



**ALEXANDER CENTER  
MULTIDISCIPLINARY TEAM  
EVALUATION SUMMARY**

**Child's Name: Kyle Strock**  
**Parent name: Timothy**  
**MR #: 46079687**  
**Date of birth: 12-4-87**  
**Age at time of summary: 17years, 9 months**  
**Evaluation requested by: Dr. Mark Hench**  
**Dates of Evaluation: 10-4-05**  
**Date of Summary Conference: 10-5-04**

**PRESENTING CONCERNS:**

Presenting concerns include academics and attention. Kyle's dad wonders about the possibility of an attention disorder and emotional impacts from parental divorce. Parent goals are to help Kyle achieve passing grades and help him with concentration, prioritizing and being productive.

Your child has been evaluated by our multi-disciplinary team including:

- **Thomas T. Bennett Psy.D., L.P.-Pediatric Clinical Psychology** 952-993-2498 option 3
- **Amy Tannahill, CNP-Developmental and Behavioral Pediatrics** 952-993-2498 option 2

**ASSESSMENT PROCEDURES AND TOOLS:**

**Medical:**

Review of medical records  
Review of educational records  
Review of teacher questionnaire  
Review of Intake questionnaire  
Medical history  
Physical and neurodevelopmental examinations  
Behavioral observations

**Psychological:**

Beery Developmental Test of Visual Motor Integration (VMI-IV)  
Child Behavior Check List (CBCL)

Conners' Continuous Performance Test-II (CPT II)  
Disruptive Behavior Disorder Rating Scale (DBD)  
Multidimensional Anxiety Scale for Children (MASC)  
Reynold's Adolescent Depression Scale (RADS-II)  
Wechsler Adult Intelligence Scale (WAIS-III)

**EVALUATION FINDINGS:**

Kyle meets diagnostic criteria for attention deficit hyperactivity disorder, inattentive type. He complains of distractibility, weak organization, variable motivation dependent on interest, and difficulty with task completion.

Medically, Kyle presented as a teen with some concerns about elevated BMI, poor sleep habits and poor eating habits. Kyle has had a previous medical diagnosis of ADHD and responded positively to methylphenidate in the past. He has not had medical treatment for an attention disorder in several years. Developmental history is consistent with ADHD, primarily inattentive type. There were developmental concerns dated back to Kyle's kindergarten year.

The psychological evaluation indicated high average verbal cognitive ability and average non-verbal abilities. Cognitive strengths were in verbal concept formation and social judgment. His visual-motor processing speed and graphomotor skills were areas of relative weakness. He denied attitudes and behaviors associated with clinical depression or anxiety disorders.

**DSM-IV DIAGNOSES:**

*From the Diagnostic Manual of the American Psychiatric Association*

**Axis I: Clinical Disorders** Attention Deficit Hyperactivity Disorder, Inattentive Type.

**Axis II: Mental Retardation or Personality Disorders** No Diagnosis on Axis II.

**Axis III: Medical Conditions** Elevated BMI  
Sleep disorder-NOS

**Axis IV: Psychosocial and Environmental Problems** Parent divorce.

**Axis V: Global Assessment of Functioning** GAF = 57

## RECOMMENDATIONS:

- Studies have shown that a multimodal approach to the management of ADHD is most effective. This may include a combination of medical, behavioral, and classroom interventions.
- Recommend a follow up appointment with Amy Tannahill, CPNP to discuss treatment options for ADHD.
- Recommend baseline thyroid function tests and cholesterol level to be done at primary providers office.
- Recommend Melatonin 1-3mg 30 minutes before bedtime to help with sleep onset
- Recommend cutting all soda out of diet.
- Recommend increasing activity level through regular exercise. At least 30 minutes of aerobic exercise 3-5 times per week is recommended. This may include swimming, cross- country skiing, biking or walking.
- Consider consultation with Susan Deno, registered dietician, to discuss diet changes and portion size. She can be reached at 952-993-3333 for an appointment.
- Kyle may benefit from classroom accommodations to help with aspects of ADHD not benefited by medication. A formal accommodation plan can be developed through section 504 of the ADA. Please refer to parent handout for information about accommodations.

## BOOKS:

- Living With Attention Deficit Hyperactivity Disorder by Rebecca L. Kajander, M.P.H., C.N.P. (Available at the Alexander Center for Child Development and Behavior).
- Taking Charge of ADHD by Russell Barkley.
- Driven to Distraction by Hallowell and Ratey.
- Parenting Teens with Love and Logic by Cline and Fay.

This 60-minute conference consisted of review of clinical findings, teaching, counseling and coordination of care. Medical provider was present for 60 minutes of this 60 minute conference.