

FINAL CASE STUDY



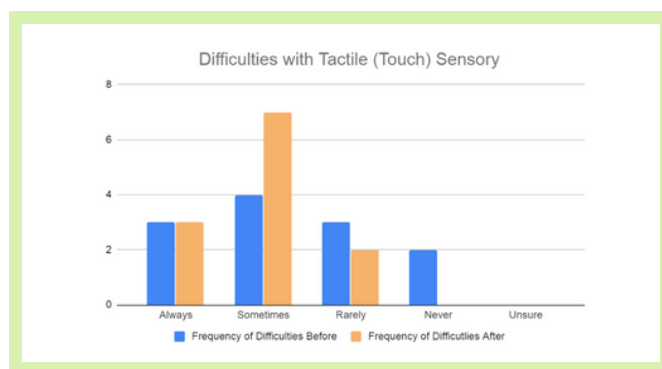
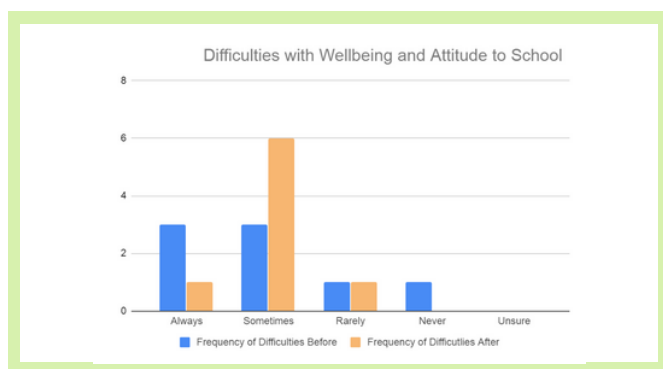
This case study has been based on final results as part of the Tailored Developmental Therapies Intervention Program. Client ZK9.11 has concluded Therapy.

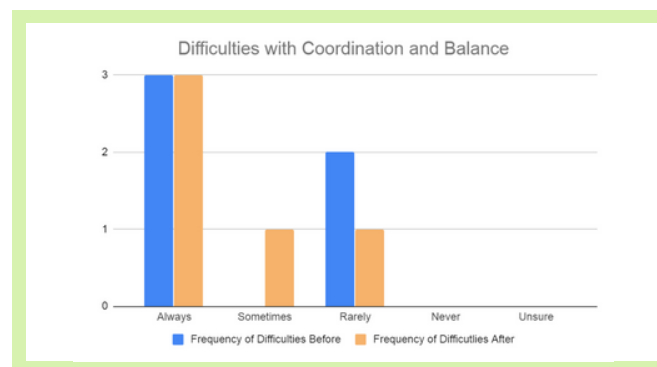
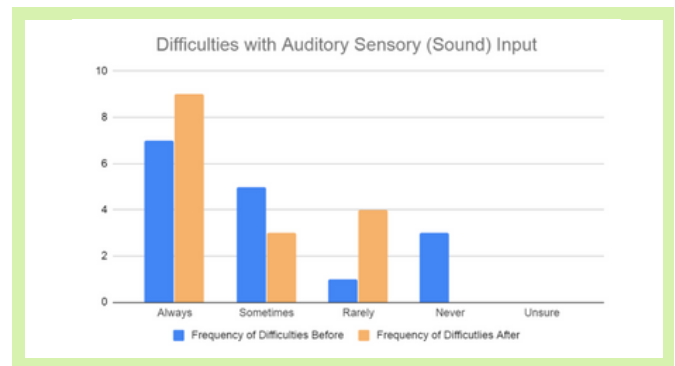
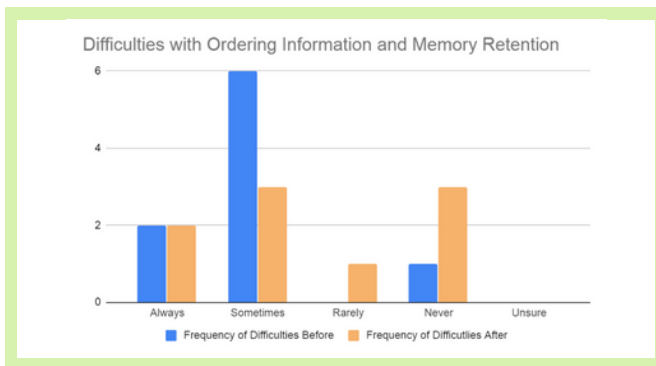
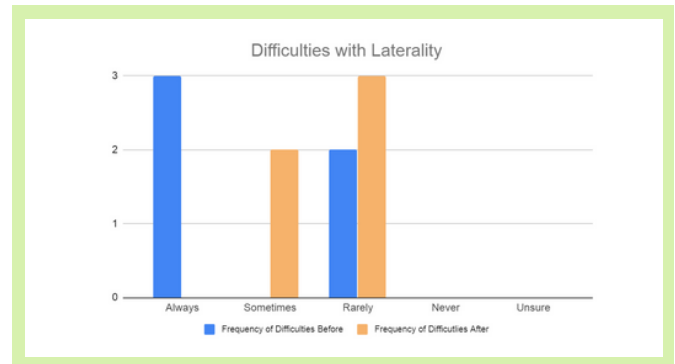
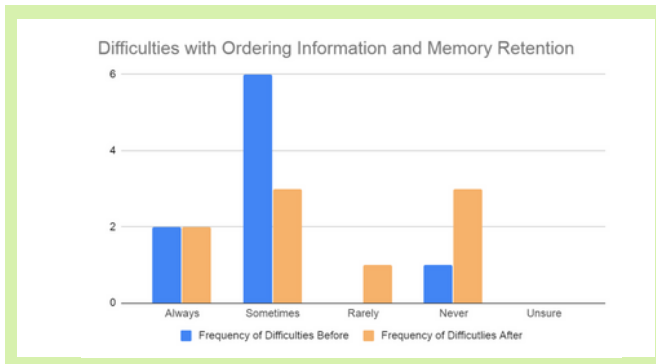
Client Profile:

ZK9.11 is a 9.11-year-old boy who started the Tailored Developmental Therapies program in April 2018 and finished in March 2019. He was born at 27 weeks premature and was administered antibiotics for weeks after birth. He started walking at 10 months, his speech was somewhat delayed, and treatment had been sort. ZK9.11 does not have a formal diagnosis; although his younger brother has Dyspraxia and Autism Spectrum Disorder, his father experiences learning difficulties. Socially, he has low confidence and does not handle friendships well; he often has meltdowns. Academically, he has problems in the following areas: remembering information, following directions, sounding out words, skipping lines when reading, spelling, telling time, expressing thoughts in writing, learning new skills and concepts, math numeracy, and reading comprehension.

Additionally, he has received handwriting support since reception (SOS). For social and emotional behaviour, he demonstrates weaknesses in the following areas: arguing with classmates, easily getting burdened and depressed, not participating in school activities (low motivation), complaining about particular smells, seeking excessive physical contact with others as well as messy materials, speaking in an unusually loud or quiet voice, and difficulties with remembering spoken information. He has a tutor for 1 hr a week.

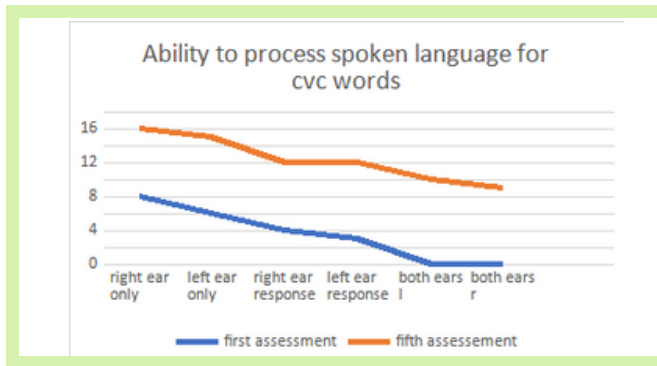
Results: The results below illustrate the frequency in which ZK9.11 experienced difficulties across his sensory profile both before beginning the Tailored Developmental Therapies program and after. These results are based on parental surveys and professional observations, and testing.





The ability to process language and discriminate speech sounds from other noises in the environment is fundamental to focusing, understanding, learning, and interacting with others. Right ear dominance is required to efficiently process auditory information to the language centres in the left hemisphere. Left ear dominance usually results in emotional reactions to language and slower processing time and the related impacts on learning being left ear dominant.

The results below show the changes in the ability to process speech sounds over the Tailored Developmental Therapies program. The auditory and visual processing improvements are reflected in their visual processing assessment, dyslexia screening, and reading scores.

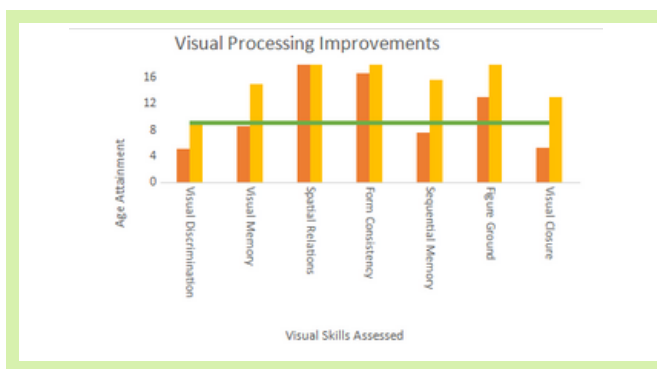


Total score at the initial assessment:

9 correct in the left ear and 12 correct in the right ear out of 60.

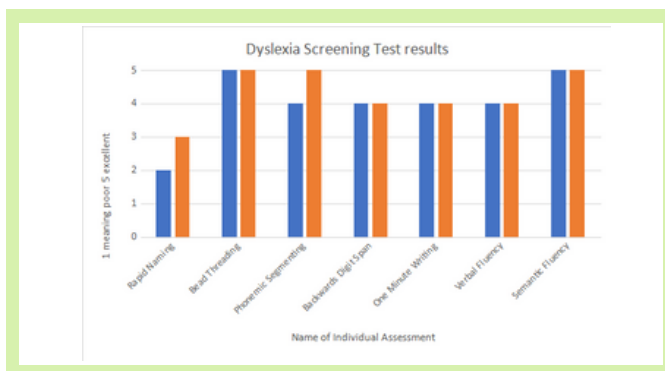
Total score at her final assessment:

38 correct in the left ear and 38 correct in the right ear out of 60.

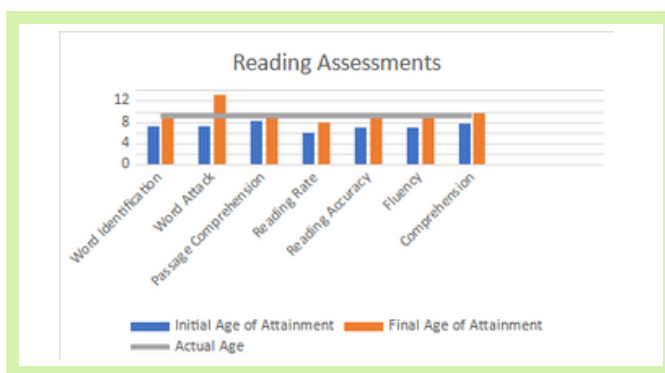


Visual Processing Average at Initial Assessment 10.6 years

Visual Processing Average at Final Assessment 15.3 years



Dyslexia at Risk initial was 0.2 and is now 0.1



ZK9.11 received a 23st %ile score and Oral Reading Index of 89 and Below Average at his first assessment. He has scored 34th %ile and received an Oral Reading Index of 94 and an Average at his final assessment.

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Discussion:

After completing the interventions, ZK9.11 experienced improved organisation and attention (he is better at managing routine changes), coordination, and balance (he dresses and willingly plays sports and doesn't trip over his feet). Writing (punctuation and grammar), improved speech (says sounds correct) and numeracy (counting on) were also areas of gain. The data above also shows that ZK9.11 demonstrated increased progress in visual processing (visual discrimination, visual memory, sequential memory, figure-ground, visual closure, reading (rapid naming, phonetic segmenting, word attack, and phonetic segmenting). It is also reported that he has improved in sleep and he has reduced anxious feelings. He rarely has meltdowns now.

- End of Case Study -