

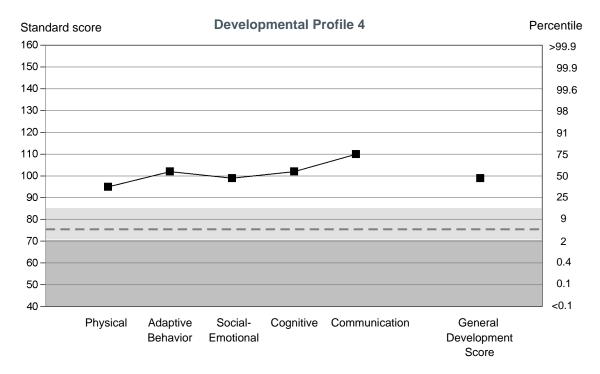


Developmental Profile 4

Gerald D. Alpern, PhD

Child's name		Child's ID	Child's age at testing			
Paul Sample		0000001	15 years 9 months			
Administration date	Report date	Clinician's name/ID				
03/25/2020	09/25/2020	V. Smith				
Parent/Caregiver's name		Relationship to child				
Colin R.		Father				

Score Summary									
Scale	Raw score	Standard score	Confidence interval (95%)	Percentile rank	Descriptive range	Age equivalent	Growth score		
Physical	36	95	87 - 103	37	Average	9:0 to 9:11	695		
Adaptive Behavior	41	102	88 - 116	55	Average	13:0 to 16:11	705		
Social-Emotional	35	99	87 - 111	47	Average	13:0 to 16:11	653		
Cognitive	42	102	88 - 116	55	Average	13:0 to 16:11	757		
Communication	34	110	97 - 123	75	Average	17:0 to 21:11	768		
General Development Score		99	87 - 111	47	Average				



Interpretive Report

Current Functioning

Results are based upon the responses given in the DP-4 Parent/Caregiver Interview. The graph on the previous page displays the current level of functioning in five areas of development as well as development as a whole. All scores were obtained by comparing scores on each scale to those of peers of a similar age. When looking at differences among scores on the five DP-4 scales, it is important to know that some variation among scores is expected. It is normal for skills in different areas to develop at somewhat different rates. Oftentimes, differences among scale scores represent normal development, rather than a reason for concern. The Scale Comparisons section of this report describes any statistically significant differences between scales.

This report contains a scale-by-scale interpretation of score results, as well as comparisons of scale scores and information regarding item analysis. Additionally, the report concludes with intervention activities for skills measured by items that received a response of "No," but are below, near, or just above the expected ability level

General Development Score

The General Development Score represents an overall summary of development, which can be useful for summary and eligibility purposes. The General Development Score revealed that, overall, development is Average compared to other children of a similar age. Although this score presents an index of general development, interpretation is more informatively conducted at the level of the content scales and items.

Scale Interpretation

Physical Scale

The Physical Scale includes items measuring gross- and fine-motor skills, coordination, strength, stamina, and flexibility. Based on the information provided, the standard score on this scale fell into the Average range. A score in this range suggests physical skills similar to those of same-age peers. There may be some strengths and weaknesses within the physical area, but overall development is typical.

Adaptive Behavior Scale

The Adaptive Behavior Scale measures age-appropriate independent functioning, which includes the ability to use current technology. On this scale, the standard score that was obtained is considered to be in the Average range. This score range indicates average abilities related to the acquisition of age-appropriate adaptive behavior. There are likely specific areas of strength and weakness within the adaptive behavior area, but functioning is generally at an adequate developmental level.

Social-Emotional Scale

The Social-Emotional Scale measures skills related to interpersonal behaviors and the demonstration of social and emotional competence. The standard score that was obtained on this scale is in the Average range and signifies typical social-emotional skills. There may be various strengths and weaknesses related to expressing needs, interacting with others, and adhering to societal norms, but overall there is sufficient development in this realm.

Cognitive Scale

The Cognitive Scale measures perception, concept development, number relations, reasoning, memory, classification, time concepts, and related mental acuity tasks. The standard score that was obtained on this scale is in the Average range, which implies an expected level of cognitive skills.

Communication Scale

The Communication Scale score reflects the ability to understand spoken and written language as well as to use both verbal and nonverbal skills to communicate. On the Communication Scale, the obtained standard score is considered to be in the Average range, compared to peers of a similar age. This score range on this scale denotes typical communication skills, with some relative strengths and weaknesses in this area.

Scale Comparisons - Standard Scores

While not necessarily representing significant differences, a child's highest and lowest scale scores give some indication of the areas of quickest and slowest development. The score on the Communication Scale was higher than scores on the four other scales, and the lowest score was obtained on the Physical Scale. Although a certain level of variation is expected among the scores on the five DP-4 scales, it is worth exploring whether or not any of these differences are statistically significant.

The presence of a statistically significant score difference suggests that the higher scale is an area of relative strength and the lower scale is one of relative weakness. Such relative abilities may provide useful information related to the child's functioning. In particular, it is often helpful to build on a child's area of strength when remediating an area of weakness. However, it is important to remember that although differences may be statistically significant, the clinician must determine whether the difference has clinical relevance for referral, diagnosis, and intervention. The following are statistically significant scale differences.

The Communication Scale is statistically significantly higher than the:

Physical Scale

Item Analysis

The following items received a response of "No" and were below the ability level for each scale. That is, based upon overall functioning on each of the five developmental scales, the following items are those that should be demonstrated at least some of the time. These items should be useful points of departure for remediation. Please see the Intervention Activities section of this report for strategies designed to address specific items.

An examination of the content of the items listed below offers important insights into individual functioning. Items that received a response of "No" on the Physical Scale could be checked to see if they suggest a specific physical condition, such as an orthopedic, strength, small- or large-muscle coordination, or stamina problem. Likewise, Adaptive Behavior items can be examined to determine if parental overprotection, lack of exposure, or limited opportunities may be playing a role. Item analysis on the Social-Emotional Scale items can aid in understanding whether internal psychological or external situational factors seem to be problematic. With the Cognitive Scale, it can be determined whether the items that received a response of "No" represent educational or intellectual problems. Finally, with the Communication Scale, an examination of items can help to determine whether the problem areas are primarily receptive or expressive, and whether they are largely visual or auditory in nature.

Physical

Fine Motor

P37. Can the child type sentences or ideas on a computer?

Adaptive Behavior

All items that were expected to receive a response of "Yes" did so on this scale.

Social-Emotional

S35. Does the child talk to peers for at least 1 hour on most days? The conversation can be on the phone, via text, social media, or the Internet, or during nonschool "hang-out" times.

Cognitive

All items that were expected to receive a response of "Yes" did so on this scale.

Communication

All items that were expected to receive a response of "Yes" did so on this scale.

End of Professional Report

You may share the following recommendations with the parent(s), caregiver(s), and/or teacher(s) to help them foster the developmental progress of the child. Intervention activities are provided for items that were expected to receive a response of "Yes" based upon the child's ability level, as well as for the first few items just above their ability level.

Intervention Activities

General Teaching Guidelines

The following suggestions are best utilized by choosing to remediate those items that the child failed unexpectedly. That is, any skill that the child cannot do that is below his or her ability level, is an appropriate skill to target for intervention. It is important to attempt remediation only on those items that are near the child's ability; any skills far above the child's level may be frustrating or overwhelming for him or her to try to learn. Furthermore, all skills should not be attempted at once—it is recommended that you work on one at time, returning periodically to previously learned skills for the purpose of practice.

Children often learn best through play, whether it's pretend play for younger children or fun, game-like environments for older ones. Adults can take advantage of this by working these activities into leisurely activities. Demonstrating or modeling skills is often a great starting point, then having the child help you or do the steps, can help in developing the child's independence with the skill. Most importantly, make sure to keep these activities positive, fun, and supportive rather than punitive or frustrating. Providing praise and celebrating even small accomplishments or improvements will keep the child motivated and willing to persevere, so start with simple tasks or steps, and progress based on the child's readiness to keep from moving too quickly.

Physical Skills

P37. Encourage the child to type sentences or ideas on a computer.

To keep the child interested in typing, encourage them to write stories or type lyrics to familiar songs.

Thinking about what to type and typing it takes a lot of brain power, so if the child is having trouble deciding what to type, give them something to copy initially. As the child's typing skills and comfort level improve, move on to having the child type their own thoughts.

Keeping the amount of typing short and gradually increasing the length will also help. Have the child begin with typing one or two words at a time, then add more until it becomes a sentence. Then put a few sentences together to make a paragraph.

Adaptive Behavior Skills

There are no suggested activities for this scale.

Social-Emotional Skills

S35. Encourage the child to talk with peers for increasingly extended periods of time.

This involves developing the two skills involved in enjoyable chatting. First encourage the child to tell a friend about some exciting event, including a bit of detail. Then teach the second critical conversational skill of asking others about themselves. The combination of telling stories about oneself and eliciting stories about others' lives allows for extended rewarding conversational skills.

If the child is not talking with peers, they should be encouraged to do so. You can gently discuss the benefits of talking to friends and suggest ways to initiate conversations.

Also, be sure to support the structure of peer time by making sure electronic devices are available so the child can call, text, or access the Internet or social media, and by providing safe places for them to spend time with peers.

Cognitive Skills

There are no suggested activities for this scale.

Communication Skills

There are no suggested activities for this scale.

End of Intervention Activities

Summary of Responses

Child's name: Paul Sample	Physical Scale		Adaptive Behavior Scale		Social-Emotional Scale		Cognitive Scale		Communication Scale	
•	1.	- (1)	1.	- (1)	1.	- (1)	1.	- (1)	1.	- (1)
Child's ID:	2.	- (1)	2.	- (1)	2.	- (1)	2.	- (1)	2.	- (1)
0000001	3.	- (1)	3.	- (1)	3.	- (1)	3.	- (1)	3.	- (1)
Administration date:	4.	- (1)	4.	- (1)	4.	- (1)	4.	- (1)	4.	- (1)
03/25/2020	5.	- (1)	5.	- (1)	5.	- (1)	5.	- (1)	5.	- (1)
Child's age at testing:	6.	- (1)	6.	- (1)	6.	- (1)	6.	- (1)	6.	- (1)
15 years 9 months	7.	- (1)	7.	- (1)	7.	- (1)	7.	- (1)	7.	- (1)
-	8.	- (1)	8.	- (1)	8.	- (1)	8.	- (1)	8.	- (1)
Report date: 09/25/2020	9.	- (1)	9.	- (1)	9.	- (1)	9.	- (1)	9.	- (1)
09/23/2020	10.	- (1)	10.	- (1)	10.	- (1)	10.	- (1)	10.	- (1)
Clinician's name/ID:	11.	- (1)	11.	- (1)	11.	- (1)	11.	- (1)	11.	- (1)
V. Smith	12.	- (1)	12.	- (1)	12.	- (1)	12.	- (1)	12.	- (1)
D1/O	13.	- (1)	13.	- (1)	13.	- (1)	13.	- (1)	13.	- (1)
Parent/Caregiver's name Colin R.	14.	- (1)	14.	- (1)	14.	- (1)	14.	- (1)	14.	- (1)
Com IX.	15.	- (1)	15.	- (1)	15.	- (1)	15.	- (1)	15.	- (1)
Relationship to child:	16.	- (1)	16.	- (1)	16.	- (1)	16.	- (1)	16.	- (1)
Father	17.	- (1)	17.	- (1)	17.	- (1)	17.	- (1)	17.	- (1)
Form name:	18.	- (1)	18.	- (1)	18.	- (1)	18.	- (1)	18.	- (1)
Parent/Caregiver Interview	19.	- (1)	19.	- (1)	19.	- (1)	19.	- (1)	19.	- (1)
	20.	- (1)	20.	- (1)	20.	- (1)	20.	- (1)	20.	- (1)
	21.	Y (1)	21.	Y (1)	21.	Y (1)	21.	Y (1)	21.	Y (1)
	22.	Y (1)	22.	Y (1)	22.	Y (1)	22.	Y (1)	22.	Y (1)
	23.	Y (1)	23.	Y (1)	23.	Y (1)	23.	Y (1)	23.	Y (1)
	24.	Y (1)	24.	Y (1)	24.	Y (1)	24.	Y (1)	24.	Y (1)
	25.	Y (1)	25.	Y (1)	25.	Y (1)	25.	Y (1)	25.	Y (1)
	26.	Y (1)	26.	Y (1)	26.	Y (1)	26.	Y (1)	26.	Y (1)
	27.	Y (1)	27.	Y (1)	27.	Y (1)	27.	Y (1)	27.	Y (1)
	28.	Y (1)	28.	Y (1)	28.	Y (1)	28.	Y (1)	28.	Y (1)
	29.	Y (1)	29.	Y (1)	29.	Y (1)	29.	Y (1)	29.	Y (1)
Key:	30.	Y (1)	30.	Y (1)	30.	Y (1)	30.	Y (1)	30.	Y (1)
Y = Yes	31.	Y (1)	31.	Y (1)	31.	Y (1)	31.	Y (1)	31.	Y (1)
N = No	32.	Y (1)	32.	Y (1)	32.	Y (1)	32.	Y (1)	32.	Y (1)
- = not answered	33.	Y (1)	33.	Y (1)	33.	Y (1)	33.	Y (1)	33.	Y (1)
Note:	34.	Y (1)	34.	Y (1)	34.	Y (1)	34.	Y (1)	34.	Y (1)
Start and stop rules was applied	35.	Y (1)	35.	Y (1)	35.	N (0)	35.	Y (1)		
	36.	Y (1)	36.	Y (1)	36.	Y (1)	36.	Y (1)		
	37.	N (0)	37.	Y (1)			37.	Y (1)	1	
			38.	Y (1)			38.	Y (1)		
			39.	Y (1)	1		39.	Y (1)	1	
			40.	Y (1)	1		40.	Y (1)	1	
			41.	Y (1)			41.	Y (1)		
					ı		42.	Y (1)	1	
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End of Report