ASSOCIATION OF EDUCATIONAL THERAPISTS

CASE STUDY EXAMPLES

In order to assist you in preparing your Case Study, here are some excerpts from successful case studies. **Please remember that these are excerpts. They give very brief illustrations of how various writers described certain issues, but they do not represent the length or depth of the complete discussions.** The discussion in each case, full of specific detail, often went on for more than a page or two. An effort was made to include examples reflecting a variety of styles, points of view and issues. The first paragraph in each section summarizes briefly the purpose of the section, and it is followed by examples which give some indication of the range of possible responses.

Section I. Presenting Problem

This first section should be a brief description of the case as you first encountered it. It should tell how the case came to you and what information about the problem you had before beginning to work with the client. The reasons that this client was a candidate for educational therapy as opposed to other types of intervention may be implicit in the description, or they may be stated explicitly if there might be some question about the decision.

JH, a five-year-old male beginning kindergarten, was referred for educational therapy after a Psychoeducational evaluation. The evaluation had been prompted by JH's preschool teacher and the school director, both of whom noted some behavioral and learning difficulties. Recommendations from the evaluation included: medication for ADD, speech and language evaluation, neurological evaluation, and educational therapy.

Educational therapy emerges as the fitting intervention for A, given the intricate nature of her academic struggles and cognitive complexities. A's journey into educational therapy stems from a multifaceted understanding of her learning profile, one that requires a personalized approach tailored to her unique needs.

Throughout second grade L. struggled with the academic demands of school much as she had while in first grade. Difficulties were exhibited by her inability to produce the expected quality and quantity of work as well as by her overall passive approach to learning. While in class, she seemed physically withdrawn and unable to grasp the essence of many assignments.

MW was referred for educational therapy in the middle of her third-grade year by her classroom teacher in March 2021. This referral was based on her reading, spelling, writing, and math fluency difficulties. On school work, report cards, and quarterly informal assessments, MW was performing below grade level in each subject. Her teacher was concerned that she

demonstrated signs of a language-based reading disorder due to her low reading fluency and poor spelling skills, in which medial and ending sounds would often be missing. Her teacher believed she would benefit from systematic, explicit instruction to build her skills in word attack, encoding, and math fluency.

Section II. Background Information

This section has three parts. The first, Objective Data, gives the readers all the basic facts about the client and the case. It should be concise and clear, allowing for easy reference as the readers progress through the Case Study. The second segment provides significant factors from the client's history and family circumstances. Significance should be the guiding principle. All known details need not be included in depth; details that bear on the client's learning or the course of the case should be discussed. The final background segment should summarize the views of other professionals in regard to the client and his or her difficulties. Significant differences of opinion, if any, should be noted and discussed.

RH was born on 9/15/2014 and is currently an 11-year-old female, however the information in this case study is taken from her second and third grade years. She is biracial, and her appearance is age-appropriate, with her attire stylish and grooming neat. She has curly brown hair, is of medium stature, and she likes to wear skirts with bright- colored tops. Educational therapy began on 6/8/2022 in a one-on-one setting with consistent sessions taking place twice a week. When we began our sessions, RH was 7 years, 11 months and attending school at a private, K-12 school. M has completed over 210 hours of educational therapy services and is still in educational therapy with me, but for this case study, documentation will end on 6/25/2023 after her third-grade year.

Due to the COVID-19 pandemic, MB did not receive specific reading intervention at school, but did work with a virtual reading tutor during his first-grade school year. From my phone conversations with his tutor, the tutor noted that MB often tried to avoid or complained about reading. The tutor mentioned that she struggled to engage him in learning specific phonics patterns and reading texts at his level. However, small improvements in reading fluency were made due to this intervention and noted by his teachers during our call. This same tutor worked with MB’s siblings, including his twin, and saw a greater improvement in reading progress with them than MB.

F. lives with his biological parents, two preteen sisters, (three and four years older than F.) and one younger sister (two years younger than F.), none of whom have experienced any problems similar to F.'s. Both parents have master's degrees and teaching credentials, and work as

elementary school teachers in local public schools. When F. was seen with his family, interactions were observed to be warm, usually with an unusual amount of energetic spontaneity and joking.

At each school meeting, the overriding theme was focused on the following issues: L.'s difficulties in completing tasks, her seeming inattentiveness, her physical posture while in the classroom, her difficulty in all academic areas...and her inability to demonstrate an understanding of the main concepts presented in first grade. In private conversation, the first-grade teacher expressed frustration over what she perceived as a lack of action on the part of L.'s parents despite concrete recommendations made after the evaluation.

Section III. Assessment

This is one of the two key sections of the Case Study. It is here that the educational therapist demonstrates the use and understanding of objective assessment. Formal assessment should be presented with the full names of the tests given and the scores reported in a clear and professional manner. The rationale for the use of particular instruments or procedures should be stated. When informal testing (tasks or diagnostic teaching) is employed, the rationale for this decision should be given and the test procedures described. Please note that informal testing alone would not be sufficient to meet the requirements of this section. Furthermore, scores and descriptions are not enough. The educational therapist must also analyze the data, explaining what these objective measures tell us about the client and their learning. This section includes examples of acceptable ways of presenting test scores, and includes a brief illustration of the writer's analysis of the significance of the test results. It is vital for the BCET applicant to show how the assessment data informed the remedial plan in terms of goals and methods.

Take note of how the assessment data is presented in both a chart and within the body of the text. The following section presents specific data along with a sample discussion of the results of the data.

SAMPLE TEST RESULTS FROM FORMAL MEASURES

Dates of Evaluation 10/27/2021, 10/28/2021
Age: 9 years, 5 months
Date of Birth: 5-12-2012
Grade: 4th

Wechsler Intelligence Scale for Children-V (WISC-V)

Administered to assess M's overall intellect and to determine cognitive strengths and weaknesses.

Subtest	**Standard Score/Scaled Score**	**Percentile Rank**
Verbal Comprehension Index	SS=116	86%ile
Similarities	ScS=13	84%ile
Vocabulary	ScS = 13	84%ile
Visual Spatial Index	SS = 84	14%ile
Block Design	ScS = 10	50%ile
Visual Puzzles	ScS = 4	2%ile
Fluid Reasoning Index	SS = 72	3%ile
Matrix Reasoning	ScS = 4	2%ile
Figure Weights	ScS = 6	9%ile
Cognitive Proficiency Index	SS = 48	< 0.1%ile
Working Memory Index	SS = 67	1%ile
Digit Span	ScS = 3	1%ile
Picture Span	ScS = 5	5%ile
Processing Speed Index	SS = 45	< 0.1%ile
Coding	ScS = 1	0.1%ile
Symbol Search	ScS = 1	0.1%ile

Wechsler Individual Achievement Test-IV (WIAT-IV)

Administered to determine overall academic performance in the areas of Reading, Written Language, Mathematics, and Oral Language.

Subtest	**Standard Score**	**Percentile Rank**
Reading	SS = 89	23%ile
Pseudoword Decoding	SS = 86	18%ile
Word Reading	SS = 93	32%ile
Oral Reading Fluency	SS = 101	53%ile
Oral Reading Accuracy	SS = 101	53%ile
Oral Reading Rate	SS = 99	47%ile
Reading Comprehension	SS = 91	27%ile
Mathematics	SS = 81	10%ile
Numerical Operations	SS = 83	13%ile
Math Fluency	SS = 85	16%ile
Math Fluency-Addition	SS = 97	42%ile
Math Fluency-Subtraction	SS = 77	6%ile
Math Fluency-Multiplication	SS = 86	18%ile
Math Problem Solving	SS = 82	12%ile
Written Expression	SS = 98	45%ile
Spelling	SS = 90	25%ile
Sentence Composition	SS = 97	42%ile
Sentence Combining	SS = 102	55%ile
Sentence Building	SS = 93	32%ile

Kaufman Test of Educational Achievement-3-A (KTEA-3-A)

Administered to assess processing skills.

Subtest	Standard Score	Percentile Rank
Phonological Processing	SS = 94	34%ile
Object Naming Facility	SS = 91	27%ile
Letter Naming Facility	SS = 97	42%ile

Clinical Evaluation of Language Fundamentals-5 (CELF-5)

Administered to assess expressive and receptive language.

Subtest	Standard Score	Percentile Rank
Understanding Spoken Paragraphs	ScS = 12	75%ile
Following Directions	ScS = 7	16%ile
Formulated Sentences	ScS = 13	84%ile

Rey Complex Figure Test (RCFT)

Administered to assess visual processing skills.

Subtest	Standard Score	Percentile Rank
Copy	Raw = 11.5/36	≤ 1%ile
Time to Copy	Raw = 83	> 16%ile

Test of Everyday Attention for Children (TEACH)

Administered to assess diverse attentional capacities.

Subtest	Standard Score	Percentile Rank
Score (sustained attention)	ScS = 4	2%ile
Score DT (divided attention)	ScS = 12	75%ile

SAMPLE DISCUSSION AND INTERPRETATION OF TEST RESULTS

On the WISC-V, M performed in the high average range in Verbal Comprehension (86%ile)**.** On the Similarities subtest, M was able to describe the similarities between two words that represent a common object or concept (84%ile). On the Vocabulary subtest, M named objects and defined words that were read aloud to her (84%ile). These scores indicate that M's verbal reasoning and vocabulary are strong and likely has a solid ability to reason and solve verbal problems.

On the Visual Spatial Index of the WISC-V, M scored in the low average range (14%ile). There is a major discrepancy between the subtests in this index. On the subtest of Block Design (50%ile), she was asked to view a design and then recreate it using blocks of different colors. She scored in the average range, indicating she was able to utilize her visuomotor skills. However, she scored in the low average/borderline range in the Visual Puzzles subtest (2%ile). On this subtest, M was given a puzzle prompt, and she had to select three images to mentally combine to recreate this puzzle prompt image. Her challenge with this task suggests difficulty with visual memory, recognizing visual details, and suggests that her visual-perceptual and spatial reasoning skills are weak. These weaknesses may indicate a challenge in mental math, including addition and subtraction with regrouping.

On the Fluid Reasoning Index (3%ile), M performed in the borderline range. She scored borderline/low average. On both subtests of Matrix Reasoning (2%ile) and Figure Weights (9%ile). The Fluid Reasoning Index requires abstract thinking and novel problem-solving, in addition to inductive and quantitative reasoning. These scores may explain why M likely feels so frustrated in school when learning a new task. In addition, these challenges likely impact her ability to solve word problems, learn a new math procedure, or learn and apply new spelling rules or concepts.

On the overall Cognitive Proficiency Index, M scored in the extremely low range (<0.1%ile)**.** Her scores on the Working Memory Index (1%ile) and Processing Speed Index (<0.1%ile) were both extremely low. M demonstrated a weakness in working memory, which will likely impact her across all academic areas. Some examples of working memory challenges for M may include completing math problems or arithmetic, following multi-step directions (as indicated by her teacher), and acquiring and applying phonics rules (connecting letters with the corresponding sounds, blending them to form a word, holding that word in mind while she reads the next word). Students with dyslexia often have great challenges with working memory skills.

Her processing speed also likely impacts her ability to integrate new information, retrieve information from her memory, and perform certain tasks based on this new information. This weakness may be associated with her work output. This likely explains her frustration when given a task to complete in school. As reported by her teacher, M often shuts down when given a new task to do. Her slow processing speed, coupled with her low fluid reasoning skills, likely inhibits her ability to independently complete a new task without teacher support, resulting in anxiety surrounding her schoolwork.

On the WIAT-IV Reading test , M scored in the low average range (23%ile). On the Pseudoword Decoding subtest, M scored in the low average range (18%ile), and she scored in the average range of the Word Reading Subtest (32%ile). This discrepancy indicates that M has a deficit in decoding skills and may have difficulty in Decoding words that are unfamiliar to her. She may draw on her long term memory to read certain words but struggles to use word attack and reading rules/patterns to decode unfamiliar words.

On the WIAT-IV Math test, M scored in the low average range (10%ile). She had difficulty with Numerical Operations (13%ile), Math Fluency (16%ile), and Problem Solving (12%ile). Her challenges with working memory and fluid reasoning likely impacted her performance in this area. Therefore, I thought it would be best to address math skills because this was her greatest academic challenge. In order to set some specific goals I administered informal math assessments (Appendix E). I also contacted the psychologist to receive a detailed breakdown of the areas of performance on the formal testing. Taking the formal and informal testing together, I set a goal that M would solve math facts up to 10 with 85% accuracy.

On the CELF-5, M scored in the high average range on Understanding Spoken Paragraphs (75%ile), low average range for Following Directions (12%ile), and high average range for Formulated Sentences (84%ile). Her higher scores are consistent with her high verbal ability, and her lower score in Following Directions is consistent with her challenge in working memory, which may affect her ability to follow multi-step instructions.

When comparing the data from formal and informal testing, difficulties with pseudoword decoding were relatively consistent as a continued area of challenge, and yet her oral reading fluency was not. On informal testing, she fell below the 25%ile, but in the formal testing she was measured at performing at the average (53%ile) level. Her written expression was measured in the average range, as well as her spelling (although at the lower end of average, 25%ile). At the time of the formal evaluation, M had already been receiving consistent, twice weekly targeted instruction through educational therapy for almost 5 months, so this likely explains the discrepancies between scores.

Additional Assessment Examples

YF scored in the extremely low range on the overall Cognitive Proficiency Index (<0.1%ile) of the WISC-V. Her scores on the Working Memory Index (1%ile) and Processing Speed Index (<0.1%ile) were both extremely low. YF demonstrated a weakness in her ability to hold information in her working memory, which will likely impact her across all academic areas. Some examples of working memory challenges for YF may include completing math problems or arithmetic, following multi-step directions (as indicated by her teacher), and acquiring and applying phonics rules (connecting letters with the corresponding sounds, blending them to form a word, holding that word in mind while she reads the next word). Students with dyslexia often have great challenges with working memory skills. Her processing speed also likely dramatically affects her ability to integrate new information, retrieve information from her memory, and perform certain tasks based on this new information.

When F. was seven years old, he scored in the Average Range with a Full-Scale IQ of 104 on the WISC-III. This score, however, is quite misleading because of the highly significant difference between his Superior Verbal IQ of 125 and his Below Average Performance IQ of 81. Even these scores are misleading. In fact, F's Performance score is virtually meaningless because of extremely unusual and highly significant scatter. F.'s individual subtests scores, along with his Index scores, give a more accurate picture of his diverse abilities.

Observing F struggle with his first written language, sample disclosed, even more difficulties than did the finished product itself. F.'s left-handed pencil grip was tight and extremely awkward. Each letter was executed with laborious effort and examined for accuracy before the next was attempted. Reversals went unnoticed on the letters "d" and "z". Perceived errors were carefully erased over and over again. Although his finished product was of surprisingly good quality visually, many of his letters had been formed in ways that suggested he had taught himself letter formation. Difficulty with visual perceptual and motor skills combined with F.'s own high standards made writing a truly tortuous endeavor.

The WIAT-III (Appendix F) was used to assess and measure performance in reading, mathematics, and written expression. On the Reading test (23%ile), RS scored in the low average range. On the Pseudoword Decoding subtest (18%ile), RS scored in the low average range, and while he scored in the average range of the Word Reading subtest (32%ile), it should be noted that this score is on the lower end of average and very close to the cusp of low average. Interestingly, his Oral Reading Fluency (53%ile) was in the average range. This

discrepancy indicates that RS has a deficit in the accuracy of his decoding skills and may have difficulty in decoding words that are unfamiliar to him. He may draw on his long-term memory to read certain words but struggles to use word attack and reading rules/patterns to decode unfamiliar words. He performed in the average range for the Reading Comprehension subtest (27%ile), however, it should be noted that again this falls very close to the low average range. It may indicate that RS is utilizing most of his efforts to decode the words rather than process and comprehend what he reads. Therefore, based on weak decoding scores, I administered informal phonics testing including the PAST (Appendix D) and RS scored at 29% overall accuracy on the PAST (Appendix C). A goal that was set for decoding was to develop phonological and phonemic awareness skills that would support EJ in decoding words up to the CVC levels.

PM's verbal comprehension index (WISC 45%ile) and above average receptive vocabulary (PPVT 77%) contrasted greatly when compared to tasks that required visual motor dexterity and spatial coordination (WISC CODING 5%, VMI, 14%). Clinical observations concurred with the findings in that his drawings and writing samples evidenced poor planning, fine motor difficulties, and slow production. These factors had strong implications for the classroom where there were heavy demands for writing and copying off the board. Therefore, PM would benefit from intervention that targets handwriting and fine motor skills. To set goals, I utilized the handwriting assessment from Handwriting Without Tears (Appendix F), to determine the specific letters to begin instruction. Based on this data I set the following goal, "To form lowercase letters properly, the student will track the visual prompts, "starting at the star" and then "tracing to the moon." Every lowercase letter will be written as the visual prompts are fading. Accuracy is at 80%."

TM's (reading) scores show some degree of scatter, indicating that his overall reading and vocabulary skills were not as well orchestrated as they might be. In interpreting standardized test scores, there were a number of factors to be taken into account. First, this kind of reading task was not necessarily representative of his level of achievement when doing functional and study reading, where he would have the opportunity to preview his material and use other appropriate meaning gathering strategies. Thus, the scores may reflect his test-taking strategies more than his true reading comprehension. Also, the time constraints of the standardized testing situation often prohibit students from using such strategies as rereading materials that they feel require further study or analysis. This is particularly important when reading extended text that requires the development of a topic, theme or argument, or where the concepts are complex. Thus, TM's reading comprehension needed to be assessed in several contexts before conclusions could be drawn as to his overall level of functioning.

My clinical observations were consistent with the pattern in the Psychoeducational evaluation subtest scores which demonstrated strengths in the verbal domain (WPPSI Vocabulary 50%). However, given this score and the vocabulary he used in our sessions, it was surprising and somewhat inconsistent that his score on the PPVT was in the low average range (22%). Perhaps his attention difficulties accounted for this inconsistency.

Because I found that his counting concepts using manipulatives were adequate, I felt the low score in Arithmetic (WPPSI 5%) could be attributed to his attention difficulties and his lack of number symbol knowledge.

In light of his facility with oral language, I was surprised by Z.'s verbal scores, expecting them to be higher. Did his reported dislike of one of the examiners reduce the quality and thoroughness of his responses, especially on Similarities? Is his loquaciousness a defense against forgetting, or a cover for an inability to generate discrete language choices? Given his writing difficulties, I wish that a more in-depth language evaluation had been done to sort out the answers to these questions.

Bender drawings suggested mild immaturity, confirming that his problems with paper and pencil tasks were not simply a by-product of carelessness or under-instruction. His weakness in short term auditory memory helped explain his difficulty with sound symbol association and spelling. Long-term retrieval skills for visual and auditory information were significantly below average. These findings, which have serious implications for Z.'s ability to store, access, and manipulate academic information, underscore the importance of systematic instruction, frequent feedback, and over learning.

Section IV. Psychoeducational Interventions
It is within this section, the 2nd key section of the Case Study, that the applicant demonstrates competency in the design and execution of a remedial plan. The full plan of intervention should be laid out and then a sampling of areas of intervention (both academic and non-academic) should be discussed in detail, allowing the B applicant to give a flavor of remediation style as well as examples of strengths as a remediation specialist.
An essential skill required of educational therapists is the ability to clearly demonstrate how the remedial program supports student goals.

Academic Interventions
Due to R's speech delays, the Lindamood Bell Phonemic Sequencing Program (LiPS) was selected to lay a strong foundation in phonological awareness. With the LiPS program, R learned and relearned many sounds using a multisensory approach. She was also able to translate these

skills to phonemes and syllables, and eventually moved to sign words. While the beginning of this program had a slow start, once R had a good foundation with most phonemes and acquired fluency with non-words, she was able to maintain steady progress with the program. Our sessions covering the LiPs program also included movement breaks, self-check rubrics, and other multisensory methods to enhance engagement.

The remediation of fine motor skills involved informal tasks including cutting with “lefty” scissors, coloring increasingly detailed pictures, copying finger tapping patterns, playing pick-up-sticks, stacking blocks, and so forth…Tasks were sequenced in difficulty by starting at his ability level and working up to more complicated and challenging levels.

“Word Attack,” a vocabulary building computer program made for use on Apple IIe computers, proved valuable in many ways. I have modified this vocabulary program to display the letters “b,” “d,” “p,” and “q,” as well as various pairings of these same reversible letters. Initially F. was required only to match a specified letter from a group of four choices. Next he was required to accurately label the specified letter or pair before choosing his match. Then a visual motor component requiring speed and accuracy was added as he located the matching letter, moved a figure under it by tapping directional arrow keys with his right hand, and finally zapped it by tapping the keyboard’s “Z” key with his left hand. Transition to this level was not easy, and required teamwork at first as I moved the figure while he verbally directed me, while he controlled the zapping.

Knowing that L. had difficulty with visual sequencing, we began working with picture sequence cards. At first only simple arrangements of four scenes were used. L. would first lay out all the cards. He then verbalized why he was placing cards in a particular order. Explaining with words seemed to help him reason and aided in making the right choices.

We used a variety of visual organizers to improve expressive writing skills. One strategy used an enlarged cloud cluster or umbrella for the main concept and smaller clouds or raindrops to reflect related ideas. For example, under “dog” there might be “collie” and “shepherd.” In this way, he learned to begin with a simple main idea word, and then relate information to it. Later simple words were expanded into simple sentences, and after that, into more descriptive sentences. In time a topic sentence with two supporting sentences emerged. Thus, with the clinician’s guidance, L. wrote: “Dogs can be very helpful to humans. A collie can help herd sheep on a farm. A shepherd can be a police dog.”

It was felt that TM was an especially good candidate for learning metacognitive strategies because of his developing reasoning skills. He had shown the ability to benefit from instruction that focused on task analysis and decision making in his earlier work, and he still remembered many of the techniques. Therefore, metacognitive strategies and labels were introduced in all instructional contexts and became the language we used to approach, discuss, and complete all tasks. In the beginning the ET would model the desired cognitive operation. For example, the ET would model the process of surveying chapter title, subheads, bold faced type, graphs and tables. We would then evaluate sections of the material and make a "level of difficulty" assessment so that he would know how to allocate his attention when reading.

TM received specific training in how to identify a variety of text organization patterns, including topic/attribute, compare/contrast, sequence, cause and effect, etc…He was often asked to search and find examples of the organization patterns in sources such as the newspaper.

Our three strands of reading readiness were (1) stories, (2) visual perception activities, and (3) letter work. Under letter work, the goals were 1) learn alphabet order, 2) recognize and identify letter names, 3) start sound- symbol correlation, and 4) distinguish letters and words. (The writer then described in detail how she devised a program in each of these areas, and used the third strand, letter work, to describe specific techniques and strategies which were suited to the child's learning pattern).

I knew from Z.'s drawings that he was fascinated by airplanes and helicopters. This interest was parlayed into a matching game that was used for teaching word attack and syllabication. I had on hand a deck of cards from British Airways. The name of the plane was under each illustration. I labeled a folder "Z.'s Airlines." On the front cover I traced the outlines of six playing cards. Underneath each outline I printed the names of the six simplest, most phonetically regular airplanes in the deck. Z.'s task was to match the appropriate card to the labeled outline. What emerged, spontaneously, was Z.'s question, "But what are they called?" And so we began…I increased the difficulty by making up a new folder of more difficult airplane names. I "scooped" syllables, e.g., "air-speed", "E-liz-a-be-than," and had him trace the scoops with his finger as he read. Z. had not been able to intuit phonetic patterns with the whole language method. However, with this approach to auditory segmentation, he rapidly grasped the mechanics of syllabication.

As A. performed each step of the problem, I encouraged him to touch each number and quietly say what he was doing. For example, he would say, "Two times six is twelve. Put down the 2 and carry the 1." Although this felt slow to him, we timed his performance and he found that he

actually worked more quickly in the long run because his concentration was improved, his pace was steadier, and his work was more accurate.

After completion of each problem, A. checked his work with the calculator. It was therapeutically important for him to evaluate his own work: it conveyed the message that he was doing the work for himself and his own benefit, not to win my approval, and this in turn empowered him to take charge of his own learning and gave him a greater sense of control.

Other Psychoeducational Interventions (Non-academic)

My goals for PN in terms of compensatory strategies have been self-monitoring for self-assessment, self-advocacy, and selecting strategies to put into action. As part of self-assessment and self-monitoring, we have worked on gauging rigor and efficacy and applying "smart strategies." While working on tasks I ask PN to report on the rigor of the task and his sense of his efficacy with the task. This simple, consistent check has proven helpful for PN both in and out of sessions, as he has transferred the habit to school and other domains such as rock climbing and social situations.

M is more than a struggling student; she is a person with unique talents and interests. Her difficulties with reading have resulted in low self-esteem. It was important to emphasize to her that one of her strengths was in acquiring science knowledge. Thus, I attempted whenever possible to provide science-oriented (usually regarding animals reading materials for reading practice. I spoke with her parents about opportunities they might consider providing to acknowledge her position in the family as "resident animal expert."

One rather all-encompassing issue was that of L.'s passive approach to learning. As I became more familiar with the family as a whole, I realized that L.'s passivity went beyond the classroom and playground. Hence, my first goal was that of L. becoming a more involved responsible member of her family unit…I first found that L.'s parents would allow her to have a small pet. I then presented the idea to L. that perhaps she could "earn" a pet gerbil by demonstrating to her parents her sense of responsibility. We then devised a point system whereby L. earned points for setting the table, sorting the laundry, making her bed, and tidying her room.

Difficulty with social interaction was an area of concern. A point system was initiated as part of his educational therapy program through which R. could earn points, which he saved to cash in for small toys or free time at the end of his sessions. Points could be earned with specific behaviors including making eye contact when spoken to, staying on task, and independent task completion. Bonus points could be earned when R. succeeded in these areas without

reminders…Because of his good response and progress with this intervention. I decided to expand to both school and home. In deciding on appropriate goals, I visited his school and home to confer with the involved adults. R. was included in this process to maximize his involvement and to give him a feeling of empowerment. Behavior modification programs were then initiated at both settings.

Two areas of nonacademic interventions were selected for discussion, both focusing on client advocacy: family counseling, and liaison with classroom teachers. These areas were selected for two reasons. The first reason was that TM clearly needed to be represented by an advocate in certain family situations, and in most school situations. The second reason was that TM had not yet learned how to advocate for himself effectively, and the ET thus used school and family conferences to model good advocacy behavior that he could then learn to use on his own behalf.

Demystification of her learning profile was an important goal for GS to have in order for her to feel empowered and confident after years of frustration at school. Since GS's father has dyslexia, both her parents felt it was important to tell her about her dyslexia and ADHD diagnoses after her formal evaluation was completed. Her parents and I met to discuss a plan of how we would approach the topic with GS. Her parents would start by having a conversation with her about how her brain is wired in a way that helps her think creatively and outside the box. They would then explain that sometimes this may pose a challenge with fundamental academic skills, such as decoding, spelling, writing, and math. They emphasized that her challenges with these skills were not related to her level of intelligence, and that during her time with me we would discuss how her brain learns best and why. They also explained that her father faces the same challenges, and that she could always go to him if she needed someone to talk to.

A. seemed to be experiencing difficulties carefully observing, structuring, and revisualizing visual information. This was evident in his drawings, and he felt inadequate and embarrassed about his drawing abilities, which was leading to behavioral difficulties in art class. He and I spent a little time at the end of our sessions working on drawing. We observed objects and drew them together. As I drew, I "thought aloud" about what I was seeing in terms of the relationships of component parts, proportions, and angles of lines.

Section V. Closing Remarks

It is in this section that outcomes are discussed. Remember that progress needs to be documented, and that the same standard of reporting followed in the assessment section is appropriate here. This is also the section where the educational therapist may choose to take a step back and discuss her/his own learning, reflecting, processing, and evaluating in working with this client.

After 15 months, the following tests were administered and compared. Both assessments were completed by the same evaluator. (The writer then lists the following tests and gives the scores from both evaluations: the Woodcock Reading Mastery Test-R, the WISC-III, the VMI. A discussion of the significance of the changes or lack of changes follows. The section concludes with a discussion of the behavioral changes seen.)

It is helpful to look back and reflect upon what worked and why. Family support and involvement were clearly key to the successful outcome. (The client is having a successful year at college.) The necessary resources were dedicated generously. In addition, the approach of the ET was very congruent with the family goals and philosophy, and a great deal of trust existed. We achieved a tremendous amount of focus by consolidating all aspects of treatment with a single therapist. The metacognitive approach was very useful.

J. had started to make progress. He was transferred to the public school at the end of kindergarten, and then repeated kindergarten. J. is now in first grade and receiving occupational therapy and resource assistance within the classroom. He is progressing, however slowly. He knows the names and sounds of letters. He is starting to blend sounds into three-letter words. He can write all the letters and numbers although he still struggles with legibility. He still has a lot of work in front of him, but he is not as angry. In short, a comprehensive but flexible pattern of interventions, non-academic and academic, has resulted in a continuing progression of successes for J.

Family engagement and trust were pivotal in DK's development and our collaborative efforts. His parents were a delight to work with due to their receptiveness to feedback, commitment to understanding ADHD's intricacies, and their trust in our approach. Reflecting on our sessions, they shared three key takeaways:

1. Understanding ADHD's neuroscience reshaped their expectations.
2. Quality time with DK fostered a deeper connection.
3. Recognizing DK’s small steps towards change fortified family ties and had cascading effects to support his follow-through.

A.'s final grade report for sixth grade contained positive comments from many of his teachers, particularly his math teacher who complimented his systematic and well organized approach to written work. He ended the year with an Excellent in math, a High Satisfactory in science, and a borderline Satisfactory in the core course. In this last subject, the teacher felt that his written essays lacked sufficient elaboration and organization, although he noted progress in these areas. The teacher also reported good and relevant participation in class discussions.

HB overcame a lot of challenges, including going through a global pandemic. His team of myself, school resource specialists, psychologists, psychiatrists, other allied professionals, and his parents was an essential component of his success and perseverance in the face of obstacles. I always explain to parents in my first intake meeting that educational therapy progress is not linear, and it is expected to encounter setbacks along the way. Having a competent team makes that part easier to address when difficulties may arise. We had to implement new strategies to help address the difficulties of virtual learning and we had to restructure his motivation to perform in school.

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