ If - Then messages
- ☐ Two-choice systems
- ☐ Systematic attendance
- ☐ Limit environmental stimuli
- ☐ Pep talks
- ☒ Structured environment

Structure to Build Self-Esteem (Affect) (T):

- ☐ Differential assignments
- ☒ Eliminate ALL put-downs
- ☒ Use shaping statements
- ☒ Provide support
- ☒ Grade on potential
- ☒ Relief from competition fatigue
- ☒ Provide for success
- ☒ Eliminate failures
- ☐ Lower anxiety
- ☒ Control choices
- ☐ Use more incompletes
- ☐ Posigram for parents
- ☒ Kind, benevolent dictator for teacher
- ☒ Reasonable demands
- ☐ Improve interpersonal-relationships
- ☐ Provide adequate adult models
- ☐ Guard against over-achievement
- ☐ Provide for competency
- ☐ Control homework using formula
- ☐ Provide a buddy system
- ☒ Make the world more comfortable
- ☒ Teach alternatives

PARENTAL INVOLVEMENT: (T)

- ☐ Observe in Classroom  
☐ Close Teacher-Parent Cooperation  
☒ Monthly Progress Reports  
☒ Home-School Reinforcement Programs

COUNSELING:

- ☐ Self-esteem Groups  
☐ Individual Therapy  
☐ Group Dynamic Therapy  
☐ Family Therapy  
☐ Desensitization for Anxiety (Tape)  
☐ Desensitization for Depression  
☐ Desensitization for Phobias  
☐ Play Therapy  
☐ Psychotherapy  
☒ Parent Ed Program  
☐ Diet Control  
☐ Multi-Modal Therapy  
☐ Role Playing  
☒ Cognitive Insight Therapy  
☒ Behavioral Therapy  
☐ Hypnotherapy  
☒ Rational-Emotive Therapy  
☒ Preventive Care Monitoring  
☐ Educational Counseling

III. PHYSICAL-PERCEPTUAL DEVELOPMENTGROSS MOTOR DEVELOPMENT:

- ☐ Gross Motor Training  
☐ Adaptive P.E.  
☒ Soccer, Swimming, Gymnastics, etc.  
☒ Use of Ecological Work-Off Systems for Hyperactivity or Anger  
☐ Excuse from Regular P.E.  
☐ Sensory Motor Training  
☐ Physiotherapy  
☒ Ballet Training  
☒ Venting Activities

FINE MOTOR DEVELOPMENT: (T)

- ☐ Neurological Redundancy  
☐ "Fernald" Tracing  
☒ Wait for Maturation  
☒ Make Allowances

SYMBOL PROCESSING: (T)

- ☐ Neurological Redundancy  
☐ Visual-Spatial Systems  
☐ Auditory Systems (Phonics)  
☐ Comprehension (SRA)  
☒ Individual Tutoring  
☐ Learning Lab  
☐ Direct Modeling  
☐ Indirect Modeling  
☒ Limited Dictation  
☐ No Dictation Until the Fifth Grade (Stress)  
☒ Choral Reading  
☐ Delay Written Symbols Until First Grade  
☒ Modified "Fernald" System  
☐ Phonics Tutoring  
☐ Word Attack Skills  
☐ Inadequate Secretarial Ability  
☐ Stop Symbol Activities in Kindergarten  
☒ No Timed Tests (Stress)  
☒ Maintenance Tutoring

SCHOOL PLACEMENT: (T)  
 (Least Restrictive Environment)  
 (Alternatives)

- ☒ Regular Classroom  
☐ Regular Classroom & Resource  
☐ Specific Learning Disability Class  
☐ Behavior Disorder Class  
☐ Severe Emotional Disability Class  
☐ Mentally Retarded Class  
☐ Hard of Hearing Class  
☐ Speech Impaired Class  
☐ Visually Handicapped Class  
☐ Multi-handicapped Class  
☐ Adaptive P.E.  
☐ Individual Private Tutoring  
☐ Private School  
☐ GATE Program  
☐ Proper School Placement  
☐ Needs Academic Therapeutic Program

- ☐ Needs Sheltered Environment  
☐ Vocational Testing  
☐ Vocational Counseling  
☐ Vocational Training  
☐ Clinical School Environment  
☐ Cannot Cope With Regular Classroom Activities  
☐ Classic Froebel Kindergarten  
☐ Tutoring at Center's Lab  
☐ Fundamental Kindergarten  
☒ Avoid Vertical Acceleration

MEDICAL FOLLOW-UP:

- ☒ Hyperactivity *extroverted*  
☐ Check Hearing  
☐ Check Vision  
☐ Auditory Receptive (Figure Ground)  
☒ Reactive Anxiety  
☐ Depression  
☐ Biochemistry  
☐ Neurology  
☐ Psychomotor  
☐ Emotional Disturbance  
☐ Affective Disturbance  
☐ Diet  
☐ Vitamins  
☐ Allergies  
☐ Adjustment Reaction  
☐ Rule Out Medical Problems  
☒ Temperament  
☐ Lethargy  
☐ Regression  
☒ Mental Age Range  
☒ Attention Problems  
☐ Aphasia  
☐ Dyslexia  
☐ Dysgraphia  
☒ Parents should call to make arrangements for a Follow-Up Session.  
☒ Teacher and/or School Consultation can be provided by the Center Staff; fee is determined by the amount of time required.

This report may be used  
legally in the public schools.

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