

A. EXECUTIVE SUMMARY (originally labeled C.5 in RFP)

Executive Summary

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- 6. Number of Years in Operation: 16
- 7. Years Providing Similar Training/Education Services as Proposed: 16
- 8. Proposed Program For: In-School Youth Activities YES
Out-of-School Youth Activities YES

9. Budget Information Summary:

Total Budget Requested in this Proposal	
Training Cost per Participant (budget amount divided by total participants)	
Monthly Capacity	
Total Participants to be Served	

Descriptive Summary: Lifelong proposes a lead agency relationship with OED-YS and program partners to provide fee-for-service special educational and psychological services to at-risk in-school and out-of-school youth participants. We have proposed that these services be provided on a fee-for-service basis because we believe that fee-for-service agreements are more cost effective, efficient, and flexible, and because accountability is required for each dollar of reimbursement requested. Our “buyers” always know *exactly* what they are paying for each month and this is not the case for cost-reimbursement agreements. Lifelong will provide psychological/learning disability evaluation, consultation, goal-specific specialized instruction, life skills/behavioral therapy, psychotherapy, case management, and a teen treatment package. By providing integrated specialized services that compliment our partners’ academic, vocational training, and supported employment activities, Lifelong will contribute to participant success and system-wide quality service delivery.

SECTION B. PROPOSAL DESCRIPTION AND STATEMENT OF WORK

INTRODUCTION:

Nationwide, it is estimated that the prevalence of learning disabilities is 30% to 50% in the adult population living in poverty that is underemployed or unemployed (State of Kansas; Florida Office of Worker Development; National Institute for Literacy). This prevalence is similar for youth with learning disabilities and other risk factors that are disconnected from educational, social, cultural, and economic opportunities. A few statistics, compiled in 2003 by Florida's Office of Workforce Education, underscore the need for specialized expertise to serve youth at-risk:

- 51% of students receiving special education services through the public schools are identified as having learning disabilities. (Source: 23rd Annual Report to Congress, 2001)
- 35% of students with learning disabilities drop out of high school, which is twice the dropout rate of students without learning disabilities. (Source: Bridges to Practice - <http://novel.nifl.gov/nald/workplac.htm>).
- Despite the fact that many are above average in intelligence, less than 2% of high school graduates with learning disabilities attend a four-year college. (Source: National Longitudinal Transition Study)
- 29% of undergraduate students with disabilities reported having a learning disability. (Source: National Center for Education Statistics, 2000)
- 50% to 80% of students in ABE and literacy programs with low reading skills (5th to 7th grade) may have either a suspected or diagnosed learning disability. (Source: Bridges to Practice - <http://novel.nifl.gov/nald/workplac.htm>)

A part of Lifelong's mission and purpose is to identify and serve youth with disabilities who dropped out of school before their needs could be fully addressed and/or who never received appropriate special education services as children. The learning, emotional, and performance problems of these individuals do not go away as they mature; they often become adults who are seen as failures. They have significant difficulties obtaining and retaining gainful employment, and they cycle on and off public assistance. If not addressed, patterns of instability established in childhood continue into adulthood as individuals continue to slip through the cracks of service provision. When previously underserved youth are identified and referred to Lifelong, we can provide them with a thorough *evaluation* of their needs, offer them *life skills/behavioral therapy and individual psychotherapy* and *specialized instruction* to help them complete their employment and training, and prepare them to be more self-reliant through *case management*. Through *consultation*, we can educate the individuals and their service providers, instructors, and employers about their unique needs and potential. We can share our expertise about compensatory strategies, accommodations required by the Americans with Disabilities Act, and best practices for assisting adolescents and adults with cognitive, learning, and emotional challenges in the hopes that other professionals can apply what they learn from us to

their future clients. Our comprehensive and integrated approach is well-suited to achieving the broader “academy” goals of preparing youth participants to have the necessary soft and hard skills to enter full-time unsubsidized employment or to enter postsecondary educational or vocational programs that provide certificate and degree training in energy, healthcare, aerospace, bioscience, business services, information technology, and skilled construction trades.

B.2 SCOPE AND DESCRIPTION OF PROPOSED SERVICES:

We hope to be selected as the lead agency to provide counseling, evaluation, case management, and special education services to in-school and out-of-school youth participating in OED’s WIA Youth Services (OED-YS). The proposed integrated services are intended for a minimum of 143 in-school or out-of-school youth whose cognitive limitations, linguistic and cultural differences, and functional limitations negatively affect their potential for success. Our specialized services are intended to help youth participants with disabilities to develop realistic self-perceptions about their strengths and limitations, develop realistic and attainable work and life goals, and improve their self-sufficiency, self-advocacy, coping, and compensatory skills. All of our services described in this section compliment and reinforce other programs and activities provided by the partner organizations. Lifelong services can be provided as stand-alone comprehensive services for youth with multiple challenges, concurrently with appropriate partner organizations, or built into an in-school youth’s Individual Service Strategy (ISS) plan as part of a special education component. The Teen Treatment Package option (an outgrowth of our work with at-risk TANF teen mothers on behalf of OED-Workforce Development) is an example of how we can combine comprehensive intensive specialized services for youth participants with the greatest need.

- ❖ **Psychological Evaluation and Consultation**
- ❖ **Goal-Specific Specialized Instruction**
- ❖ **Life Skills/Behavioral Therapy, Psychotherapy, and Case Management**
- ❖ **Teen Treatment Package: Specialized Instructional, Case Management, and Individual/Group Counseling**

As a new proposer unfamiliar with the effectiveness of the existing OED-YS delivery system, Lifelong can only anticipate possible service gaps based on our research and experience with high-risk youth with and without disabilities. Adding all or some of the following specialized services to the OED-YS Program will address unmet participant and program needs and contribute to the attainment of the goals established in the “Shared Youth Vision.” (See Scope of Services flow chart in Attachment D.1.)

Psychological Evaluation and Consultation

Psychological Evaluation: All evaluations at this level are produced by licensed clinical psychologists with expertise in identifying and treating youth and adults with emotional, learning, and developmental issues. Youth referred for identification and evaluation of issues contributing to their academic, vocational training, or employment difficulties are administered

full measures of cognitive ability, academic skill development, and psychosocial functioning. Review of previous records and sources of information are combined with present test and behavioral data to produce an evaluation report that details limitations and needs, and that offers diagnoses and specific recommendations relevant to the individual including appropriate accommodations for the classroom or workplace. Measures selected might include an AD/HD scale, in-depth, formal interviews and mental status examination, the Minnesota Multiphasic Personality Inventory, an adaptive behavior scale, either the Wechsler Adult Intelligence Scale-Fourth Edition or the Wechsler Intelligence Scale for Children Fourth Edition, and the Woodcock-Johnson Psycho-Educational Battery, Third Edition. (See sample Psychological Evaluations in Attachment D.2.)

Psychological/learning disability testing of this type requires that the psychologist spend four to eight hours administering, scoring, and writing a report with recommendations. Our psychological evaluations detail background history and identify levels of cognitive ability, emotional functioning, academic skills and aptitudes, and vocational interests. The report facilitates planning so that appropriate educational, career, vocational training or on-the-job training choices can be made. Our psychological evaluations are intended to provide a realistic and comprehensive picture of a client's potential, and the report describes findings in clear, easy-to-understand language, making the evaluation data a useful tool for primary providers. The information and recommendations included should result in substantial changes in treatment planning by case managers, facilitate and support appropriate applications for alternative and additional sources of support (e.g., SSI/SSDI, Denver Options, Inc.), and constitute sufficient documentation of disability (when applicable) for requests for testing, classroom, training, and worksite accommodation.

Consultation: Lifelong provides consultation to primary providers to help them to understand and then integrate information about their clients into future plans. The National Council on Disabilities recently underscored the need for effective consultation regarding youth with learning disabilities when they pointed out that “many child-serving professionals have little understanding of how cognitive and other disabilities affect behavior.” It is hoped that, with consultation from Lifelong's specialists, the youth's ISS program case manager and program partners can better understand the nature of the youth's needs and what they mean in educational or training settings. Helping our partners to understand one youth participant's needs, cognitive and emotional functioning, and barriers to success allows them to build upon that understanding when they work with future participants. The discussion of the results of a psychological evaluation within the context of program participation helps to clarify issues and identify optimal matches between participant abilities and other programs and sources of support. Effective consultation helps service providers guide the youth toward realistic and attainable employment and training goals. Better understanding of the youth, a better match between the youth's abilities and goals, and the development of an appropriate ISS plan all help to increase the potential for positive outcomes. In the same way that our direct contact with participants is meant to empower them and move them toward self-sufficiency, disability consultation with program partners is intended to empower them and prepare them to interact with their participants with disabilities more positively. We like to meet with our service delivery partners in person and with the youth participant present, but when a program partner prefers, we can conduct consultations by telephone, in conference calls, and by email.

Goal-Specific Specialized Instruction

We provide specialized instruction in English and in Spanish to adolescents and adults with mild to moderate learning and developmental disabilities, borderline intellectual abilities (i.e., “slower learners”), attention deficit/hyperactivity disorder, and many other emotional and behavioral difficulties that affect learning and retention. We provide workplace literacy to slower learners and to participants who are refugees with cognitive and mental health difficulties that affect their ability to learn English and adapt to American work and social customs. We have established ourselves as providers of quality special education services outside of the public school systems. Including a special education component in the OED-YS Program may help to reverse the “high school graduation crisis” in which slightly less than 50% of students complete high school with a diploma and graduate in the Denver County School District” (Swanson, 2008, *Cities in Crisis: A Special Analytic Report on High School Graduation*). We can help youth with learning disabilities return to high school or complete their GED’s so they can pursue post-secondary education, vocational training, or employment opportunities. We can help youth with more significant cognitive and life barriers access appropriate work experiences that will prepare them for full-time employment. It is important to note that we follow no cookie cutter, one-size-fits-all curriculum; all our participants have individualized educational or vocational plans and our methods vary according to the needs identified. Following are some examples of how we can customize instructional services to meet the needs of the hardest-to-serve youth:

Specialized GED Instruction for Compensatory Strategies, Accommodations, Testing Strategies, and Targeted Subtest Content: Youth with learning disabilities, attention problems, and/or mental health problems who are unsuccessful in traditional GED labs are targeted by our specialized GED instruction. At typical GED sites, staff and volunteers sometimes make inappropriate instructional decisions because they lack expertise in cognitive, learning, and mental health disorders. The causes of poor performance in individuals with hidden disabilities are often misjudged and may result in ineffective instruction and unnecessary delays in completing the GED or in redirecting the participant into more appropriate vocational activities. Lifelong specialists analyze psychological evaluation data, assess the client’s strengths and motivation, determine and request appropriate test accommodations, and develop the most expeditious instructional plan for completing a GED. Recommendations for alternatives to the GED are also made if it does not appear that the youth can achieve this goal within a reasonable time frame. Once an individualized ISS plan is created, we provide specialized instruction in compensatory strategies, approved test accommodations, and targeted skill development math, writing, and reading comprehension. (See sample outline on page 19 in Section B.16.)

Goal-Specific Specialized Instruction to Supplement Regular or Special Educational Programming: Help with homework assignments in secondary school or training programs can make the difference between success and failure for youth with learning problems and little/no access to outside-of-school support. Positive academic role models and genuine sources of learning assistance at home are scarce in the homes of at-risk adolescents. Providing them with a safe place to come and get the help they need for their assignments can change a negative outlook on education to a more positive one. Lifelong’s specialists are available every afternoon by appointment or during scheduled open learning lab hours.

Goal-Specific Specialized Instruction for Academic or Vocational Content Areas:

Assuming the youth is otherwise qualified to be in the vocational or academic program, the combination of Lifelong’s specialized instruction and the training provided by the vocational/academic instructors can result in significantly improved performance. We have provided specialized post-secondary instruction in academic and vocational-technical content to clients in a variety of certificate and two-year programs in the community college system, at Emily Griffith Opportunity School, and at vocational training sites (e.g., CWEE, Mi Casa).

Goal-Specific Specialized Instruction for Job-Related Examinations or Vocational Credentials: Participants who need to pass certification tests before they can be licensed and hired often need help with test preparation and with arranging test accommodations if they are eligible to request them. These individuals require short-term, intensive instruction in technical or advanced academic content, test-taking strategies, time-management, stress-reduction techniques, and strategies for using approved accommodations. We have helped students pass professional, technical, and civil service examinations such as the Work Keys Competencies, the Certified Nursing Assistant (C.N.A.) exam, Commercial Driver’s License (C.D.L.) exam, the MCAT and LSAT, the Microsoft Certification exam, the Building Inspector’s exam, the Police Officer/Fireman exam, the CDOT Flagger exam, and the P.L.A.C.E. teacher certification exam.

Goal-Specific Workplace Literacy and Basic Academic Skills for Youth with Disabilities, Limited English Proficiency, or Developmental Delays: Youth with academic skills below the sixth grade level may lack exposure to educational opportunities, have language-based learning disabilities, cognitive limitations, mental illness, and/or limited English proficiency. Our approach for these youth is to strengthen job-specific reading, writing, speaking, listening, math, and communication skills so they can enroll in training programs or be hired for entry-level jobs that require basic literacy. Although some of these individuals might qualify for classroom, test, and work accommodations because of their disabilities, they still need to comprehend written and visual training materials and demonstrate minimally acceptable levels of literacy to perform their work in the real world.

Regardless of individual goals and content emphases, goal-specific specialized instruction is beneficial for participants who have the cognitive ability to achieve their goals, but are on the verge of failing because they are not receiving appropriate instructional support. In collaboration with the youth participants’ other educational and employment partners, Lifelong specialists devise teaching, training, and job coaching/retention strategies that match their individual learning styles and incorporate appropriate accommodations and compensatory strategies. Regular, informal progress reviews with each participant defines progress-to-date; if original goals cannot be met, more realistic goals are set. Strengthening problem-solving, critical thinking and self-advocacy skills during specialized instruction processes helps participants to become more independent learners and workers.

Life Skills/Behavioral Therapy, Psychotherapy, and Case Management

The incidence of depression among teenagers is growing and it was recently recommended by the United States Preventive Services Task Force (USPSTF) that all teens be screened for major depression (March 2009). The latest publication of the USPSTF recommended screening adolescents between the ages of 12 and 18 for “major depressive

disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.” Among at-risk youth, it is expected that the incidence of depression is higher than in the general population and the need for Lifelong’s proposed life skills/behavioral therapy and psychotherapeutic services is clear. Disconnected youth have a higher incidence of learning and developmental disorders, involvement in gangs, and legal problems or incarceration. They are more likely to be homeless, and may lack essential social or life skills. Over the past 16 years, our therapists have worked extensively with youth classified as the hardest-to-serve in the Denver Metro area and we would like to be considered the lead agency for providing counseling and case management services for OED-YS.

Life Skills/Behavioral Therapy: Life skills training and behavioral therapy focus on participants, identified via psychological evaluation, as having cognitive limitations and/or developmental delays. This sub-population is at greater risk than other populations because of their history of and penchant for poor decision-making and problem solving. Traditional psychotherapy is not effective with these clients because they tend to have underdeveloped verbal cognitive abilities that cause many of their problems. It is more effective to use a behavioral approach that emphasizes here-and-now events and problems. *Demonstrating* how to interact with others appropriately, *showing* how to be a better parent, and *supervising practice* of interpersonal skills in real-life situations are examples of behavioral techniques used for teaching life skills. With the therapist, the client processes emotional experiences while they are fresh in mind, easily identifiable, and solvable.

“Talk” therapies or techniques that assume average or better intellectual abilities do not work well with people who have learning problems or developmental disabilities. Alternative approaches to therapy that incorporate and emphasize concrete and hands-on activities are most effective for these clients. Therapists without training in disability issues often fail to achieve their therapeutic objectives because mismatched techniques lead to failed therapeutic relationships and perceived noncompliance on the part of the client. Asking an individual with a learning disability to write in a journal would be inappropriate, for example, as the person would be likely to resist this activity and be considered “noncompliant.” Asking a person who has a developmental disability to generalize new learning from the therapy session to the home environment would not be realistic. Uninformed or untrained therapists perceive the client as noncompliant—in reality, it is the therapeutic approach that has failed, not the client.

Individual Psychotherapy: Lifelong therapists approach teenagers from a client centered, strengths-based perspective. As disconnected teenagers are more likely to experience sexual assault, domestic and community violence, poverty, and homelessness, this population presents certain challenges. These issues coupled with the normal challenges that teenagers face such as peer pressure, pregnancy, poor body image, poor parental relationships, and dating, can be particularly difficult for them to manage without support. We incorporate an anti-violence component into therapeutic goals to teach social skills, problem-solving, empathy, impulse control and anger management. We target social and problem solving skill deficits that put teenagers at risk for violence and substance abuse, school failure, gang involvement, depression, and other mental health conditions. Our therapists work to improve decision-making and enhance the teen’s understanding of cause and effect. Therapy may also focus on healing from past traumatic experiences and identifying how these experiences can affect current relationships

and problems. The therapist's goal for working with a youth participant is to foster independence and build on existing strengths so that the youth develops the skills necessary to be an active and positive member of the community as s/he moves into adulthood.

Case Management: All ongoing participants in Lifelong's youth services will be assigned a case manager to follow and track their progress, act as a resource and role model, and help to keep the participant involved. Lifelong can also collaborate with other programs to provide case management services at their sites. People with hidden disabilities probably form the largest and most diverse subgroup among at-risk youth. Because of their limitations (and strengths), the needs of individuals with disabilities are often misunderstood by those working with them. Lifelong's case management services will help identify the estimated 50% of participating youth who have learning or developmental issues and refer them for further needs assessment and determination of their needs and potential supports (i.e., accommodation, advocacy, evaluation, referrals to longer-term support agencies such as Denver Options or Mental Health Corporation of Denver). Youth with severe disabilities who should be steered toward assistance in obtaining SSI will be identified more readily and those who are unlikely to be approved for SSI can be tracked and helped toward more feasible goals. The Lifelong case manager will have contacts at least every-other week with the participant at Lifelong, at the participant's home, at school or at the workplace/training site up to twelve months after program completion. The case manager will help remove barriers as they arise and identify appropriate supports and accommodations necessary from other program partners. If failure does occur, rather than falling backward into inactivity and noncompliance, we want to be sure that a youth participant falls forward as s/he gains momentum and learns from this situation.

Teen Treatment Package: Specialized Instructional, Case Management, and Individual/Group Therapy

In 2008, OED-WD asked Lifelong to pilot a program for TANF teen parents with histories of non-compliance and failure in other programs. According to OED-WD, Lifelong succeeded with the teen parents "beyond expectations." Why did Lifelong succeed when other providers did not? We believe that our expertise and comprehensive treatment approach made the difference with these at-risk youth, and Lifelong's teen treatment package for the OED-YS initiative is based on philosophy, structure, and service components we developed in our successful teen parent program.

The teen treatment package is intended for youth participants who exhibit non-compliance in other programs and performance/learning difficulties. The problems experienced by these teens may result from immaturity, behavioral problems, or significant knowledge and academic gaps. Their failure to benefit from educational opportunities in middle school and high school can be also due to due to poor attendance, conduct problems, expulsion, lack of parental and family support, and inappropriate responses to peer pressure. The participant's underlying behavioral, mental health, learning, and cognitive issues that interfered with secondary school completion still affect them and cause them to avoid engagement in their current education and training activities. Our comprehensive teen treatment package includes:

- (1) Psycho-educational screening/assessment to determine appropriate instructional levels and to identify potential barriers to be addressed by therapists and instructors;
- (2) Age-appropriate, content-relevant specialized instruction (typically content and compensatory strategies for GED preparation, standardized testing for certification, or academic and skills development to support high school credit recovery or to support post-secondary program retention);
- (2) Case management services that guide youth in their efforts to develop better life skills and to manage and reduce the day-to-day “crises” that impact their success; and
- (3) Individual and group counseling to address the core developmental, behavioral, and emotional issues that contribute to the inability to succeed in school, personal goals, or first attempts at employment.

The teen treatment package is structured as an intensive 20 to 25 hour per week experience that integrates specialized instruction, case management (averaging two to four hours per month per participant), and both individual and group counseling services. Within the first two weeks of entry into the program, Lifelong assesses the participant’s academic skill levels, identifies barriers impeding success, and devises an individualized plan with the full participation of the participant.

Instructional goals and activities may include studying for the GED, developing math, writing, and reading comprehension for vocational settings or to meet entry requirements for post-secondary programs. Some participants may need to improve their workplace and job readiness literacy skills, beginning with how to read and fill out job applications. Other participants, who are unable to attain a GED due to cognitive limitations or who already have a high school diploma but fall below basic literacy levels for entry-level jobs, may focus on job-specific academic skill improvement.

Case management activities provide opportunities to model, structure, and teach adolescents effective life skills that help them to identify and access resources and services that they need. On-site individual counseling is provided to all youth participants twice monthly. Weekly participation in a modular group counseling session (i.e., each session is independent from the previous and subsequent sessions) with one of Lifelong’s therapists is required. Structured groups concentrate on developing maturity, self-esteem, and effective problem-solving strategies. The focus that underlies the therapeutic goals in each facilitated group session include taking responsibility for themselves, understanding their roles at home, in the community, and at work, and setting appropriate boundaries with others. (See sample of a Structured Modular Group Counseling Experience in Attachment D.3).

B.4 TARGET POPULATION:

Describe the target population(s) to be served by the program and your experience in working with the selected target population(s).

Lifelong Adult Education Services, Inc. has provided a comprehensive program of special educational and psychological services for adults and adolescents in the Denver area since 1993. (See Certificate of Good Standing in Attachment D.4.) Our services provide a foundation from which many of our clients experience their first successes in education, vocational training, and employment. Our services would be appropriate for both in-school and out-of-school participants and we have resources available to all age groups targeted by WIA.

Few agencies in the Denver area have as much experience working with people who have learning, emotional, and performance problems as Lifelong has. The Director of Psychological Services at Lifelong, who is licensed as both a school and a clinical psychologist, has specialized in serving adolescents and adults with learning problems since 1985, and the Director of Education and Training Services has been serving special populations since 1986. The Director of Counseling Services has been at Lifelong for more than ten years, and has been a specialist in developmental disabilities since 1995. Since 1999, we have conducted more than 1500 psychological evaluations of TANF clients in the metro area, the majority of which were for people between the ages of 16 and 24. Over the last decade, we have provided nearly 30,000 hours of specialized instructional services to the hardest-to-serve participants of TANF, Works, and Colorado Division of Vocational Rehabilitation programs at our site in the Lincoln Park neighborhood, at vocational training sites, and at client workplaces. Additionally, as a Core Service Provider for the Family and Children's Division at the Denver Department of Human Services, we regularly provide court-ordered psychological evaluations, counseling, and in-home individual and family therapy to parents and children with developmental and learning disabilities. Since 1993, Lifelong has provided clients with disabilities referred by the Colorado Division of Vocational Rehabilitation with evaluations, psychotherapy, and career counseling.

Our referrals come from a wide variety of other sources, too. In addition to the social services and county Colorado Works programs mentioned above, public and private disability service providers including the Community Centered Boards (e.g., Denver Options, Inc., Imagine!, and Developmental Pathways) regularly send their clients to us. Post-secondary institutions such as The University of Denver, The University of Colorado, and the Community College of Denver regularly refer their students to us. Private clients from Colorado and surrounding states refer themselves to Lifelong for assistance with employment, vocational training, or educational issues, and corporate and institutional clients have taken advantage of our consultation and evaluation services. Private business concerns with in-house literacy and training programs (e.g., Lucent Technologies), and national organizations that need assistance with their disability documentation and/or their development of disability policy (e.g., the National Board of Chiropractic Examiners) have frequently taken advantage of our disability expertise.

Lifelong only employs qualified specialists. (See Disclosure Statement in Attachment D.5.) We do not, as a rule, believe that interns have sufficient experience to work with our very complicated and challenging clients. Our licensed therapists have knowledge about developmental, sensory, and learning disabilities which makes them more effective with at-risk populations. Our licensed school and clinical psychologists are highly valued for their experience in evaluating needs, characteristics, and potential for work. Our learning specialists have ample experience working with adolescents and adults with diverse special needs and are

knowledgeable about classroom, testing, and workplace accommodations under the Americans with Disabilities and Rehabilitation Acts.

Lifelong is uniquely qualified to support the “Shared Youth Vision” set forth in the OED-YS request for proposals. We seek a primary contractor relationship with OED-YS to support at least 143 of the projected 476 youth participants in the 2009-2010 program who need the greatest level of specialized support and to support the partner organizations serving them. In this capacity, Lifelong can be flexible and responsive in the provision of special education, case management, psychological evaluation, and counseling services to eligible youth. We would like to provide these services to “in-school” youth seeking a GED credential, “in-school” youth at risk of dropping out of their high school programs, and “out-of-school” youth not currently being served through a public school system. While OED-YS may also opt for an ‘a la carte’ selection of our services, choosing a primary contractor relationship with Lifelong will have a greater positive impact.

B.5 PARTICIPANT OUTREACH, RECRUITMENT, AND JOB DEVELOPMENT:

How will the organization conduct participant outreach and recruitment strategies and job development designed to assure full program participation throughout the contract period? Give examples of your competency and experience in conducting outreach and recruitment.

Lifelong is well-connected in the metro Denver service delivery system that serves at-risk children, families, and adults, so we have several ways to identify and recruit eligible youth participants. We can also collaborate with and make appropriate referrals to our OED-YS partners, especially when our partners understand that our services compliment and strengthen, rather than compete with, their program objectives and performance measures. Our outreach, marketing, and recruitment strategies involve communicating with (1) current service providers and systems that have access to eligible youth and (2) established agencies, institutions, and community-based organizations. Upon our selection as an OED-YS lead agency for specialized support services, we will immediately be in contact with other OED-YS providers to begin learning about their programs and educating them on how their participants can easily access our services.

Presently we are contracted to provide our services to high-risk clients with multiple barriers participating in the Denver and Jefferson County Departments of Human Services Child Protection Units, the Denver and Jefferson County Works Divisions/ TANF Programs, and the Colorado Division of Vocational Rehabilitation. We will encourage our adult program participants and their service providers to identify potential teenage children, younger siblings, and youth in their extended families that are eligible for OED-YS services. We will work closely with post-secondary academic and vocational-technical training programs that serve low income participants in the targeted groups to seek out eligible youth. Through our current collaborations with post-secondary institutions such as the Community College of Denver and Emily Griffith Opportunity School, we can develop integrated ISS plans for in-school and out-of-school youth who can benefit from formal academic and vocational-technical training programs. Lifelong will also continue our collaboration with work-experience programs in the Denver Metro area including the Colorado Division of Vocational Rehabilitation Services,

Shalom Industries, the Women's Bean Project, Bayaud Industries, Denver Options, Inc., and CWEE. (See letters of support in Attachment D.6.)

B.6 CASE MANAGEMENT:

Describe how the basic skills development, supported employment experiences, and other core services (B.8 through B.15 below) will be delivered in an integrated manner to program participants? Explain how each participating youth will have ongoing and direct contact with a staff person who serves as that person's advocate, progress monitor, and problem-solver as the elements of service reflected in their service plan are delivered during their participation.

Each participant in ongoing services at Lifelong (this excludes those referred just for psychological evaluation or just for counseling) is assigned a case manager. Our case managers will advocate for the participant, monitor and track his/her progress and participation in Lifelong services and partner programs, and facilitate access to appropriate supportive services. The Lifelong case managers will help the participants identify obstacles that interfere with goal attainment, locate and use appropriate supports, and follow his/her ISS plan effectively. Whenever it is possible and feasible, parents or significant others will be included in planning and implementation of the ISS. As part of the case management process, the participant and the case manager will review and adjust the participant's ISS plan, discuss the participant's activities and experiences that promote employability, leadership, and social skills, assess progress towards meeting personal and family stability needs, and identify strategies to remove barriers that impede success. Our case managers will have contact with the participant at Lifelong, at school, at the participant's home, or at the workplace to assess functioning and possible barriers to success. Our case managers will help the participants learn to integrate the components in their ISS plans and understand how each component contributes to their overall personal, academic, and vocational development. Lifelong's case management will increase participant outcomes, allow for greater coordination among providers serving the participant, and help the participant effectively engage in and succeed in the services and activities in his/her ISS plan.

B.7 ASSESSMENT PROCESS:

Explain the processes that will be used to assess the academic skill level, career interests, job readiness, and other individual factors that might impact a youth's potential for success in the program.

Initial information gathering and assessment of participant skills and history is very important in Lifelong's development of an individualized ISS plan for each participant. In our view, success depends on appropriate planning, and appropriate planning depends on the quality of information that is available for each participant. Previous school records and IEP's will be requested for most participants. In cases where information is incomplete or unavailable, Lifelong will refer for a full psychological/learning disability evaluation. We may request additional historical and clinical records from other sources (e.g., hospitals, therapists, etc.). This formal evaluation process provides information on the participant's cognitive potential and weaknesses, mental health functioning, current academic skills, job readiness, career interests/aptitudes, and situational factors that affect success. (See description of psychological evaluation service on page 4 of Section B.2 and sample evaluations in Attachment D.2.) For

participants with previous evaluation information and diagnoses from their public schools, Lifelong can determine whether additional measures should be administered to provide a complete, current, and developmentally valid cognitive and learning profile. Career inventories and other client information made available through OED-YS and program partners will be incorporated into recommendations for next steps and ISS plans. Participants in the Teen Treatment Package will undergo a psycho-educational screening (in-depth clinical interview and administration of Woodcock-Johnson III Tests of Achievement) at the time of their intake to identify strengths, difficulties, and barriers to success.

B.8 ISS DEVELOPMENT:

Explain your method for ensuring that each participating youth has a written ISS to guide the development and implementation of their academic course of study, employment experiences, case management needs, etc. during program participation. Explain how the assessment results will be utilized by case managers during the completion of an ISS for each participating youth to specifically define their interests, goals and support needs during participation.

ISS plans developed for all participants in Lifelong’s programming are driven by assessment data and evaluations. The first step in developing a plan is to obtain assessment data as described in the last section (B.7: Assessment Process). Shortly after a participant begins specialized instruction, the teen treatment package, and/or counseling services, we develop with the participant an individualized strengths-based written plan which gets refined as additional background records and evaluation data become available. Long term goals for basic skills, work readiness, and occupational skills, and short-term objectives that support the long-term goals are refined as Lifelong staff and the participant move towards goal completion. Lifelong staff helps the participant define realistic, achievable goals; when necessary, the participant is directed towards experiential work training and away from secondary or post-secondary academic goals if these goals appear unrealistic given the available assessment data. The ISS will identify goals, support services, possible resources, and outcome measures for each of the youth development elements in the “Shared Youth Vision.” The participant and the case manager will remove confidential or sensitive information contained in the ISS before releasing it to another provider. Used effectively, the ISS can help to gauge short-term progress, unanticipated barriers to success, and appropriateness of academic, work readiness, and employment/career goals. Lifelong staff and the client will make necessary adjustments in the day-to-day and longer term processes and activities used to attain goals. The ISS is a tangible tool that holds the client and provider accountable to goal completion and identification of factors that facilitate or interfere with success.

B.9 BASIC SKILL DEVELOPMENT:

Describe your method for ensuring measurable development of the basic skills of youth in your proposed program – some of whom may be those deemed to be learning disabled. Such development should lead to a recognized credential and utilize an academy approach. Include information regarding instructional/classroom design and hours of instruction, as appropriate.

Measurable development and performance outcomes are directly linked to the referral reason, the needs assessment for specialized instruction, and the ISS goals. Successful measurable outcomes will include completing a GED, passing a state certification test to obtain a technical-professional license, completing a course with a passing grade, or graduating from an academic or vocational program. Time lines for goal completion will depend on the participant's cognitive and learning potential, learning goal(s), and content and skill gaps that affect goal attainment. The "academy approach" compliments our service provision model for special populations because it allows for maximum responsiveness to individual needs, flexibility in accessing the best training resources available in the system, the opportunity for developing the whole person potential. In some cases, such as specialized GED instruction for the hardest-to-serve youth, Lifelong may be the primary provider of academic instruction, but will work closely with program partners that provide supported employment and other developmental experiences. In other cases, Lifelong will work in conjunction with other partners providing academic and/or vocational instruction to the youth.

As specialists in learning and developmental disabilities and high risk populations in general, our methods are research driven and focused on developing compensatory skills. Lifelong's specialized instruction and teen treatment packages succeed with at-risk individuals because we understand the underlying cognitive, emotional, and linguistic issues that cause learning and performance problems. Lifelong's multi-disciplinary team of learning specialists, therapists, case manager/disability specialists, and school/clinical psychologists uses psychological and psycho-educational assessment data to develop realistic ISS plans and time estimates that are based on the individual's cognitive and academic profile, emotional functioning, behavioral characteristics, and education and training goals. (See descriptions for specialized instruction and the teen treatment package in Section B.2.)

We expect that many referrals for specialized instruction or the teen treatment program will be for GED completion. Another type of referral may involve specialized support for content-specific instruction and/or test preparation for technical-professional licenses/certificates for at-risk youth struggling to complete their goals in vocational-technical training programs or post-secondary academic programs. A referral may involve supporting the academic efforts of youth in secondary special education who want to remain in public school, but who need additional after-school assistance to learn concepts and complete assignments so they can pass their courses. In each case, specialized instructional services will address specific learning, academic, and vocational training goals to enhance long-term employment and learning-to-learn skills. Attainment of these goals will be tracked and documented in their ISS plans and client files. Individualized service provision decisions and ISS development will depend on the participant's cognitive, academic, and emotional profile, needs, and employment and training goals. We will establish attainable performance goals and design tailored instructional activities to help the participant achieve the desired outcomes. If the participant is unable to achieve the stated objectives in a reasonable time, we will reassess the ISS goals with the participant and help to redirect the participant to goals that s/he can achieve.

B.10 SUPPORTED EMPLOYMENT EXPERIENCES:

Describe your method for insuring program participants are involved in and benefiting from age-appropriate supported employment experiences that are linked directly to one or

more of Denver’s emerging occupational areas, utilizing an academy approach. Include a description of how these experiences will be linked to the basic skill development approach outlined immediately above.

Some at-risk youth with disabilities and/or multiple barriers will be able to manage additional activities beyond their current high school or GED programs. Others may be ready to transition to career exploration or specific job training. Others participants who are not well suited for the classroom, may benefit from experiential on-the-job training. In such cases, Lifelong will refer to partner organizations that provide supported employment experiences. Lifelong will be available to provide disability consultation to its partners that provide work experiences to youth with hidden disabilities or provide specialized instruction to youth that are not performing satisfactorily. We will meet at the beginning of the contract cycle with all partner organizations providing supported employment experiences to (1) identify a streamlined process to refer, engage/retain, and monitor progress of youth participants in appropriate, meaningful employment experiences and (2) define a structure and menu of activities so a schedule of daily/weekly activities can be developed with each participant who wants to gain work experience and the partner(s) that match the youth’s occupational interests.

B.11 LEADERSHIP DEVELOPMENT OPPORTUNITIES:

How will you insure that program participants are provided access to leadership development opportunities?

All of our services and activities are opportunities for individuals to develop leadership, critical thinking, problem-solving, and advocacy skills. Individuals with disabilities, multiple barriers, and/or poor role models often require explicit training to learn and use positive social behaviors. Within each of the extended services we hope to provide—specialized instruction, life skills/behavioral therapy, individual psychotherapy, and the teen treatment package—participants will be taught to analyze problems, identify and weigh options and consequences, and choose good solutions. Participants will be taught how to effectively advocate for themselves and for others. Participants will practice and learn, via direct instruction and good role modeling by the Lifelong staff, how to interact and communicate appropriately with peers and adult members of the community. While participants will be taught to independently identify and access appropriate community and institutional resources that they might need, they will also be asked to identify ways that they can give back to these organizations by volunteering their time and talent. While remaining sensitive to the youth participants’ responsibilities to their families during non-school hours, we will encourage them to participate in upcoming civic, community, and peer-centered organizations and events that promote the development of leadership and personal responsibility, and positive social behavior.

B.12 SUPPORTIVE SERVICES:

Describe your method for insuring program participants are appropriately screened for and receive supportive services, as needed and suitable.

We cannot properly serve individuals if we do not know their needs. As mentioned in the B.7: Assessment Process and B.8: ISS Development sections, Lifelong makes it a priority to conduct initial formal and informal needs assessments with each new participant. When needed,

full psychological evaluation will be recommended, and during initial contacts, case managers will identify barriers to success, appropriate resources to meet needs, and strategies to access those resources. We identify needs and barriers that keep the individual from following through with much-needed services, and we request or provide supportive services as needed. We anticipate that supportive service money will be needed for academic and vocational training fees and supplies (e.g., GED test fee, learning materials, occupational clothing/equipment, monthly student pass) and medical, vision, and dental services not covered under Medicaid (if the individual is actively enrolled). Some at-risk individuals may need referrals to residential substance abuse treatment programs or to mental health services designed for chronic care cases. Some of the youth participants may be eligible for Supplemental Security Income (SSI) and we will help them learn about and apply for these benefits during case management activities. Though information is available for housing and child care services, the application process can be complex and lengthy, so we will help the individuals learn to navigate these resource systems.

B.13 ADULT MENTORING:

How will you insure that program participants are provided access to this service? Include follow up or measurement tools used to ensure this service is successful.

We see our entire program as a mentoring experience so Lifelong will supplement all mentoring services our participants are already accessing. As part of our ongoing case management, the Lifelong specialist will work closely with active program participants to identify goals and personal challenges that each participant has; these goals and challenges are opportunities for everyone on our staff to model effective communication and interpersonal skills. We encourage participants to resolve their problems by communicating clearly and directly with the person with whom they have a conflict (peers, adult, and family members). We will be good role models for youth with disabilities as they learn better self-advocacy skills to use in their lives (i.e., arranging appropriate disability services or requesting appropriate classroom, testing, and workplace accommodations). We will track behavioral indicators that signal greater maturity and personal confidence.

B.14 COMPREHENSIVE GUIDANCE AND COUNSELING:

Describe your method for insuring program participants are appropriately screened for and receive this service, as needed and suitable.

As mentioned in the B.7: Assessment Process and B.8: ISS Development sections, Lifelong makes it a priority to conduct initial formal and informal needs assessments with each new participant. Lifelong will identify any eligible in-school and out-of-school youth who would benefit from therapeutic services during initial interviews and case management contacts. If OED-YS selects Lifelong as the primary provider for comprehensive special education and psychological services for participants that cannot access secondary special education services, we will help other programs to devise referral guidelines and warning signs that would indicate that a referral for counseling at Lifelong should be made. (See therapeutic services in B.2).

B.15 FOLLOW-UP SERVICES:

Describe your plan for providing follow-up services to youth following program completion. Such services may include – but are not limited to – tracking the progress of

youth in employment after training, regular contact with a participant's employer, assistance in securing better paying jobs, career development and further education.

Lifelong will comply with the required 12-month follow-up services after program completion in specialized instruction, the teen treatment program, and therapeutic services. Lifelong will schedule monthly peer support sessions for former participants interested in strengthening their communication and interpersonal skills, and the weekly groups required of participants in the teen treatment package will remain open to them once they have left the program. Lifelong will attempt to make monthly/quarterly phone contact with all former participants to check in on their progress, define support services, discuss additional occupational/skill training opportunities and funding options (e.g., WIA, financial aid, employee assistance programs), and assess new barriers to personal, school, and employment success.

B.16 CURRICULA AND ASSOCIATED MATERIALS:

Provide an outline and overview of all curricula and associated materials you intend to use in this program.

There is no set instructional outline or curriculum for goal-specific specialized instruction or for specialized instruction in the teen treatment package because Lifelong customizes each individual's instructional plan. Decisions about curricula are based on the individual's cognitive and academic potential and his/her defined academic and vocational goals. For example, we use the academic or vocational instructor's assigned textbooks, training materials, learning projects, and daily homework so that the participant accomplishes his/her specific course goals. When a participant is studying for a standardized exam for licensure/certification or to satisfy an entrance requirement for school or work, we use test preparation materials that the standardized test entity recommends. It is important to keep in mind that our success does not come from the materials we use—our learners are successful because we help them understand and use concepts found in the materials and because the goals set for each participant are driven by assessment of their abilities, skills, and potential. The following sample outline for Specialized GED Instruction illustrates methodology and content decisions we might make for an individual that fits one of the typical learner profiles we have served.

**Specialized GED Instruction for an Individual with Learning Disabilities
Sample Outline**

Individual's Profile: Nineteen-year old female with Average intellectual functioning diagnosed with learning disabilities. Client has received approval from the Colorado Department of Education (CDE) to take her GED with the following accommodations: Audiocassette version to accompany the print version of the five subtests, a scribe for the Writing Skills subtest, a calculator for Part II of the Math subtest, extra time, and a private testing room.

Performance Outcome: Client will complete a GED so she can apply for financial aid and enroll in appropriate job training or postsecondary degree program in the healthcare sector.

Duration: Three months or less, based on individual's cognitive potential, current academic functioning, level of commitment and motivation, and longer-term goals beyond the GED.

Learning Materials: *Steck-Vaughn* and *Contemporary* GED preparation material, official GED practice tests, audiocassette versions of print practice tests, other commercially produced subtest-specific skill building material, and in-house-designed and adapted material.

Instructional Format: Intensive one-on-one instruction, small group instruction, self-study, test-practice, and instructor-led error analysis to develop the proficiency in the content measured by the five GED subtests. Guided practice, feedback, and fine-tuning in the use of approved GED test accommodations so that official scores reflect optimal performance.

Methodology: All instructional decisions and adjustments are based on the individual's cognitive potential, emotional functioning, current academic functioning, degree to which her academic skills can improve, point at which compensatory strategies and accommodation need to be incorporated to offset deficits, timeline for goal completion, and relationship of current goal to longer-term life goals. Theories about developmental and young adult learning processes, cognitive and information processing, compensatory and coping strategies, and "learning-how-to-learn" strategies guide our instructional decisions with this learner.

GED Subtest Concentration: The data and recommendations from this client's psychological evaluation along with direct observation of her performance in specialized instructional and testing environments have guided our decisions about the following subtest content, test-taking skills, and compensatory strategies that must be emphasized in our instructional activities:

- **Writing Skills:** This learner needs to develop her skills in (1) 'test writing on demand' for the essay portion because she experiences severe test anxiety and writer's block and (2) identifying incorrect sentence structure, grammar, and mechanics for the multiple-choice portion of this subtest because her ability to recognize errors and differentiate correct from incorrect language is impaired, and (3) learning to use a scribe as a test accommodation.
- **Math Skills:** Because of significant deficits in sequential processing, this learner needs to learn to use a calculator for basic operations and multi-step sequences and learn to track her math processes on paper so she does not forget where she is in her process. She also needs to learn (1) new math concepts (geometry and algebra) and refresh previously learned math concepts and problem-solving skills to calculate multi-step operations involving whole numbers, fractions, decimals, percents, proportions/ratios, measurement conversions, and measures of central tendency, (2) learn how to read and interpret word problem formats and math information presented in graphs, tables, and other visual representations, and (3) learn to use math formulas.
- **Social Studies and Science Subtests:** This learner needs to (1) learn vocabulary and essential concepts for each major content area of the two subtests, (2) learn map skills (i.e., differentiating shapes of continents from bodies of water, using a map legend, using longitude/latitude), and (3) learn to extract information and inferences from visual material (graphs, cartoons, diagrams).

- Language Arts, Reading (Literature/Arts): This learner needs to develop text-specific reading skills to comprehend excerpts from poems, short stories, plays, literary criticism, and ‘real-world’ documents (i.e., contract, lease agreements, employee information, medical warnings). Because she has avoided reading, she needs to learn concepts used in literary analysis (i.e., author’s point of view, character/plot development) and vocabulary used to interpret feelings, attitudes, and emotions.
- Official Simulated and Practice Subtest Exams: This learner needs to develop skills and confidence during the testing experience so she can manage her stress and anxiety. As we work with her, we will determine beneficial compensatory strategies that she can practice as she rehearses her approved accommodations.
- Instructor-led Error Analysis and Targeted Reading Comprehension: To increase awareness of subtest content and how each subtest is structured, this learner needs to analyze the nature and causes of her test errors. Error analysis will reduce the misinterpretation of content and key words, lack of global/specific comprehension, confusing or unknown vocabulary, incorrect or incomplete math sequencing/processes, underdeveloped, disorganized paragraphs or sentences for the essay) and improve performance on the official GED.

B.17 JOB DEVELOPMENT:

Describe your methodology for job development to provide youth with age-appropriate work experience and access to growth industries such as construction and skilled trades, energy, healthcare, aerospace, bioscience, business services and information technology. Include how you insure that employers and worksites are abreast of laws and regulations related to youth employment and enforcing these regulations.

For our participants that can benefit from combined activities of basic, secondary, or postsecondary academic goals and youth employment, Lifelong will coordinate with all partners contracted to provide work experiences. We will support all work readiness goals that the participant and his/her employer have defined by teaching and reinforcing a desirable work ethic and work habits (via the ‘work’ the participant does with Lifelong), effective interpersonal communication skills, and general workplace literacy skills. In certain cases, OED-YS, the program partner, and the employer may request our specialized instruction for job coaching and retention services to help a youth with good potential for success improve work performance so s/he can remain in the job. Lifelong can also provide disability-awareness and ADA consultation to OED-YS, program partners, and the employers who want to help youth with disabilities gain useful work experience and retain employment.

B.18 JOB READINESS TRAINING:

Explain how you determine job readiness training and development needs and career path options for youth. Include description of youth assessments and profiles used to assess competencies as well as training materials and programs designed to prepare youth for employment. Describe training that prepares youth for emerging industries such as construction and skilled trades, energy, healthcare, aerospace, bioscience, business services and information technology.

Our comprehensive specialized services—evaluation, consultation, specialized instruction, life skills/behavioral therapy, individual psychotherapy, and the teen treatment program—identify job readiness gaps and develop job readiness skills. Along with traditional content emphases such as career planning and decision making, job search techniques, strengths-based interviewing, positive work habits, survival/daily living skills, and a positive self image, individuals with learning problems are provided with accommodation plans they can use in the work place. Lifelong’s psychological evaluation indicates cognitive potential, developmental needs and deficits, and suitable vocational directions. Specialized instruction and the teen treatment package can be designed to teach and develop job readiness skills that the participants lack. Life skills/behavioral therapy promotes better daily living strategies, a healthy self image, and more productive compensatory and coping strategies to offset the effects of the individual’s difficulties. Our consultation service helps the professionals involved in the OED-YS system re-evaluate and improve any job readiness training materials and activities that do not achieve the desired results with hard-to-serve youth.

B.19 EVALUATION CRITERIA:

Describe the evaluation method you would use to evaluate your program outcomes. What are outcomes? How do you track and measure outcomes? Please include metrics i.e. balance score card etc. used to report program outcomes.

The very nature of our specialized services requires that we evaluate individual client progress, needs, and barriers before, during, and after each instance of service delivery. Because we monitor and track all of our clients continuously, we are able to provide up-to-the-minute client status (e.g., progress, activity follow-through, participation hours, and goal attainment) to OED-YS staff and program partners actively involved in the participant’s ISS plan and service provision. We provide monthly participant progress reports to designated case management and program staff to document progress, identify concerns, and make recommendations. The following measures will be used to evaluate our program outcomes.

Psychological Evaluation: The successful outcome of this service is the final written report generated from the analyses of test results. Case managers and partners involved in the participant’s academic, vocational training, and employment services are strongly encouraged to use the recommendations provided by psychological reports to supplement the data the normally use for planning and intervention as they assist the participant in his/her educational, career development, and employment goals contained in the ISS plan.

Consultation: The successful outcomes of consultation depend on the specific needs and goals of the individual/system requesting assistance. Because the nature of consultation involves identifying the problem, posing alternative solutions/remedies, selecting the best solution from the alternatives, implementing the solution, and revising the solution and its processes based on evaluation and feedback, Lifelong assumes that the service providers working with the youth participant will be actively engaged in the consultative process and committed to positive client outcomes. One measurable program outcome (and also a participant outcome) of our consultative service would be the total number of participants that meet/exceed the OED-YS program participation rates and age-related youth measures. Other measurable program outcome

for the consultative process would be (1) the extent to which OED-YS and program partners meet/exceed their program goals and the federal goals for this initiative and (2) the extent to which program partner service modifications helped to increase their attainment of program and participant performance measures.

Goal-specific specialized instruction: Evaluation of program outcomes for this service will depend on the referral reason and the individualized goals for specialized instruction. Examples of measures are provided as follows:

- ✓ Specialized GED instruction: At least eighty percent of participants that follow through with this service will complete their GEDs. A successful program measure will include proof of GED completion (copy of diploma, unofficial transcript), attainment of ISS goal(s), and performance data as measured by successful completion codes in Job Link.
- ✓ Specialized instruction to supplement regular/special education in secondary school or specialized instruction for post-secondary academic or vocational content areas: At least eighty percent of participants who follow through with this service will complete their high school or post-secondary courses. Program measures will include unofficial transcripts/report cards that verify passing grades, certificate/diploma of program completion, attainment of ISS goal(s), and successful completion codes and performance data in Job Link.
- ✓ Specialized workplace literacy and basic academic skills: At least eighty percent of participants who follow through with this service will increase their literacy skills by at least one grade level as measured by the Woodcock Johnson Psycho-Educational Battery, Third Edition or the Test of Adult Basic Skills (TABE). Program measures will include the before and after skill levels that demonstrate the improvement in the targeted reading, writing, or math skill, attainment of ISS goal(s), and performance data/successful completion codes in Job Link.

Life Skills/Behavioral Therapy and Individual Psychotherapy: Tangible changes and long-term benefits a participant gains from therapy are difficult to quantify or measure as are the program outcomes of therapeutic services. Our intent is produce independent, self-aware navigators of life's obstacles and we view all of life's challenges as learning and therapeutic opportunities. At least eighty percent of the participants who follow through with counseling will achieve at least two therapeutic goals defined with the therapist at the onset of therapy. All of these participants will access appropriate sources of long-term support (if needed), and in doing so, will begin to develop greater independence and self-sufficiency. A program measure will be the number of participants that follow through with this service (i.e., a high correlation between the number of referrals and participant engagement and follow-through as gauged by client log/attendance sheets). An indirect program measure will be the number of participants engaged in therapeutic services that are successfully following through with activities and services provided by partner organizations.

Case management: Specific outcomes will depend on the needs and goals of the youth participant and program partner requesting assistance. Program measures for direct and follow-

along case management services (which coincide with participant measures of success) can be evaluated by the participant's overall ability to successfully navigate the academic, vocational training, or employment environment. Tangible participant measures will include the number of participants that meet/exceed their program participation rates and achieve their academic or vocational completion goals, become and remain employed, and remove barriers that interfere with short-term and longer-term success. Program evaluation for this service will include successful activity/program completion codes in Job Link, attainment of ISS goal(s), verification of training completion, and/or success in subsequent post-secondary educational activities or employment during the 12-month follow-up case management.

Teen treatment package: Program evaluation measures for this service will be drawn from the aforementioned program measures indicated for evaluation, goal-specific specialized instruction, individual and group therapy, and case management. Measures for this service will also be guided by the referral reason and specific participant goals.

B.20 PERFORMANCE ACCOUNTABILITY:

Describe your plan for performance accountability and for measuring your agency's level of performance in accordance with the required core indicators of performance. Identify the person(s) responsible for tracking client referrals, and completing performance and participant data forms for OED-DWD.

Lifelong tries to surpass the performance goals we set, though characteristics of the hardest-to-serve population (e.g., non-compliance, behavior problems, low literacy levels, cognitive deficits that interfere with school/work success) often make it difficult to estimate activity completion and success rates. We anticipate meeting 85% of our stated youth measures, core indicators, and program performance goals. Including Lifelong in the OED-YS Program should help all providers attain or surpass the eighty percent goal of meeting participant performance outcomes. Lifelong's involvement can help to achieve successful outcomes of skill attainment rate, diploma/GED acquisition rate, and program participation and retention for youth aged 14-18. Lifelong can contribute to the successful outcomes of employment rates, employment retention rates, earning increases during employment, and credential acquisition rate for youth aged 19-21.

B.20.a Youth Measures/Core Indicators

Placement in Employment or Education

(Performance Goal: To serve 18+ individuals)

Of those who are not in post-secondary education or employment (including the military) at the date of participation:

15 of youth participants who are in employment (including the military) or enrolled in post secondary education and/or advanced training/occupational skills training in the first quarter after the exit quarter.

3 of youth participants who exit during the quarter

Attainment of a Degree or Certificate

(Performance Goal: To serve 55+ individuals)

Of those enrolled in education (at the date of participation or at any point during the program):

47 of youth participants who attain a diploma, GED, or certificate by the end of the third quarter after the exit quarter.

8 of youth participants who exit during the quarter.

Literacy and Numeracy Gains

(Performance Goal: To serve 70+ individuals)

Of those out-of-school youth who are basic skills deficient:

60 of youth participants who increase one or more functioning levels.

60 of youth participants who have completed a year in the program (i.e., one year from the date of the first youth program service) plus the **10** of youth participants who exit before completing a year in the youth program.

Monthly and quarterly, we enter and update client service information and participation hours into the Job Link tracking system used by OED. We meet with OED staff responsible for monitoring participation hours, contract compliance, and program issues. We submit quarterly reports to OED in accordance with the procedures defined for fee-for-service contractors. We constantly evaluate our program performance and initiate contact with OED program and contract staff when we have concerns or are exceeding or falling short of our performance goals.

B.20.b Persons Responsible for Tracking Referrals and Completing Performance and Participant Data Forms

Mary Costa, Director of Education/Training and Company President

mary@lifeongaes.com, 303-573-0839, ext. 105

Lifelong OED-YS Contract Administrator

Ten years experience with OED-WD and DHS MIS and Performance Accountability

Leah Lemoine, Goal-Specific Specialized Instruction and Case Management

leah@lifelongaes.com, 303-573-0839, ext. 101

OED-YS Job Link and Participation Data Management

One year with OED Job Link data management, referral participation tracking, and activity completion coding

B.21 BUDGET NARRATIVE:

C.2 FEE-FOR-SERVICE CALCULATION AND METHODOLOGY JUSTIFICATION

The following pages describe the fee-for-service rationale and methodology used to determine the fee for each proposed service. Lifelong’s 2009-2010 fee schedule is on our website and is included in Attachment D.7.

Contractor/Program: Lifelong AES, Inc.
Program Year: 2009-2010
Title Code: WIA Youth Services

Fee-For-Service Calculation and Methodology Justification

Service Category Name:	
Psychological Evaluation	\$725/evaluation
Definition of Service: Lifelong evaluation is an in-depth psychological and psycho-educational evaluation of client abilities, skills, cognitive potential, and existence of mental or emotional problems. Barriers to post-secondary or job training, placement, and retention are identified and reasonable accommodation and/or alternative courses of action are recommended. Actual selection of psychological and psycho-educational tests and test batteries depend on referral reasons and client needs revealed during testing process.	
Outcome: The outcome of this service is the final written report generated from the analyses of test results. Case managers and other service partners involved in academic and employment training services are strongly encouraged to use the recommendations provided by psychological reports to supplement the data they normally use for planning and intervention as they assist clients in their career development and employment plans.	
Descriptive Narrative of Rationale and Methodology Used to Establish the Fee: Fee of \$725.00/evaluation is based on Division of Vocational Rehabilitation limits on fees for Psychological Evaluation.	
Calculations Used to Establish Fee: None. Fees based on market analysis of fair pricing for metro Denver area.	

Contractor/Program: Lifelong AES, Inc.
Program Year: 2009-2010
Title Code: WIA Youth Services

Fee-For-Service Calculation and Methodology Justification

Service Category Name: Consultation	\$105.00 per hour
Definition of Service: <i>Consultation:</i> Lifelong disability experts provide consultation at intake, during OED-YS internal/external programs, and throughout participant's involvement Youth Services Programs to lead to timely and appropriate client decisions. Lifelong consultation is also provided to OED-YS personnel and program partners who serve youth participants with disabilities and/or psychological and emotional difficulties that may significantly interfere with subsequent academic or vocational training, employment and self-sufficiency.	
Outcome: The specific outcomes of consultation depend on the needs and goals of the individual/system requesting assistance. Because the nature of consultation involves identifying the problem, posing alternative solutions/remedies, selecting the best solution from the alternatives, implementing the solution, and revising the solution and its process based on evaluation and feedback, Lifelong assumes that the service providers working with the youth participant(s) will be actively engaged in the consultative process and committed to positive client outcomes. TANF participants with disabilities meet/exceed participation and employment goals or are redirected to employment alternatives. OED-YS staff, program partners, and other service providers meet/exceed program, agency, and federal goals for youth participation, training, and employment outcomes.	
Descriptive Narrative of Rationale and Methodology Used to Establish the Fee: Fee of \$105.00/evaluation is based on Division of Vocational Rehabilitation limits on fees for Consultation and Counseling by Master's level practitioners.	
Calculations Used to Establish Fee: None. Fees based on market analysis of fair pricing for metro Denver area.	

Fee-For-Service Calculation and Methodology Justification

<p>Service Category Name: Goal-Specific Specialized Instruction</p>	<p>\$65.00/hour</p>
<p>Definition of Service: Lifelong specialized instruction is provided to participants who, due to mild to severe learning, mental or emotional problems, (1) experience performance problems in academic or vocational development activities, job training, supported work experiences, and internship/job-related activities, or paid employment, and (2) fail to accomplish academic or vocational goals that allow them to seek jobs or job upgrades/promotion. Lifelong specialists address performance problems as defined by the participant, the clinical psychologist and therapist, the employer, job placement specialists, case managers, and other service partners. To help the participant develop his/her cognitive potential (academic, problem-solving, and critical thinking skills), Lifelong customizes instruction by devising measurable objectives, structured learning experiences and teaching strategies that match client learning style, and accommodation and compensatory strategies that strengthen processing, retention, and performance. Examples of typical requests for specialized instruction for clients who fail to satisfactorily complete their vocational goals include:</p> <ul style="list-style-type: none"> ➤ GED content, compensatory strategies, and test accommodation ➤ Content-area instruction for occupation-specific or industry sectors ➤ Job-specific literacy and communication skills ➤ Test preparation for job-related exams or vocational credentials (C.N.A. exam; C.D.L. license; Work Keys; civil service exams) ➤ Skill-building in basic skills (math, writing, reading, ESL/VESL) ➤ Cognitive/behavioral training for therapeutic work-adjustment, life-skills training, and compensatory strategies ➤ Specialized job coaching for job tasks, compensatory strategies, and modifications <p>Outcomes:</p> <ul style="list-style-type: none"> ➤ The client completes realistic, appropriate academic and vocational development goals that increase employment potential. ➤ The client redirects his/her academic or vocational goal to match his/her strengths and ability to perform work. 	
<p>Descriptive Narrative of Rationale and Methodology Used to Establish the Fee: Fee of \$65.00/hr is based on Division of Vocational Rehabilitation limits on fees for Cognitive/Learning Disability Training.</p>	
<p>Calculations Used to Establish Fee: None. Fees based on market analysis of fair pricing for metro Denver area.</p>	

Fee-For-Service Calculation and Methodology Justification

Service Category Name:	
Life Skills/Behavioral Therapy and Individual Psychotherapy	\$105.00 per hour
Definition of Service:	
<p>Lifelong life skills/behavioral therapy focus on those individuals identified via psychological evaluation as having significant limitations that impact their ability to behave and function in work setting and in society. Life skills training and behavioral therapy uses a behavioral approach that emphasizes the here-and-now events that require problem-solving. Primary goals of life skills/behavioral therapy include learning new coping skills and developing better ways of dealing with the environment. Other real-life goals include understanding and learning how to ask appropriate questions of professionals, how and why to use an appointment book, how to identify and correct basic safety issues at work and at home, how to budget, how to do grocery shopping, and how to prepare healthful meals for the children.</p> <p>Individual psychotherapy is aimed at higher-level individuals with and without disabilities and a variety of approaches to treatment is used. Individual therapy allows clients with disabilities to deal more effectively with the emotional impacts of their poverty, domestic violence, mental illness, and other physical health problems so that they can find and keep a job. Therapy that helps these individuals accept their disabling conditions, understand how these conditions might impact their performance, and acknowledge which difficulties in life are attributable to the disabling conditions versus which are the personal responsibility of the individual is vital for their future adjustment at work.</p>	
Outcome:	
<p>Our intent is to produce an independent, self-aware navigator of life's obstacles. No action is taken without full participation of the client; all of life's challenges are considered teaching and therapeutic opportunities. 100% of our clients with disabilities will attend an individualized session with a Lifelong therapist. Of those who have followed through with their therapy, 100% will access appropriate sources of long-term support (if needed), and in so doing, develop independence and self-sufficiency.</p>	
Descriptive Narrative of Rationale and Methodology Used to Establish the Fee:	
<p>Fee of \$105.00/hr is set in accordance with Division of Vocational Rehabilitation limits.</p>	
Calculations Used to Establish Fee:	
<p>None. Fees based on market analysis of fair pricing for metro Denver area.</p>	

Contractor/Program: Lifelong AES, Inc.
Program Year: 2009-2010
Title Code: WIA Youth Services

Fee-For-Service Calculation and Methodology Justification

Service Category Name: Case Management	\$65.00/hour
Definition of Service: Designated Lifelong specialists will have direct contact with and provide case management to all youth participants during their OED-YS program participation and up to twelve months after program completion. As soon as a youth participant with a disability or significant barriers is identified by the OED-YS provider system, s/he is referred to Lifelong for a needs assessment to determine needs for accommodation, advocacy, further evaluation, possible counseling referrals, and/or supportive services. The Lifelong specialist/case manager will work with participants to remove barriers that arise and to identify the appropriate supports to ensure success. Case management and tracking may be the only direct service necessary for some participants, but the Lifelong specialist will intervene, if necessary throughout the process, to recommend other services. The disability specialist will have contact with the participant at least every other week at home, at Lifelong, at the DHS site, or at the workplace or training site during service delivery.	
Outcome: Specific outcomes will depend on the needs and goals of the youth participant and program partner requesting assistance. Providing enhanced follow-along and direct case management services for youth participants with challenges and disabilities will help to ensure their successful navigation through the system and maximize participation rate, positive academic/vocational training and employment outcomes, and personal success.	
Descriptive Narrative of Rationale and Methodology Used to Establish the Fee: Fee of \$65.00/hr is set in accordance with Division of Vocational Rehabilitation limits.	
Calculations Used to Establish Fee: None. Fees based on market analysis of fair pricing for metro Denver area.	

Fee-For-Service Calculation and Methodology Justification

Service Category Name:	\$1250 per participant per month
<p>Definition of Service: The teen treatment package is for youth participants who exhibit non-compliance in other programs and/or performance and learning difficulties. These teens may experience problems because of immaturity, behavioral problems, or significant knowledge and academic gaps. They have failed to benefit from their elementary and secondary school opportunities because of poor attendance, conduct and attitude problems, expulsion, inappropriate responses to peer pressure, and lack of parental and family support. Their underlying behavioral, mental health, learning, and cognitive issues that interfered with their middle school and high school completion are still affecting them in their current academic or vocational training activities or are causing them to avoid engagement in beneficial programs. Comprehensive treatment for these issues include:</p> <ul style="list-style-type: none"> (1) Psycho-educational screening/assessment to determine appropriate instructional levels and to identify potential barriers to be addressed by therapists and instructors; (2) Age-appropriate, content-relevant specialized instruction (typically content and compensatory strategies for GED preparation, standardized testing for certification, or academic and skills development to support high school credit recovery or to support retention efforts); (2) Case management services that guide youth in their efforts to develop better life skills and to manage and reduce the day-to-day “crises” that impact their success; and (3) Individual and group counseling to address the core developmental, behavioral, and emotional issues that contribute to the inability to succeed in school, personal goals, or first attempts at employment. <p>Outcome: Specific outcomes will depend on the needs and goals of the youth participant and program partner requesting assistance. Providing enhanced follow-along and direct case management services for youth participants with challenges and disabilities will help to ensure their successful navigation through the system and maximize participation rate, positive academic/vocational training and employment outcomes, and personal success.</p>	
<p>Descriptive Narrative of Rationale and Methodology Used to Establish the Fee: Fee of \$1250.00 per person per month is set in accordance with Division of Vocational Rehabilitation limits for evaluation, therapeutic services, and cognitive/LD training.</p>	
<p>Calculations Used to Establish Fee: None. Fees based on market analysis of fair pricing for metro Denver area.</p>	

D. Program Attachments

D.1: Scope of Services Flow Chart

D.2: Sample Psychological Evaluations

- Client with Moderate Mental Retardation and Concurrent Mental Health Difficulties
- Client with Borderline Intellectual Functioning
- Client with Average Intellectual Abilities and Learning Disabilities that Wants to Complete EGOS Vocational Training Program
- Client with Average Intellectual Abilities and Learning Disabilities that Wants to Complete GED
- Bilingual Client with Average Intellectual Abilities and Learning Disabilities that Wants to Complete GED

D.3: Sample Modular Group Counseling Experience

D.4: Certificate of Good Standing in the State of Colorado

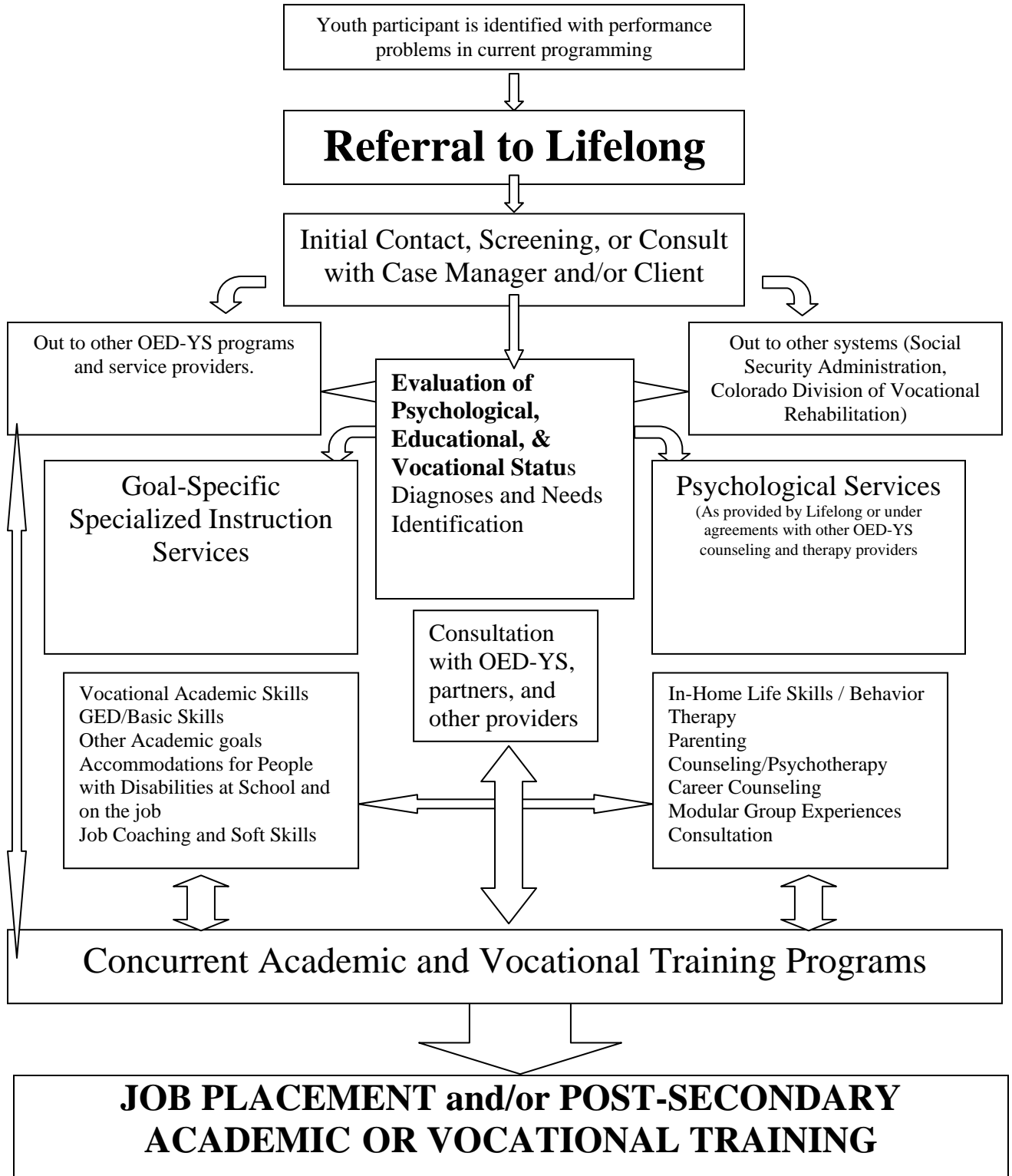
D.5: Disclosure Statement

D.6: Program Partner Letters of Support

D.7: 2009-2010 Services and Fee Schedule

Attachment D.1: Scope of Services Flow Chart

Lifelong Adult Educational Services, Inc. Service Provision Model



Attachment D.2: Sample Psychological Evaluations

- Client with Moderate Mental Retardation and Concurrent Mental Health Difficulties
- Client with Borderline Intellectual Functioning
- Client with Average Intellectual Abilities and Learning Disabilities that Wants to Complete EGOS Vocational Training Program
- Client with Average Intellectual Abilities and Learning Disabilities that Wants to Complete GED
- Bilingual Client with Average Intellectual Abilities and Learning Disabilities that Wants to Complete GED

LIFELONG

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Confidential Psychological Report

This report should not be re-released without permission from the client and should not be released to the client without permission from the author

Name: Sample Client

Social Security: XXX-XX-XXX

Age: 16

Date of Birth:

Referral Source: Case Worker

Date of Evaluation:

Referral Information: Sample was referred for evaluation of her cognitive, academic, and emotional functioning by Case Worker. Developmental disabilities were suspected by the case manager and it was hoped by Sample's mother that the results would supplement Sample's application for supplemental income from the Social Security Administration.

Background Information: Sample was born one month premature and her mother reported that she was often sick as an infant and child. She was allergic to dairy products and had numerous stomach problems. She had frequent or constant ear infections that required tube insertion, and may have some resultant residual hearing loss currently. Developmental milestones were slow to be reached and, although she was walking at around fourteen months, her speech was significantly delayed and she was not potty trained until she was four. Due to her many absences from school, she repeated kindergarten. According to records provided by her mother, Sample started seeing ghosts when she was in the sixth grade and she stopped playing outside with her friends. She did not get along well with her sister and she had developed the habit of scratching and drawing designs into her arm with a pin, chewing her clothing, and constantly fidgeting. According to the record, there were at least three instances of sexual abuse. At seven years old she was apparently taken to a neighbor's apartment and, when found by her sister, the man had no clothes on and according to Sample, wanted her to touch him. On two other occasions, Sample reported to her mother that a boy exposed himself to her. In January of 2003, Sample cut herself on the wrists with scissors following a fight with her sister and her mother called Jefferson Center for Mental Health. She was placed on Zoloft and seen by both family and individual therapists, who felt her maturity and social skills were low. As of the present evaluation, Sample was not in counseling and was not taking any medications other than antibiotics for a cat bite.

Sample dropped out of school last year because, she said, it was "boring . . . all we did was coloring and stuff." She reported that she was placed into special education classes later in her school career, but records indicated that, as early as kindergarten, there were concerns about

her health, cognitive abilities, and mental health. Her parents were separated that year (she was eight) and according to the school record, there was a restraining order against her father. Her father was in the military and was shipped to the Middle East during the first war in Iraq when Sample was one. At age seven, she was described as tending to isolate herself when she was unhappy and having difficulty understanding other's perspectives. She had "problems with both fine and gross motor skills, poor vocabulary, and problems with receptive language [and] possibly survival skills." She was already having significant behavior problems and discipline was considered a problem. She repeated kindergarten because she missed so much school due to her health problems. Early IQ scores fell into the Low Average range. She was placed during kindergarten into special education classes full time with primary emotional disabilities (SIED) and secondary learning and speech-language disabilities. At her 1999 review, the emotional disability was dropped from her disability determination although she was continued in both speech-language and learning disability classifications. Academic skills remained well below the levels of her peers but the Wechsler continued to indicate Low Average range cognitive functioning. In 1999, she participated in counseling with the school psychologist three times per week (despite having dropped the SIED label).

In 2002, a drastic drop in her measured academic and cognitive abilities was documented. Her IQ scores fell from the Low Average to Average ranges to the Extremely Low to Borderline range, and the drop was not well explained and poorly understood by the school psychologist, who relied on the earlier, Low Average range scores as the best indication of her abilities. A similar decrease in academic skill development was also evident but unexplained. She was described by the social worker as "a pleasant, cooperative, and engaging young lady," but described problems of lying to her peers, being frustrated with schoolwork and seeming to "thrive on being the center of conflict." Academic skills remained well below the levels of her peers and the special education teacher who administered the tests stated that Sample tended to "zone out, even while she was still working." Sample's very low cognitive functioning as measured that year was ignored in the summary of her test data: "Sample has a significant discrepancy between her Full Scale IQ and her educational testing scores, and therefore qualifies for the perceptual/communicative disability [learning disability]. Her Full Scale IQ is 84." In reality, cognitive skills that year were consistent with her academic skills.

Sample said she has chores that she does around the house, but she has never worked. Her mother said that she has submitted applications to the Social Security Administration for assistance supporting Sample several times but she has been denied. Sample's mother was cooperative with the evaluation and appeared concerned about her daughter's welfare. Sample reported that she has difficulty concentrating sometimes because she thinks of other "other" things. She admitted that she needs reminders for directions and that she needs help with understanding what she is supposed to do. Sample said she does not know how to read, do mathematics or write, though she said she can write her name. She likes movies (her favorite is "Lara Croft: Tomb Raider) and said she goes to the library to borrow them. She enjoys art and drawing and would like to work at a museum or zoo some day.

Behavioral Observations: Sample was transported to her appointments on time by her mother. Sample appeared nervous but separated easily from her mother. She was appropriately

dressed for someone of her age. Very soft-spoken, Sample's affect was flat most of the time with restricted facial expressions. She did not know her Social Security Number, phone number or address and could not recall her birth year. She carried no identification cards and said she did not know how she would get home if she became lost. She was not considered a good informant about her school and health history. During test procedures, she seemed to try hard to please the examiners. As described in her most recent evaluation at the school district, she was observed to "zone out" occasionally, and about halfway through a visual-motor copying task, she stated, "I forgot what I am doing," and looked helplessly at the examiner. She maintained good effort during most tasks. She had difficulty understanding directions sometimes, but did not express this or ask the examiners for repetition and clarification. Test results were felt to be accurate reflections of Sample's current academic and cognitive functioning, and her performance was consistent with results obtained in 2002.

Results and Discussion: Sample attained a Full Scale IQ of 48 on the Wechsler Adult Intelligence Scale-Third Edition, placing her within the Extremely Low range of overall intellectual abilities well below the .5th percentile compared with other adolescents in her age group. Sample's Verbal IQ of 52 was in the Extremely Low range below the .5th percentile, while her Performance IQ of 52 also fell below the 1st percentile and within the Extremely Low range. Since 1996 when she was first tested using the Wechsler scales, Sample's scores have dropped considerably, and a similar drop was seen in her academic achievement scores. Functional and independent living skills, by her mother's report, have also dropped substantially though these skills were not quantified for the purposes of the present evaluation. At the time of her evaluation in 1996, Sample's functioning was Low Average, while her current scores place her ability levels within the range defined by the DSM-IV as Moderate Mental Retardation (318.0). Scores from all test batteries administered follow. Also included are Verbal IQ, Performance IQ, and Full Scale IQ scores from 2002, 1999, and 1996.

Wechsler Adult Intelligence Scale-Third Edition
2005/2002¹/1999

	<u>Standard Score</u>	<u>Percentile Rank</u>	<u>Classification</u>
Verbal IQ:	52/73/82	0.1	Extremely Low
Performance IQ:	52/63/90	0.1	Extremely Low
Full Scale IQ:	48/65/84	0.0	Extremely Low
Verbal Comprehension Index:	55	0.1	Extremely Low
Perceptual Organization Index:	56	0.2	Extremely Low
Working Memory Index:	50	0.1	Extremely Low
Processing Speed Index:	57	0.1	Extremely Low
<u>Verbal Subtests</u>		<u>Performance Subtests</u>	
Vocabulary	02/na/08	Picture Completion	01/na/08

Wechsler Adult Intelligence Scale-Third Edition (continued)
2005/2002¹/1999

<u>Verbal Subtests</u>		<u>Performance Subtests</u>	
Similarities	01 /na/07	Digit Symbol-Coding	01 /na/09
Arithmetic	01 /na/06	Block Design	03 /na/09
Digit Span	01 /na/11	Matrix Reasoning	03 /na/na
Information	03 /na/06	Picture Arrangement	02 /na/09
Comprehension	02 /na/07	Symbol Search	02 /na/na
Letter-Number Sequencing	01 /na/na		

Woodcock-Johnson III Tests of Achievement²
2005/2002/1999/1998

<u>CLUSTER/Test</u>	<u>Percentile</u>	<u>Standard Score</u>	<u>Grade Equiv.³</u>
BASIC READING	<0.1	19 /60/na/73	k.9/na/1.4
BASIC WRITING SKILLS	<0.1	04 /na/na/82	1.2/na/1.8
ACADEMIC SKILLS	<0.1	01 /na/na/na	k.2/na/na
PHON/GRAPH	<0.1	27 /na/na/na	k.8/na/na
Letter-Word Identification	<0.1	05 /43/67/76	k.8/na/na/1.6
Calculation	<0.1	--/31/72/125	k.2/na/na/4.0
Spelling	<0.1	01 /47/61 ⁴ /73 ⁴	k.0/na/na/1.5
Passage Comprehension	<0.1	14 /43/68/75	1.0/na/na/1.5
Word Attack	<0.1	28 /80/na/80	1.0/na/na/1.3
Editing	<0.1	--/na/na/na	1.2/na/na/na
Spelling of Sounds	<0.1	17 /na/na/na	k.1/na/na/na
Punctuation & Capitals	<0.1	01 /na/na/na	k.0/na/na/na

1. Limited data was available from 2002 because the examiner did not believe the scores to be valid.

2. Scores from the 1999 administration of the Woodcock-Johnson were from the earlier version, the Woodcock-Johnson Psycho-Educational Battery (Revised).

3. No grade equivalents were reported in the 2002 report of test results. There was no explanation for this by the examiner and no interpretation of the decrease in performance was offered.

4. Dictation subtest of the Revised version

Sample's verbal abilities appeared extremely limited and in no area did her ability exceed the Extremely Low range relative to her peers and on several subtests, she obtained raw scores near zero. Vocabulary development was quite limited. By contrast, in 1999 vocabulary development was in the Average range compared with her peers. Similarly, verbal reasoning ability, in the Low Average range just six years ago, fell well below the levels of her peer group in the Extremely Low range. She seemed incapable of recognizing or expressing the relationships between various verbal concepts. Similarly, arithmetic reasoning and her fund of

information about the world were impaired in 2005 but Low Average in 1999 and 1996. Clear degeneration of Sample's verbal cognitive abilities is evident in her profile. She had extreme functional limitations in this area, and had few apparent strategies for coping or dealing with her deficits (e.g., readily accessible ID cards and information about herself). Problem solving deficits first identified as areas needing work when she was in school now seem extreme and by her own admission, she does not know what to do when she has not external guidance for decision-making.

Nonverbal abilities were impaired across measures with no apparent strengths relative to other girls her age. Her ability to determine the missing components of a visual stimulus was impaired. Visual memory was very poor, and her ability to sustain attention on a task was very limited. Reasoning, decision-making, and problem solving abilities were in the Extremely Low range with her visual discrimination and visual sequencing abilities. It was significant that in 1999, all these areas of visual cognitive ability were within the Average range.

Academic skills were deficient across all areas measured. Data is presented from 2005 (this evaluation), 2002, 1999, and 1998. A steady decline in skills was apparent and she currently had such low skill that in no area was her ability above the 0.1 percentile. Essentially, she would be considered illiterate in most contexts. She could not spell her last name correctly and could not write the whole alphabet. She had a raw score of zero on a math computation subtest, although in 1999, her skills in mathematics were in the Superior range relative to her peer group, at the 95th percentile. Across evaluations since 1998, Sample's skills have been declining when they should have been improving. During the second or third grade, she was ahead of her peers in the development of her math skills (at the fourth grade), for example, but only a year or two later they had already declined from the Superior range to the Borderline range. In 2002, her math skills were impaired and in 2005 they were so low a standard score could not be derived.

The degree of decline in academic and cognitive skill development is highly irregular and may be due to organic neurological causes (i.e., neurological degeneration of some kind). The declines were evenly distributed across measures and they were dramatic. Her Full Scale IQ was in the Low Average range in 1999 (84), in the Extremely Low range typical of people with mild mental retardation in 2002 (63), and even lower in the current test results within a range typical of people with moderate mental retardation (48).

Summary & Recommendations: Sample's test results suggested Extremely Low range overall cognitive functioning relative to her peers and academic skill development at the same or similar levels. Sample's abilities and skills have steadily declined each time she has been tested with the Wechsler scales. In 1996 her IQ scores suggested Average to Low Average range functioning, in 2002 her scores were Extremely Low and classified as Mild Mental Retardation, and currently her scores have dropped even further, into the Moderate Mental Retardation classification. Early in her history, developmental delays in her speech, language, and learning abilities were identified, and her mother and school personnel were having difficulty controlling her behavior. She cut her arms with a pair of scissors following an argument with her sister in 2003, and services appear to have been initiated at XXXX Center for Mental Health. She is not

currently seeing a therapist and takes no medication presently. It was unclear whether she has been followed by the mental health center.

Further evaluation is necessary to determine an appropriate diagnosis for Sample. Neurological degeneration needs to be ruled out as an explanation for her declining abilities. A second possibility is that she has been quietly retreating into herself, and the earlier psychotic symptoms identified as a pre-teen (she was seeing ghosts) were not cultural, as was felt by one evaluator, but a sign of psychosis. The decline in her cognitive and academic skill development over the past seven or eight years may therefore have been due to confusion and poor understanding/grasp of her environment. A third possibility is that there is a combination of factors including hearing loss, psychoses, and cognitive degeneration that may be having a combined impact on her. Her tendency to “zone out” is consistent with hearing loss and mental disorder. More study of her behavior and symptoms is necessary. The following recommendations are made in light of these test results:

1. Sample should be seen by a medical doctor (preferably a neurologist) to rule out neurological factors in her declining cognitive function. Thirty point declines in functioning need to be taken very seriously, especially since the trend has been a steady decline across three psychological evaluations.
2. She needs to have her hearing checked by an audiologist to rule out hearing loss caused by her frequent ear infections as a child.
3. Sample is currently functioning in a range of intellect classified as moderate mental retardation by the DSM-IV. She has few independent living skills—she could not spell her last name and did not know her address or phone number. She needs instruction and help developing some basic skills in this area (e.g., using an identification card for telling people her address) and needs to learn more about safety at home and in the community. She has missed out on some of these services because she was not identified as having such low skills when she was in school (the low scores were considered anomalous and were not taken seriously, yet they remain low three years later and her independent living skills remain impaired). The best way for her to receive appropriate services is for her to return to school for the maximum time allowed so that she can specifically work on her independent living skills.
4. Sample has a history of possible psychosis and difficulty controlling her behavior at home and at school. She would benefit from continued psychotherapy with a qualified therapist familiar with the needs of people with low cognitive abilities and poor independent living skills. A therapist who specializes in adolescents or adults with low IQ and/or developmental disabilities would probably be most appropriate for her.
5. Sample is at risk for exploitation by people whose intentions may not be clear to her because of her cognitive limitations. She may misinterpret important contextual information, and may require guidance throughout her lifetime as to how she might

prevent problems and in making good decisions about how to proceed in a variety of contexts. She may be eligible for services offered by the Developmental Disabilities Resource Center in Jefferson County (303/233-3363) to help meet this need.

6. Sample should apply for Supplemental Social Security Income (SSI). She is very unlikely to obtain gainful employment and may need help throughout her lifetime with living independently and with supporting herself. She and her mother may need support through the process of applying to the Social Security Administration. She is unlikely later to be able to act as her own payee.

If there are any questions regarding the content or conclusions in this report, please do not hesitate to contact me at 303-573-0839, extension 108 or garymac@lifelongaes.com.

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Sample Confidential Psychological Report

This report should not be re-released without permission from the client and should not be released to the client without permission from the author.

Name: Sample Client

Social Security: XXX-XX-XXXX

Age: 19

Date of Birth:

Referral Source: Case Worker

Dates of Evaluation:

Referral Information: Sample was referred for evaluation of her cognitive, academic, and emotional functioning by Case Worker of the Office of Economic Development/Department of Workforce Development. The referral noted that Sample has “poor concentration and lack of focus” and appears to be struggling with “postpartum depression, mood swings, and impulsivity.”

Background Information: According to Sample, she was born without complications following a full term pregnancy. She did not report any head injuries, chronic childhood ear infections, or other chronic health conditions. She said she is not prescribed any medication. She stated that she does not use drugs or alcohol.

Sample reported that she receives support from her family, who lives in Denver. She indicated that her parents are separated. She has an older sister and two younger brothers. She said she currently lives with her 18-month-old son. She has reportedly never been married. She indicated that she was in day treatment at Savio House for two to three months in 2005 or 2006 after she was charged with shoplifting, which she did not find helpful. She adamantly asserted that she is not interested in counseling at this time. Sample reported that she has never been hospitalized for psychiatric reasons.

According to Sample, she did not receive special education services in school. She reportedly dropped out of XXX Middle School in eighth grade shortly before her son was born. Her academic transcript stated that she earned an “A” in Math Fundamentals at the Life Skills Center and a “D” in Earth Science at Savio House during the 2006-2007 academic year through Denver Public Schools. Sample indicated that her educational goal is to earn her GED. She is currently receiving specialized instruction for the GED at Lifelong, and she has passed the Science, Reading, and Writing subtests of the GED. She commented that she needs to pass the Mathematics and Social Studies subtests. She described her memory, attention and concentration, writing, and spelling as “good.” Sample reported that she has never held a job. Regarding her vocational goals, she said, “I don’t know.”

Behavioral Observations: Sample arrived on time for her first appointment. She arrived 25 minutes late to her second appointment, but she called to inform the examiner that she would be late. She failed to show for two appointments. She was clean and adequately groomed, and her clothing was appropriate and casual. She provided minimal information during the intake interview, and she did not initiate conversation. Rapport was adequately established. She seemed to have low frustration tolerance, as she gave up easily on items that were difficult for her. Sample was not well engaged in the testing process, but she put forth adequate effort, and the test results were considered a valid and accurate representation of her current skills, abilities, and emotional functioning.

Results and Discussion: Sample attained a Full Scale IQ of 78 on the Wechsler Adult Intelligence Scale-Third Edition, placing her within the Borderline range of overall intellectual abilities at approximately the 7th percentile compared with other adults her age. Sample’s Verbal IQ of 78 was in the Borderline range at the 7th percentile, while her Performance IQ of 81 fell at the 10th percentile in the Low Average range. The three-point discrepancy between Sample’s Verbal IQ (verbal abilities) and her Performance IQ (nonverbal or visual-spatial abilities) was not significant and indicated that her verbal and visual-spatial abilities are evenly developed. The Perceptual Organization Index, which measured Sample’s nonverbal reasoning abilities, fell in the Low Average range at the 14th percentile. Her verbal reasoning abilities were somewhat weaker, as the Verbal Comprehension Index fell in the Borderline range at only the 5th percentile. Sample’s ability to hold auditory information in short-term memory while performing a simultaneous and competing mental operation, as measured by the Working Memory Index, was similarly developed to her nonverbal reasoning abilities at the 14th percentile in the Borderline range. The Processing Speed Index, which measured Sample’s visual processing speed (i.e., the speed at which she accurately processes visual information), was significantly higher than her other index scores and fell in the Average range. Such “splinter skills” are common in the profiles of adults who are considered to be slower learners than their peers are. Slow learners such as Sample tend to acquire new abilities and skills at a slower rate than their peers do and reach peaks of skill attainment at lower levels. Sample’s scores from the tests administered were as follows:

Wechsler Adult Intelligence Scale-Third Edition

	<u>Standard Score</u>	<u>Percentile Rank</u>	<u>Classification</u>
Verbal IQ:	78	7	Borderline
Performance IQ:	81	10	Low Average
Full Scale IQ:	78	7	Borderline
Verbal Comprehension Index:	76	5	Borderline
Perceptual Organization Index:	84	14	Low Average
Working Memory Index:	84	14	Low Average
Processing Speed Index:	99	47	Average
<u>Verbal Subtests</u>		<u>Performance Subtests</u>	
Vocabulary	6	Picture Completion	4

Wechsler Adult Intelligence Scale-Third Edition (continued)

<u>Verbal Subtests</u>		<u>Performance Subtests</u>	
Similarities	6	Digit Symbol-Coding	8
Arithmetic	6	Block Design	7
Digit Span	9	Matrix Reasoning	11
Information	5	Picture Arrangement	6
Comprehension	6	Symbol Search	12
Letter-Number Sequencing	7		

SECTION A:

Woodcock-Johnson III Tests of Achievement

Norms based on age 19

<u>CLUSTER/Test</u>	<u>Percentile</u>	<u>Standard Score</u>	<u>Grade Equiv.</u>
BASIC READING SKILLS	11	81	5.6
BASIC WRITING SKILLS	32	93	9.0
ACADEMIC SKILLS	10	81	6.9
PHON/GRAPH. KNOWLEDGE	7	78	3.6
Letter-Word Identification	15	84	6.7
Calculation	10	81	5.9
Spelling	29	92	8.5
Passage Comprehension	45	98	11.4
Applied Problems	11	81	5.3
Word Attack	15	84	4.2
Editing	36	95	9.5
Spelling of Sounds	3	72	2.7
Punctuation & Capitals	6	77	5.9

Sample's verbal abilities on the Wechsler Adult Intelligence Scale-Third Edition predominantly fell in the Low Average range. However, she demonstrated a relative strength in auditory short-term memory (i.e., remembering and reciting numbers in forward or backward sequence), which fell in the Average range at the 37th percentile relative to other adults her age. On a more complicated auditory working memory task, which involved retaining and ordering letter and number sequences, Sample's performance was in the Low Average range at the 16th percentile. She had slightly more difficulty still with an auditory working memory task that involved math (i.e., completing arithmetic problems in her head without using pencil and paper), as her score was Low Average at the 9th percentile compared to her same-aged peers. Sample's

abilities that involved verbal reasoning and comprehension were similarly low. Her vocabulary, ability to identify the relationship between objects and concepts, common sense reasoning, and ability to comprehend and appropriately respond to social situations fell at the lower limits of the Low Average range. Her factual knowledge about the world was one of her weakest areas in the Borderline range at only the 5th percentile. It appeared that Sample has gained less from her educational and academic experiences than her peers have. Moreover, she may have difficulty understanding complex directions or conversations, and she may interact with others at a concrete, “here-and-now” level. She may also miss or underestimate the importance of information given to her, and she may have difficulty solving problems in her daily life.

There was more variability among Sample’s visual-spatial abilities, as her scores fell between the Borderline and High Average ranges. Her ability to discriminate between symbols on a timed visual scanning task, which was at the 75th percentile and at the lower limits of the High Average range, was a significant strength of hers compared to her other cognitive abilities. With a score at the high end of the Average range, she also demonstrated a significant strength on an untimed nonverbal problem-solving task, on which she had to identify trends and patterns in her visual field. She performed at the low end of the Average range at the 25th percentile on a task that tapped visual short-term memory and visual-motor speed. Sample’s abilities in analyzing and reproducing abstract visual designs and visual sequencing were below average compared to her same-aged peers, falling between the 9th and 16th percentiles. She also had great difficulty finding missing details in pictures, as her score was in the Borderline range at only the 2nd percentile, but her low score may have been partially attributed to a low point in her motivation level. Weaknesses in these areas can cause problems with visual planning and the ability to “size up” and act on visual information, in addition to problems understanding or following the appropriate order of operations during more complex math problems and word problems. Sample may also tend to miss details, especially subtle details. Moreover, she may have difficulty doing things in the “right” order or interpreting complex visual information, and she may struggle reading subtle nonverbal cues in social interaction.

The majority of Sample’s academic skills were commensurate with her overall cognitive functioning at the high end of the Borderline range. However, her reading comprehension was significantly better than expected in the Average range at the mid-eleventh grade level. Her editing skills (i.e., the identification of errors in written text), which were Average at the mid-ninth grade level, were also much better than predicted by her overall intellectual abilities. Spelling also fell in the Average range at the mid-eighth grade level, but her punctuation and capitalization skills, while commensurate with her overall cognitive abilities at the late fifth grade level in the Borderline range, were significantly less developed than her other written language skills. Compared to her average level reading comprehension, Sample’s word recognition fell in the Low Average range at the late sixth grade level, and her ability to separate out the sounds that make up words was much weaker at the second to fourth grade level in the Borderline range. Unlike her other academic areas, Sample’s math skills, including written calculation skills and applied, practical math skills on word problems, were evenly developed at the fifth grade level and at the lower limits of the Low Average range. As mentioned above, her below average math skills may be affected by her weak visual sequencing and planning ability. Sample’s academic skills were commensurate with or better than predicted by her overall

cognitive ability in the Borderline range, and her profile of scores was not indicative of a learning disability.

Summary & Recommendations: Sample's test results revealed that her overall cognitive functioning is in the Borderline range relative to other adults in her age group, and she met the criteria for Borderline Intellectual Functioning (DSM-IV-TR, V62.89). Her academic skills were consistent with or better than predicted by her overall cognitive abilities, and there was no indication of a learning disability in her pattern of scores. Her reading comprehension, spelling, and editing skills were much better than expected in the Average range, as was her visual processing speed, auditory rote short-term memory, and nonverbal problem solving ability. In contrast, her scores were well below average in the areas of mental math, auditory working memory, verbal reasoning, attention to visual detail, and visual sequencing. She also demonstrated weak phonetic encoding and punctuation and capitalization skills. Although concerns have been expressed by other professionals working with Sample that she appears to have postpartum depression and mood swings, Sample did not report any significant mental health problems in the present evaluation. In light of this information, the following recommendations for Sample are made at this time:

1. Sample reported that she needs to pass the Mathematics and Social Studies subtests to earn her GED, and she has been receiving specialized instruction from Mary Costa at Lifelong in working toward this goal. Her math and reading skills (i.e., phonological processing skills), auditory working memory, and verbal reasoning are well below average, but she does not meet the GEDTS criteria for a learning disability, and thus she is not eligible for accommodations such as extra time or the use of a calculator during the Mathematics and Social Studies subtests. It will be important to set realistic time limits for Sample after which, if she has made little or no progress toward passing the Mathematics and Social Studies subtests of the GED, she is encouraged to consider other goals and activities. Mary Costa may be able to provide valuable input about whether to continue encouraging Sample to complete the GED.
2. Sample strongly feels that she does not need counseling at this time, however, in working with a therapist, she could receive career counseling to help her identify her interests and jobs that would be a good fit for her, particularly if it turns out that completing the GED is not a realistic goal for her. Given her weak common sense reasoning and social problem solving ability, she could also benefit from learning effective decision-making and problem solving skills that she could use on the job and as a parent. By learning how to consider the potential consequences of her actions, she may improve her impulse control, and in turn, she may persist on difficult tasks even when frustrated. In therapy, Sample could also improve her interpersonal skills and explore how her behaviors and attitude affect others around her. Lastly, Sample's therapist could evaluate further possible symptoms of postpartum depression and mood swings that have been observed by other professionals but were not reported in the present evaluation.
3. Sample did not express interest in any particular line of work, and thus, as mentioned above, career counseling would be beneficial for her. She should be encouraged to

pursue jobs that tap her strengths in visual scanning and nonverbal problem solving (e.g., food preparation or quality control on an assembly line). However, she will need instructions and complex information repeated as necessary. In addition, she should be encouraged to double-check her work to ensure accuracy, which may cause her to work more slowly than her co-workers do. Sample should avoid jobs that require mental math (e.g., working as a cashier) and good auditory working memory (e.g., taking customer orders or working in customer service). She should also avoid tasks requiring more than basic writing (e.g., creating external e-mails or documents).

If there are any questions regarding the content or conclusions in this report, please do not hesitate to contact me at 303-573-0839, extension 108 or danagrote@lifelongaes.com. Thank you.

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Confidential Psychological Report

This report should not be re-released without permission from the client and should not be released to the client without permission from the author.

Name: Sample Client

Social Security Number: XXX-XX-XXXX

Age: 18

Date of Birth:

Referral Source: Case Worker

Dates of Evaluation:

Referral Information: Sample was referred for evaluation of his cognitive, academic, and emotional functioning by Case Worker of the Office of Economic Development/Division of Workforce Development (OED/DWD). It appeared that Sample might need updated documentation of his learning disability to receive academic accommodations at Emily Griffith High School.

Background Information: Sample reported that he was not sure if he was born without complications, as his mother possibly used drugs while pregnant with him. He stated that he did not have chronic childhood ear infections. He said his last eye examination was during ninth grade, and he does not currently have vision problems. He reported that he had surgery in March 2008 for a broken hand. He indicated that he fell off his bicycle “here and there” as a child, but he suffered a blow to the head in 2006 when he was hit by a car on his bicycle. He indicated that he was “out cold for a couple hours,” and when he awoke, he could not account for the previous four hours or remember his name, address, or date of birth. He explained that the right side of his head was “cracked open,” and “it was a blur” for two days. He mentioned that he did not receive medical treatment because his father would not take him to the hospital. He stated, however, that he did not notice worsened cognitive difficulties after this accident. Prior to being hit on his bicycle, Sample said he lost consciousness for “a couple minutes” after being hit in the head with a baseball. He commented that he had a “big bump” on the side of his forehead, but he did not seek medical attention. He also noted that a moving truck door once fell on his head, which caused dizziness “for a little bit” and blurry vision for a week. Sample currently uses an Albuterol inhaler for asthma, and he is prescribed Zyrtec for allergies. He asserted that he drank alcohol “a couple times,” but he does not currently use drugs or alcohol because, he said, “I’ve seen what it’s done to my family.”

Sample explained that his father, who has a methamphetamine addiction, and his mother, who was addicted to prescription painkillers, divorced when he was eight. He indicated that between ages 7 and 13, his mother “would sleep 20 hours and then wake up long enough to take more pills and go back to sleep.” He stated that when his mother lost custody of him and his three older sisters, they were placed with their father until he went to

jail. Sample said he was then placed in foster care for nearly two years with the family of his sister's boyfriend, who enrolled him in XXX High School. Sample has not had contact with his father since 2007, as he said, "He's f--ked up my family too many times." He said he has two older half-brothers he has not seen since he was six. Sample explained that he has a close relationship with his 19-year-old sister, whom he feels raised him since he was 13 and is "pretty much like [his] Mom." He explained that he is highly protective of his sister, and he has gotten into many fights with men for staring at her. Sample stated that he currently lives with his mother in an apartment downtown, but because he gets along better with his sister and her fiancé, he would like to resume living with them. Sample has never been married and does not have children.

Sample indicated that he saw a therapist two or three times at age 10 after his parents divorced. He did not express interest in psychotherapy at this time. He mentioned that his sister taught him "to keep a tough guard up and don't let them think you're weak." He acknowledged, however, that he has great difficulty falling asleep at night. He commented, "I have a million things going through my mind. I will lay there for hours, especially on school nights." He mentioned, "Everything races through [his] head" when does not feel prepared for a test the next day. Sample has reportedly never been hospitalized for psychiatric reasons.

Consistent with his academic records, Sample stated that he repeated third grade and began receiving special education services for problems with reading and writing. The records noted that he was identified as having a learning disability. Sample indicated that he completed tenth grade at XXX High School in 2008, and he is now on the waiting list to begin his junior year at Emily Griffith High School. His academic records noted that he transferred to XXX High School from XXX High School after his first semester of ninth grade. His academic records further noted that at the end of tenth grade, he had earned an "F" average (i.e., 0.900 grade point average). Sample admitted that he still has "to watch [his] anger," but he said he used to have a "short fuse" and "got into a lot of fights" in school because he was teased about his learning disability. He said he was expelled from high school in March 2008 after he shattered his hand in a fistfight with another student. The expulsion was reportedly downgraded to a three-day suspension, but he was then suspended again after fighting another student.

Sample reported in the present evaluation that he has a good memory for taking apart and rebuilding things. He said he writes down appointments on a wall calendar in his room. When studying, he highlights key text and has friends test him on important information from note cards. He indicated that he can focus "when something catches [his] attention," and he attends well in his science and math classes. He mentioned that math is his favorite subject and that he "can do most of algebra." Sample noted, however, that he has difficulty concentrating in writing and reading classes because the content makes him focus on his disabilities in those areas. He said he also has problems with spelling. He mentioned that he has a family history of learning difficulties, as his sister was in special education classes for reading, and his uncle cannot read. Sample reported that his educational goals are to earn his high school diploma and a certificate in engineering or construction from Emily Griffith Opportunity School. He commented that he is leaning toward earning a certificate in construction (e.g., carpeting, electrical work, or drywall) because "it comes more natural" to him. He also commented, "My uncle who can't read is an electrician."

Sample stated he has always liked to work with his hands. He said he worked “under the table” with his father for about two years between ages 14 and 16 delivering and assembling spas until the company went out of business. He explained that at 16, he then worked full-time for a year at McDonald’s while also attending school full-time because he helped pay the rent for his and his sister’s apartment. He mentioned that he has had other “under the table” jobs doing painting and construction work. Sample’s short-term vocational goal is to stock inventory on the graveyard shift. He said he does not want a job that requires him to talk to customers. Sample indicated that his longer-term vocational goal is to help build houses (e.g., hanging drywall and doing framing and carpentry). Eventually, he would like to use these skills in opening a family business with his sister and her fiancé. Sample reported that he has also considered entering the Marines.

Behavioral Observations: Sample arrived on time and was accompanied by his mother to both appointments. He was adequately groomed, and he wore casual, age-appropriate clothing. He was cooperative, likeable, and forthright, and rapport with the examiner was easily established. During the intake interview, he had a nervous habit of pulling on his left eyebrow and eyelashes, and he had fleeting eye contact. He was disinhibited in his speech as he became more comfortable with the examiner, frequently using the word “f--k.” He also spoke with a mild speech impediment. Sample was well motivated during testing, and the test results were considered a valid and accurate reflection of his current skills, abilities, and emotional functioning.

Results and Discussion: Sample attained a Full Scale IQ of 89 on the Wechsler Adult Intelligence Scale-Fourth Edition, placing him within the Low Average range of overall intellectual abilities at approximately the 23rd percentile compared with other adults his age. Sample’s Verbal Comprehension Index (VCI) score of 78 was in the Borderline range at the 7th percentile, while his Perceptual Reasoning Index (PRI) score of 102 fell at the 55th percentile in the Average range. The 24-point discrepancy between Sample’s verbal reasoning abilities (VCI) and his nonverbal reasoning abilities (PRI) in the present evaluation was unusual and significant and suggested that the Full Scale IQ is not an accurate estimate of his overall intellectual ability. Instead, Sample’s overall intellectual ability is probably best estimated by his nonverbal reasoning abilities in the Average range. Sample’s auditory working memory (i.e., his ability to hold auditory information in short-term memory while performing a simultaneous and competing mental operation) was measured by the Working Memory Index and fell in the Average range at the 37th percentile. His visual processing speed (i.e., the speed at which he accurately processes visual information), which was measured by the Processing Speed Index, fell in the Average range at the 34th percentile. Sample obtained the following test scores:

Wechsler Adult Intelligence Scale - Fourth Edition

	<u>Standard Score</u>	<u>Percentile Rank</u>	<u>Classification</u>
Full Scale IQ:	89	23	Low Average
Verbal Comprehension Index:	78	7	Borderline
Perceptual Reasoning Index:	102	55	Average

Working Memory Index:	95	37	Average
Processing Speed Index:	94	34	Average

<u>Verbal Comprehension Subtests</u>		<u>Perceptual Reasoning Subtests</u>	
Similarities	6	Block Design	10
Vocabulary	6	Matrix Reasoning	11
Information	6	Visual Puzzles	10
Comprehension	7		

<u>Working Memory Subtests</u>		<u>Processing Speed Subtests</u>	
Digit Span	10	Symbol Search	11
Arithmetic	8	Coding	7

Woodcock-Johnson III Tests of Achievement

Norms based on age 18

<u>CLUSTER/Test</u>	<u>Percentile</u>	<u>Standard Score</u>	<u>Grade Equiv.</u>
BASIC READING SKILLS	12	82	5.8
BASIC WRITING SKILLS	3	71	4.0
ACADEMIC SKILLS	1	64	4.6
PHON/GRAPH. KNOWLEDGE	15	84	4.5
Letter-Word Identification	6	77	5.4
Calculation	2	69	4.4
Spelling	2	69	3.7
Passage Comprehension	13	83	5.4
Applied Problems	14	84	5.7
Word Attack	34	94	6.8
Editing	6	76	4.4
Spelling of Sounds	2	68	2.5
Punctuation & Capitals	<1	59	3.9

As measured by the Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV), Sample's verbal cognitive abilities fell between the Low Average range and the Average range. His strongest verbal abilities involved auditory working memory. His ability to remember and repeat numbers in forward, backward, or sequential order fell in the Average range at the 50th percentile relative to his same-aged peers. Similarly, but slightly weaker, his mental math ability (i.e., his ability to complete arithmetic problems in his head without using pencil and paper) was at the lower limits of the Average range (25th percentile). Sample had more difficulty with higher-level verbal comprehension tasks. His common sense reasoning and knowledge of social conventions fell at the 16th percentile in the Low Average range. He

could be expected to have some difficulty when faced with verbal problem solving or decision-making tasks. Sample's remaining verbal reasoning abilities were also in the Low Average range, but his scores fell at only the 9th percentile. This indicated that on tasks that tapped Sample's vocabulary, fund of factual knowledge about the world, and his ability to identify the relationship between object and concepts, he scored lower than 91 percent of people in his age group did. Moreover, compared to his own cognitive abilities, Sample's vocabulary and acquired knowledge about the world were significant weaknesses. It appeared that when measured against other young adults his age, Sample has gained a limited amount from his educational and academic experiences, and he may not always understand the vocabulary used around him.

Sample's visual-spatial abilities, which were better developed than his verbal abilities, primarily fell in the Average range. The one exception was his ability to quickly match and copy symbols under their corresponding numbers on a visual processing speed task, as he performed in the Low Average range at the 16th percentile. He worked relatively slowly but accurately. On a similar processing speed task that relied less heavily on visual-motor speed and visual short-term memory, Sample performed significantly better in the Average range at the 63rd percentile. On nonverbal problem solving tasks, Sample's performance was better on *untimed* versus *timed* tasks. His ability to identify trends and patterns in his visual field without time constraints fell at the 63rd percentile compared to other people his age. Under timed conditions, his ability to analyze and reproduce abstract visual designs and his ability to reconstruct visual puzzles in his mind were still in the Average range but slightly lower at the 50th percentile. Given the significant discrepancy between his weaker verbal reasoning abilities and his stronger nonverbal reasoning abilities, Sample's nonverbal reasoning abilities in the Average range are probably the best estimate of his cognitive potential. Moreover, Sample will be able to use his strengths on nonverbal, "hands on" tasks working in construction or the military.

Sample's academic skills, which varied widely between the Extremely Low range and the Average range, were measured by the Woodcock-Johnson III Tests of Achievement (WJ-III). His scores fell in a pattern typical of individuals who have been diagnosed with learning disabilities. The only academic skill that fell in the expected range given his estimated overall intellectual ability was phonetic decoding (i.e., the ability to sound out nonsense words), which fell at the lower end of the Average range (late sixth grade level). His remaining academic skills were significantly lower than predicted. His reading comprehension and word recognition (i.e., the ability to read words) fell in the Borderline to Low Average range (mid-fifth grade level), while his phonetic encoding skills were impaired in the Extremely Low range (mid-second grade level). In terms of math, Sample's applied practical math skills on word problems, which fell in the Low Average range at the late fifth grade level, were much better than his written calculation skills in the Extremely Low range (mid-fourth grade level). Overall, Sample's written language skills were a relative weakness for him. He scored highest on a test of his editing skills (i.e., identification of errors in written text), but his score in the Borderline range was on par with fourth grade students. His spelling and punctuation and capitalization skills were impaired in the Extremely Low range (third grade level). He spelled some words phonetically (e.g., "advencher" for "adventure," "grage" for "garage," and "secant" for "second"). His punctuation and capitalization skills were significantly lower in the present evaluation than at age 15 (higher end of the Borderline range), which may have

been partially attributed to his waning attention at the end of a testing appointment in the present evaluation.

Summary & Recommendations: Sample's test results suggested that his overall intellectual functioning is in the Low Average range relative to other young adults his age. However, given the significant discrepancy between his stronger nonverbal abilities and his weaker verbal abilities, the Full Scale IQ probably underestimated his intellectual potential. The best estimate of Sample's overall cognitive functioning is probably in the Average range at about the 55th percentile. Sample indicated that his mother might have used drugs during pregnancy, and since 2006, he has lost consciousness twice from blows to the head (i.e., when hit by a car on a bicycle and when hit in the head with a baseball). It was unclear to what degree these neurological insults negatively affected his cognitive functioning, if at all, but his academic achievement scores in the present evaluation were similar to or *much better* than his scores at 15. Nearly all of Sample's academic skills in the present evaluation, including reading, math, and written language, fell significantly below his estimated overall cognitive ability, and thus consistent with test findings in third grade, it appears that he has a mixed form of learning disability (DSM-IV-TR: 315.9, Learning Disorder Not Otherwise Specified). Sample's ability to manage his anger has reportedly improved, and there were no significant psychiatric problems observed or reported in the present evaluation. Based on this information, these are the following recommendations for Sample at this time:

1. When Sample enters Emily Griffith, he should request academic accommodations for his learning disability. For tests, he should be provided with extra time, a quiet room, a reader or audiotaped version of the test, and a scribe or the use of a computer with spell check and grammar check capabilities for written portions of tests (e.g., short answer or essay items). These accommodations would allow Sample more time to process information, better understand written material, and more clearly express his thoughts on paper without being hindered by his poor spelling and writing skills. Given his impaired written calculation skills, he should also request the use of a calculator for math tests. In class, a note taker would be helpful for Sample given his weak verbal comprehension abilities and writing skills at the grade school level. Alternatively (or concurrently), Sample should be allowed to tape record lectures for later review. This will allow him to focus on the content of information presented in class and lessen the burden of trying to keep up with taking notes, which in turn might help him learn the new information better and faster. In addition, Sample might find that audio books improve his reading speed and comprehension, and if so, he should request textbooks in mp3 (or other audio) format.
2. Sample's interest in earning a certificate at the Emily Griffith Opportunity School in construction (e.g., laying carpet, doing electrical work, or hanging drywall) seems to be realistic for him, particularly given his stronger nonverbal abilities and related work experience. However, he should request the above-described accommodations in working toward a certificate. He seems to be a hardworking young man and his average auditory short-term memory and mental math ability will be additional assets for him on the job. Whenever possible, however, he should use a calculator to improve his speed and ensure accuracy in his math calculations. He will likely work diligently and accurately, paying attention to detail, but he may work somewhat

slower than his coworkers do. The “hands on,” physical, and highly structured nature of the Marine Corps also appears to be a good fit for Sample, and he should consider talking with a Marine Corps Recruiter to learn more about it. The Armed Services Vocational Aptitude Battery (ASVAB) could be an obstacle for Sample in entering the military, however, as accommodations might not be granted for this test.

3. Although he did not express interest in psychotherapy, Sample might benefit from working with a therapist to continue improving his anger management and conflict resolution skills. This may be particularly difficult for Sample, as his weak verbal abilities are likely to interfere with his ability to express himself effectively. Moreover, his below average common sense reasoning and social judgment probably hinder his ability to think through situations and make good decisions, and thus his therapist could help him develop better decision-making and problem solving skills. In addition, by learning sleep hygiene and relaxation strategies, Sample might be able to decrease or resolve his sleep problems. In therapy, Sample could also address the difficulties in his relationship with his mother and any unresolved issues related to being neglected as a child. Lastly, Sample would benefit from learning how to present a professional image for job interviews and practicing interviewing skills.
4. Sample should consider talking with his primary care physician or a psychiatrist about his sleep difficulties to determine if he might benefit from a medication for sleep (e.g., Ambien).
5. Sample’s weak verbal comprehension abilities, including his vocabulary, might make it difficult for him to understand and process the directives and recommendations made to him by case managers, instructors, employers, and other professionals working with him. He may need information simplified, repeated, or paraphrased to ensure he understands it.

If there are any questions regarding the content or conclusions in this report, please do not hesitate to contact me at 303-573-0839, extension 104 or danagrote@lifelongaes.com. Thank you.

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Confidential Psychological Report

This report should not be re-released without permission from the client and should not be released to the client without permission from the author.

Name: Sample Client

Social Security: XXX-XX-XXXX

Age: 18

Date of Birth:

Referral Source: Case Worker

Dates of Evaluation:

Referral Information: Sample was referred for evaluation of her cognitive, academic, and emotional functioning by Case Worker of the Office of Economic Development/Department of Workforce Development.

Background Information: According to Sample, she was born without complications following a full term pregnancy. She did not report any head injuries, chronic childhood ear infections, or other chronic health conditions. She could not remember if her vision had ever been checked, and she believes she needs an eye examination. She is 35 weeks pregnant and due to deliver a baby girl at the end of December. She stated that she is currently taking prenatal vitamins and iron pills for pregnancy-related anemia. She mentioned that she has had difficulty sleeping because she has “a lot of contractions” during the night. She commented that she smoked cigarettes until she became pregnant. She said she does not use drugs or alcohol.

Sample reported that she lived in Mexico between ages 10 and 16. She said she returned to Denver at age 16 looking for her father, but she ended up living on the streets temporarily until she stayed with a friend. She indicated that her father, to whom she talks “almost every day,” is a Navy SEAL and lives in Washington. Sample reported that one of her older brothers and her younger sister live in Mexico. Her mother and grandmother also lived in Mexico, but her mother passed away in August 2007, and her grandmother passed away earlier this month. One of her older brothers recently moved to Denver from California. At the time of testing, Sample lived with her cousin and her cousin’s four children. A couple weeks after the evaluation, however, she obtained housing at Decatur Place.

According to Sample, she has never been in psychotherapy until recently because she “never felt the need.” She said she began counseling with Shana Cohen, M.S.S.A., L.C.S.W. at Lifelong this month “to make me feel better...to not put so much attention on guilt.” She commented that in psychotherapy, “I’m getting all my stress out and the bad stuff I feel.” She explained that she worries about what it will be like taking care of her baby without her mom

to help her, and she worries about her brothers. She said she also worries about whether her sister will think she just left her in Mexico, as they have only talked once in two years. Sample stated that she has never been hospitalized for psychiatric reasons.

Sample stated that she skipped fifth grade when she moved to Mexico at age 10. She reported that she dropped out of South High School in eleventh grade. She said that although English was her first language and she spoke both English and Spanish fluently, she obtained services in school through the English Language Acquisition (ELA) program. Her academic transcript indicated that she attended the first semester of the 2007-2008 school year at South High School and earned a cumulative grade point average of 0.500 with a class rank of 395 out of 478 students. She had six F's and a B in Earth Science. Her records noted that she did not receive special education services in school. Sample reported that she has passed certain subtests of the GED, but she needs to pass the Social Studies and Math subtests. She mentioned that recently, she was only 10 questions away from finishing the Social Studies subtest, but she ran out of time. She has been receiving specialized GED instruction at Lifelong since October. Sample said, "I think I'm a good reader, but when I read out loud, it's hard for me." She also said, "I pronounce things out really good." She explained that she gets "really nervous" when she reads aloud, and "being nervous makes me slow, and I get really red." She reportedly enjoys reading, but she described herself as a slow reader, and she has difficulty comprehending what she reads. She indicated that she uses a calendar to help her remember her appointments. Regarding her attention and concentration, she stated, "I sometimes have trouble, but if I'm really interested, no problem." She said, "I'm not really a good speller," and she explained that math is her most difficult subject. Sample stated that her educational goals are to earn her GED and then attend college.

According to Sample, her first and only job lasted two months at Popeye's. She said she worked as a cashier and quit when she became "kinda sorta" homeless. Sample indicated that her vocational goal is to work in the medical field. She said that she would like to be a pediatrician, veterinary technician, probation officer, or a lawyer. She commented, "I really want to be a pediatrician."

Behavioral Observations: Sample arrived 15 minutes late to her first appointment, but she was on time for her second appointment. She was well groomed and neatly and stylishly dressed. Rapport was easily established, as she was pleasant and cooperative. She had difficulty understanding test instructions at times and needed information repeated. She needed about 25 percent of the items repeated during a mental math test. She had difficulty remembering what a colon and apostrophe were during a test of her punctuation and capitalization skills. During a math test with story problems, she said, "Can you explain it for me? That's too many words!" She did not seem confident in many of her answers, as she frequently smiled, seemed embarrassed, and shyly said, "I think" after giving a response. Consistent with her self-report during the intake interview, she seemed anxious when performing under time constraints. Sample had a good attitude and put forth excellent effort. She persisted on difficult tasks (e.g., on one occasion, when the examiner attempted to discontinue a test item, she asked if she could keep working on it until she arrived at the correct answer.) The test results were considered a valid and accurate representation of Sample's current skills and abilities.

Results and Discussion: Sample attained a Full Scale IQ of 86 on the Wechsler Adult Intelligence Scale-Third Edition, placing her within the Low Average range of overall intellectual abilities at approximately the 18th percentile compared with other adults her age. Sample's Verbal IQ of 81 was in the Low Average range at the 10th percentile, while her Performance IQ of 94 fell at the 34th percentile in the Average range. It appeared that her nonverbal or visual-spatial abilities are much better developed than her verbal abilities, as a significant, 13-point discrepancy existed between her Performance IQ and Verbal IQ. Her Performance IQ is probably most representative of her true cognitive potential. A similar, but more pronounced, discrepancy was apparent between the Verbal Comprehension Index, which measured her verbal reasoning abilities, and the Perceptual Organization Index, which measured her nonverbal reasoning abilities. Her verbal reasoning abilities were in the Borderline range, while her nonverbal reasoning abilities were in the Average range. The Verbal Comprehension Index was also significantly lower than the Working Memory and Processing Speed index scores, which were similarly developed to her nonverbal reasoning abilities in the Average range. The Working Memory Index assessed Sample's ability to hold auditory information in short-term memory while performing a simultaneous and competing mental operation. The Processing Speed Index measured her visual processing speed. Sample's scores on the tests administered were as follows:

Wechsler Adult Intelligence Scale-Third Edition

	<u>Standard Score</u>	<u>Percentile Rank</u>	<u>Classification</u>
Verbal IQ:	81	10	Low Average
Performance IQ:	94	34	Average
Full Scale IQ:	86	18	Low Average
Verbal Comprehension Index:	78	7	Borderline
Perceptual Organization Index:	93	32	Average
Working Memory Index:	95	37	Average
Processing Speed Index:	96	39	Average

<u>Verbal Subtests</u>		<u>Performance Subtests</u>	
Vocabulary	6	Picture Completion	6
Similarities	6	Digit Symbol-Coding	10
Arithmetic	7	Block Design	8
Digit Span	10	Matrix Reasoning	13
Information	6	Picture Arrangement	9
Comprehension	6	Symbol Search	9
Letter-Number Sequencing	11		

Woodcock-Johnson III Tests of Achievement

Norms based on age 18

<u>CLUSTER/Test</u>	<u>Percentile</u>	<u>Standard Score</u>	<u>Grade Equiv.</u>
BASIC READING SKILLS	12	82	5.8

BASIC WRITING SKILLS	5	75	4.7
ACADEMIC SKILLS	3	71	5.3
PHON/GRAPH. KNOWLEDGE	21	88	5.4
Letter-Word Identification	7	78	5.4
Calculation	7	78	5.5
Spelling	7	78	5.1
Passage Comprehension	9	80	4.8
Applied Problems	7	78	4.7
Word Attack	33	93	6.8
Editing	5	76	4.4
Spelling of Sounds	9	80	3.8
Punctuation & Capitals	4	73	5.5

As measured by the Wechsler Adult Intelligence Scale-Third Edition, Sample's verbal abilities fell in the Low Average to Average range. Her strongest verbal abilities involved auditory working memory and fell in the Average range. Sample's rote memorization of digits and ability to recall numbers in reverse sequence fell at the 50th percentile compared to other adults her age. On a task requiring her to retain and order number and letter sequences, Sample performed at the 63rd percentile. Her remaining verbal abilities fell in the Low Average range. She appeared to have more difficulty with auditory working memory when math was involved, as her ability to complete arithmetic problems in her head without using pencil and paper (i.e., mental math) fell at the 16th percentile. Her weakest verbal abilities fell at the 9th percentile and involved verbal reasoning and comprehension, the ability to define words, common sense reasoning, social problem solving, and her fund of factual knowledge about the world. It appeared that Sample has gained less from her educational and academic experiences than her peers have, and learning new information may be more difficult for her than it is for her peers. She may not always understand the vocabulary used around her, and she may have difficulty seeing the relationship between concepts. Furthermore, she may have difficulty with problem solving and responding appropriately in social situations, as well as conceptualizing information in a meaningful manner.

Sample's visual-spatial abilities were better developed than her verbal abilities, as mentioned above, and fell between the Low Average and High Average ranges. She demonstrated a relative strength in nonverbal problem solving, as her score fell in the High Average range at the 84th percentile relative to other individuals her age. This task was untimed, however, and highlights the possibility that her academic and cognitive performance may improve remarkably with extended or no time limits. The majority of Sample's other visual-spatial abilities fell in the Average range, including those that involved visual processing speed, visual short-term memory, and hand-eye motor coordination. Her visual sequencing and planning ability was Average at the 37th percentile, while her ability to

analyze and reproduce abstract visual designs fell in the Average range at the 25th percentile. Attention to visual detail appeared to be a relative weakness for Sample, which fell in the Low Average range at the 9th percentile, however, this was the first cognitive ability test administered, and her performance may have been affected by test anxiety. Given the significant discrepancy between Sample's weaker verbal abilities and stronger visual-spatial abilities, her visual-spatial abilities in the Average range are probably the best estimate of her cognitive potential.

Sample's academic skills, which were measured by the Woodcock-Johnson III Tests of Achievement, fell in the Borderline to Average range and between the third and sixth grade levels. Reading seemed to be Sample's strongest academic area, but her reading skills varied considerably. Her ability to separate out the sounds that make up words fell at the upper limits of the Low Average range, while her word recognition fell in the Borderline range. Her reading comprehension was at the lower limits of the Low Average range at the late fourth grade level. Her written calculation skills and applied, practical math skills on story problems were similarly developed at the upper limits of the Borderline range and at the fourth to fifth grade level, but overall, her math skills were somewhat lower than expected given her Low Average mental math ability. Sample's written language skills, including spelling, editing (i.e., the identification of errors in written text), and the use of punctuation and capitalization, fell between the lower and upper limits of the Borderline range at the fourth to fifth grade level. Compared to her estimated overall cognitive ability in the Average range, Sample's word recognition, written language skills, and math skills were much lower than expected. It appeared that she has a learning disability that affects reading, written language, and math.

Summary & Recommendations: Sample's test results suggested that her overall intellectual functioning fell in the Low Average range relative to other individuals her age, but it is likely that this is a low estimate of her true cognitive potential. Her verbal abilities in the Borderline range were much lower than her nonverbal or visual-spatial abilities in the Average range. Her estimated overall cognitive functioning is probably at the lower limits of the Average range. Her verbal reasoning abilities in the Borderline range were significantly less developed than her nonverbal reasoning abilities, auditory working memory, and visual processing speed in the Average range. Sample's scores suggested that she has gained less from her educational and academic experiences than others in her age group have, which may be partially attributed to the fact that she reportedly attended school in Mexico between the ages of 10 and 16. Slower learners such as Sample tend to acquire new skills and information at a slower rate than that of their peers, and they tend to reach peaks in academic and vocational skill attainment at lower levels. In addition, Sample showed patterns of achievement that were suggestive of a learning disability that affects reading, written language, and math (DSM-IV-TR, 315.9: Learning Disorder Not Otherwise Specified). There were no significant mental health problems reported or observed in the present evaluation. Based on this information, the following are recommendations for Sample:

1. Sample should continue the specialized instruction for the GED that she began at Lifelong in October, as the one-to-one instruction tailored to the needs of adults with learning disabilities will be critical to her success in passing the test. During the GED and other standardized exams required for job entry, promotion, or retention, Sample

should request additional time, a distraction-free room, an audiotaped administration of the test, and the use of a calculator. She would also benefit from a scribe during written portions of exams.

2. Sample expressed interest in attending college, but even with academic accommodations in place for her learning disability, college may be quite difficult for her.
3. It is strongly recommended that Sample continue psychotherapy with Ms. Cohen. She would benefit from learning relaxation and stress management techniques, which would help her manage her stress and anxiety about life in general, and during the GED and other tests. In therapy, Sample may also be able to process any unresolved issues related to the deaths of her mother and grandmother and the fact that she lives a long distance from many of her family members. Lastly, Sample's therapist could provide her with support and help her learn parenting skills as a first time, single mother-to-be.
4. Sample's interest in working as a pediatrician is unrealistic, as she would be unable to complete the rigorous educational and licensing requirements to work in such a career. She may have some difficulty completing the training program and passing the licensing exam to become a certified nursing assistant but should be encouraged in this direction as many people with her profile do eventually meet the entry level requirement for being a C.N.A. Sample can also work in the medical field as a home health aide, which is one of the fastest-growing jobs in Colorado. It would be realistic for her to work in a hospital as a dietary aide (i.e., assembling and distributing meal trays to patients). Her personable nature and ability to speak fluent Spanish, as well as her relative strengths in nonverbal problem solving, visual processing speed, and visual and auditory short-term memory, will be valuable assets for her on the job. She should avoid jobs that require more than basic reading, writing, and math (e.g., resuming work as a cashier).
5. It was observed that Sample has problems with understanding directions at times, and thus it would be beneficial for her caseworkers, counselors, and employers to deliver instructions or procedures in simple language and in an itemized or sequential format. Sample may need information repeated or rephrased so she can better understand it.
6. Sample should obtain an eye examination, as she could not remember if her eyes have ever been checked, and she is experiencing vision problems.

Licensed Clinical Psychologist
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LIFELONG

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Confidential Psychological Report

This report should not be re-released without permission from the client and should not be released to the client without permission from the author

Name: Client

Social Security:

Age: 19

Date of Birth:

Referral Source: Case Worker

Date of Evaluation:

Referral Information: Client was referred for evaluation of her cognitive, academic, and emotional functioning by XXXXX. Client has had some difficulty passing the GED and her TABE scores were low.

Background Information: Client was born without complications following a full term pregnancy. She reported that she was healthy as a child and adolescent and has no current health concerns. Client's mother was an alcoholic and often drank while Client was growing up. School records indicated that she had quit using alcohol when Client was in elementary school and was attending AA meetings. Client has never been treated for alcohol or drug abuse but said she had a problem with methamphetamines after her daughter was born. She is not currently using but said she often feels like doing so sometimes. She currently lives with her mother and her fourteen-month-old daughter. The father of her daughter is not present. She said her relationship with him was poor and that he abused drugs and had bipolar and obsessive-compulsive disorders.

Client said she was first identified as having difficulty learning when she was in elementary school. She repeated the fourth grade and said that she was diagnosed as having attention problems at that time. School records showed she was first diagnosed with AD/HD by the school district during second grade and was placed into special education classes during the fourth grade because of continuing concerns about her academic performance. Test results obtained in 2002 by the school suggested Low Average range cognitive abilities and it was noted that she was socially withdrawn, oppositional toward adults and authority figures, and had poor social skills with her peer group. She was placed into a classroom for children with emotional difficulties and shortly thereafter dropped out of school. She said that her problems at school during eleventh grade originated in the violent relationship she was having with her boyfriend, who is the father of her daughter.

Client said that she feels her short-term memory is poor, especially for dates and times. She said she is easily overwhelmed and loses things. She said she becomes frustrated and angry with herself at times. Academic skills, she said, have always been poor. She thinks her reading and written language skills are poor and said she was in lower math classes when she was in high school. She would like to study for her GED but has not done so because of her poor confidence in herself. She has worked in telemarketing and janitorial jobs, but never for more than a few months at a time. She quit one job because she was pregnant, and was fired for no apparent reason from another. She said she did not like working as a telemarketer because she was not good at talking people into buying the products she was selling. After she completes her GED, she would like to get a job working with children as either a teacher or nurse.

Behavioral Observations: Client was on time for the appointments she attended. She missed her second appointment but appropriately rescheduled. Good rapport was easily established with Client, and it was felt that she was a good source of information about her history. A smoker, she requested a break during her first appointment so she could have a cigarette. It was noted that she chews her fingernails, which she said she has done since she was a child when she gets nervous. During test procedures, Client appeared well motivated and put good effort into the tasks required of her. It was noted that her performance seemed to improve as test items grew more difficult and she became more comfortable with each task. She did not appear anxious or overly stressed by the testing, and it was felt that test results were accurate estimates of her current levels of academic skill and cognitive ability.

Results and Discussion: Client attained a Full Scale IQ of 95 on the Wechsler Adult Intelligence Scale-Third Edition, placing her within the Average range of overall intellectual abilities at approximately the 37th percentile compared with other adults her age. Client's Verbal IQ of 98 was in the Average range at the 45th percentile, while her Performance IQ of 90 fell at the 25th percentile and within the Average range. An evaluation conducted three years ago indicated somewhat lower overall abilities, but it is likely that her motivation and attitude has improved since then; she was about to drop out of school when she was last tested due to lack of interest and domestic violence that was preventing her from concentrating fully on school. There were no significant differences among her IQ scores indicating similar development of her verbal and nonverbal abilities over all. Her Average range index scores also were relatively even in their development although her visual reasoning skills appeared somewhat better than her verbal reasoning and problem solving skills. Scores from all test batteries administered follow:

Wechsler Adult Intelligence Scale-Third Edition

	<u>Standard Score</u>	<u>Percentile Rank</u>	<u>Classification</u>
Verbal IQ:	98	45	Average
Performance IQ:	90	25	Average
Full Scale IQ:	95	37	Average

Wechsler Adult Intelligence Scale-Third Edition (continued)

Verbal Comprehension Index:	93	32	Average
Perceptual Organization Index:	101	53	Average
Processing Speed Index:	91	27	Average

<u>Verbal Subtests</u>		<u>Performance Subtests</u>	
Vocabulary	10	Picture Completion	07
Similarities	10	Digit Symbol-Coding	06
Arithmetic	10	Block Design	12
Digit Span	08	Matrix Reasoning	12
Information	06	Picture Arrangement	06
Comprehension	15	Symbol Search	11

Woodcock-Johnson III Tests of Achievement

Norms based on age 19

<u>CLUSTER/Test</u>	<u>Percentile</u>	<u>Standard Score</u>	<u>Grade Equiv.</u>
BASIC READING	21	88	8.2
BASIC WRITING SKILLS	02	69	4.5
ACADEMIC SKILLS	09	80	6.8
PHON/GRAPH	19	87	6.5
Letter-Word Identification	26	90	9.8
Calculation	04	74	5.7
Spelling	05	76	5.4
Passage Comprehension	51	100	12.5
Word Attack	14	84	6.1
Editing	02	69	3.7
Spelling of Sounds	22	88	7.3
Punctuation & Capitals	03	72	5.2

Client's verbal cognitive abilities fell into the Low Average to Superior ranges compared with her peers. Her fund of information about the world was significantly weaker than her other abilities and fell into the Low Average range relative to her peers. Low scores in this area are typical among people who drop out of high school and among people who have learning disabilities because of their disinterest in school related activities and reading. Vocabulary development and abstract reasoning abilities were Average range relative to her peer group, while auditory short-term memory was slightly weaker but not below the level expected of adults in her age group. She had remarkably good common sense, or social

reasoning ability and showed well developed and complex problem solving skills in the Superior range compared with her peers at the 95th percentile.

Nonverbal abilities fell into the Low Average to High Average ranges. Visual planning and sequencing abilities were weak along with her visual short-term memory. Visual reasoning skills were consistently higher, however, and she showed good ability to engage in visual problem solving tasks. Analysis and synthesis of visual forms under both timed and untimed conditions were High Average relative to her peer group. Attention to visual details was much lower in the Low Average range.

Academic skill development was in the Extremely Low to Average ranges and fell into a pattern typical of adults with learning disabilities. Reading comprehension was her greatest strength at the mid twelfth grade level, in the Average range at the 51st percentile compared with others her age. Word recognition was somewhat lower, though it was still in the Average range close to the tenth grade level, while phonetic decoding was lower still, in the Low Average range at the sixth grade level. Written language was weakest among her academic skills at the mid third to beginning fifth grade levels. Knowledge and use of punctuation and capitalization was at the fifth grade level and at only the 3rd percentile while her application of the rules of grammar was at the third grade level and the 2nd percentile. Math skills were also low relative to both her estimated intellectual ability and to her peers at the mid fifth grade level and at the 4th percentile. Significant weaknesses compared with Client's expected academic achievement levels considering her intellectual abilities were apparent in all areas, math, reading, and written language and she meets the criteria for a learning disability included in most definitions.

Summary & Recommendations: Client's test results suggested Average range overall cognitive functioning relative to her peers. Academic skills were significantly weaker across reading, writing, and math subtests, although her reading comprehension was relatively strong. This pattern of academic skill development and cognitive functioning is common among adults with learning disabilities. Client's history of underachievement was evident initially during the second grade, when it was felt she had an attention deficit disorder; current symptomatology and functioning does not suggest that she has attention problems, but it is clear she does have a mixed form of learning disability (DSM-IV 315.9: Learning Disorder Not Otherwise Specified, Mixed type). She also has poor confidence in her abilities and skills and has a relatively low regard for herself. Client seemed surprised to learn that she had strengths during the testing process and it is likely that she does not acknowledge her abilities in her daily life. The GED is well within her reach as long as she is provided with the appropriate accommodations during the exam and with appropriate training and instruction before she attempts it. Further, Client's profile suggested that, despite her learning difficulties, she has the potential to obtain a college degree at the four-year level (i.e., a bachelor's degree) if she chooses to pursue this goal. She would, of course, need to be provided with the necessary accommodations (see below) if she is to succeed, and she will need to remain persistent in pursuit of this goal. The following recommendations are made in light of these test results:

1. Client should request extra time and a quiet location in which to complete any examination required for job or school entry, retention, or promotion. She should be provided with a calculator whenever she is required to perform any kind of mathematical computation, and she should never be penalized for spelling errors unless she is provided with the appropriate tools (e.g., computer spell checker) and additional time in which to use them. In school settings, she should request that she be provided with a note taker during classes where class activities consist mainly of lecture. Poor visual and auditory short-term memory will cause her to miss details.
2. Client will be more likely to succeed if she is provided with appropriate support in her study for the GED and, later, the training programs of her choice. She will not function as well in larger GED programs; small one-to-one or small-group GED labs or classes will be best for her. It is expected that she will have the most trouble with the math and written language sections of the test, but she can achieve this goal if she is persistent and remains motivated to follow through.
3. Counseling/psychotherapy aimed at helping Client to understand her learning abilities, disabilities, and skills and that helps her to become a better self-advocate would be beneficial to her. Client's confidence in her capabilities will continue to improve as she better understands her strengths and weaknesses.
4. Client has very good reasoning and problem solving skills. Her goal of becoming a nurse or teacher is appropriate for her although she will face unique challenges in both these fields. After she has gained some confidence by completing the GED, she should consider taking overview courses at a community college that can help her decide which directions she is most interested in. Because of her learning problems, college level training will be difficult for her and she may need some help beyond what is available to her at the school.
5. Client may be eligible for services provided by the Colorado Division of Vocational Rehabilitation to people with disabilities seeking employment and training. She should call 303/866-2500 to speak with someone at D.V.R. about what she might be eligible for in the way of support services that might help her succeed in her vocational goals.

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Colorado License Number: xxxxxxxx

**Attachment D.3:
Sample Modular Group
Counseling Experience**

BUILDING BLOCKS FOR SUCCESS

A Structured Modular Group Counseling Experience

- Week 1 Understanding Stress
 - What is stress?
 - Good vs. bad stress
 - Effects of stress on health/daily life
- Week 2 Stress Management
 - Relaxation exercises
 - Behavioral tips for reducing stress
 - Positive self-talk/letting goes of worry
- Week 3 Effective Communication
 - Aggressive, passive, and assertive styles
 - Verbal and non-verbal cues
 - Navigating social/work environments
- Week 4 Emotional Sabotage
 - Redirecting anger
 - Reducing emotional reactivity/impulsivity
 - Calming anxiety
- Week 5 Boundaries
 - Personal rights and responsibilities
 - Who, where, and when to talk about what
 - Consequences of crossing the line
- Week 6 Problem Solving
 - Defining the problem
 - Exploring options
 - Taking action
- Week 7 Conflict Resolution
 - Choosing battles
 - Separating person from problem
 - Keys to compromise/resolution
- Week 8 Tools for Selling Yourself
 - Personal disclosure
 - Effective interviewing
 - Attitude

The purpose of this structured group experience in the teen treatment package for is to develop and reinforce essential life skills across diverse contexts through participation in exercises, discussion, and social exposure in a supportive environment aimed at enhancing self-sufficiency, vocational stability, and personal success. The modular design of this group allows for entry into the group to occur during any week, as each session is a separate and complete unit. This outline is a general guide for the group. Content will be adapted based on the group composition.

**Attachment D.4:
Certificate of Good Standing in
The State of Colorado**

certificate

Attachment D.5: Disclosure Statement

Disclosure

Disclosure p 2

Attachment D.6: Program Partner Letters of Support

Denver Public Schools
Emily Griffith Opportunity School (EGOS)
Corinn Thomas
Advisor, Special Programs

Center for Work Education and Employment (CWEE)
Barb Wallace
Program Director

EGOS

CWEE

Attachment D.7
2009-2010 Services and Fees Schedule

Fee schedule

E. Required Vendor Information Attachments

E.1: Reference Listing

E.2: Bidder/Contractor/Vendor Disclosure

E.3: W-9 Request for Taxpayer EIN Number

E.4: Debarment Certification

E.5: Drug-Free Workplace Requirements Certification

E.6: Signed Addenda Received and Reviewed Sheets