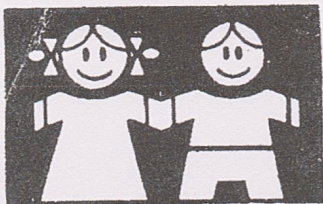


6/3/08



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Confidential Psychological Evaluation

Name: Jeffery Bodin

Age: 11 years

Date of Birth: 5/22/97

Date of Evaluation: 6/3/08

Reason for referral: Jeffery Bodin is an 11 year old Caucasian male referred by Dr. Jamie Morales in the hematology/oncology department of Children's Hospital for psychological evaluation. The evaluation was requested to assess his intellectual functioning prior to beginning treatment for melanoma.

Test administered:

Woodcock Johnson Tests of Achievement, Third Edition-selected subtests

Children's Memory Scale, selected subtests (CMS)

Relevant background: Jeffery's mother, Linda Bodin, reports that Jeffery was diagnosed with melanoma in March, 2008 originating in his left leg. He underwent surgery in March and April, 2008 for removal of the melanoma and involved lymph nodes. He currently is receiving interferon and will continue to receive this treatment for the next 42 weeks at Children's Hospital.

Jeffery's history prior to his diagnosis is characterized by a premature delivery via cesarean section at 33 weeks due to preclampsia. He was hospitalized in the NICU for 19 days but did not appear to experience developmental delays as an infant and toddler. Developmental milestones were met at appropriate times. He did undergo surgery for PE tubes and tonsillectomy and adenoidectomy at age four.

Jeffery attends Cedarwood School and will begin 5th grade in the fall. He is an above average student with no difficulties at school. He lives with his parents, Linda and Mark Bodin in Mandeville, LA, and his eight year old sister.

Jeffery is described as a well adjusted child without significant behavioral or emotional difficulties prior to his diagnosis with cancer. He has developed some situation specific anxiety related to medical procedures for which he was prescribed Prozac by his pediatrician, Dr. Casey.

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Behavioral Observations: Jeffery arrived in the Department of Psychology with his mother, Linda Bodin. He initially had difficulty agreeing to begin the testing process and refused to enter the testing room. After some coaxing, he agreed to work with the examiner and began the testing process. Initially, he was careful with his work and appeared to put forth strong effort. However, as testing time continued (total testing time two hours), he appeared tired and began to resist completing tasks. He truly did become fatigued and thus testing was discontinued.

During the time Jeffery worked, no significant difficulties with attention and concentration were noted other than the interfering factor of fatigue. He was confident in his knowledge and enjoyed showing the examiner what he could do. No difficulties with fine and gross motor skills were noted. Speech was fluent and articulate. Test results are felt to be a slight underestimation of his true abilities due to his fatigue.

Test Results: The Weschler Intelligence Scale for Children, Third Edition, was not administered to Jeffery due to his fatigue. His mother was asked to return at a later date to complete this measure.

Jeffery was administered selected subtests from the Woodcock Johnson Tests of Achievement, Third Edition (WJ). The WJ is a standardized measure of a child's achievement in academic areas. Jeffery received the following scores in the WJ:

WJ-III

Scale	Standard Score	Percentile	Classification
Broad Reading Skills	100	50	Average
Broad Math	89	23	Low Average
Broad Written Language	89	23	Low Average
Brief Reading	102	55	Average
Brief Math	93	32	Average
Math Calc. Skills	78	7	Borderline
Brief Writing	90	25	Average
Written Expression	98	45	Average
Total Achievement	93	32	Average
Academic Fluency	87	19	Low Average

Jeffery's overall Academic Achievement was measured in the average range, with average scores in the word decoding (Letter Word Identification), reading fluency and reading comprehension (Passage Comprehension) subtests. His math skills were also generally average, however his Calculation score was low average, likely because he chose work most of the problems without the benefit of a paper. His basic math fact

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speed (Math Fluency) was also somewhat low, primarily due to careless errors. He missed two problems due to misreading signs. Writing skills (Writing Samples and Writing Fluency) were solidly average. These scores are likely an underestimation of his true abilities due to his fatigue and reluctance initially to participate in testing.

Jeffery was also administered selected subtests from the Children's Memory Scale to assess his verbal and visual memory skills. Verbal memory was tested following the presentation of several orally presented stories and Jeffery was asked to remember as much as possible about the stories. Visual memory was tested by assessing Jeffery's recall of a series of faces. Jeffery's visual memory skills equally strong as his verbal skills and all skills were measured in the average range. Jeffery obtained the following scores on the CMS:

CMS

Scale	Standard Score	Percentile	Classification
Stories Immediate	9	37	Average
Stories Delayed	10	50	Average
Stories Delayed Recognition	11	63	Average
Faces Immediate	9	37	Average
Faces Delayed	9	37	Average

Jeffery's mother, Linda Bodin, completed the Behavior Assessment System for Children, Second Edition (BASC), a measure used to obtain information about Jeffery's behavioral and emotional functioning across a variety of domains. On this measure, Mrs. Bodin responses were well within normal limits on the Internalizing and Externalizing scales, indicating that she does not perceive Jeffery as having any with anxiety, depression or oppositional behaviors at this time. The only elevation noted was seen on the Somatization scale, which reflects physical complaints and is frequently elevated in children undergoing treatment for a medical condition.

Summary and Recommendations:

Jeffery is an 11 year old Caucasian male who was referred by Dr. Jamie Morales of the Hematology/Oncology Department of Children's Hospital for a psychological evaluation. An evaluation was requested to assess his intellectual functioning prior to beginning interferon treatment for melanoma.

Results of this evaluation indicate that Jeffery demonstrates academic and memory abilities in the Average range. Intellectual abilities were not assessed due to patient fatigue. Based on the results of the current evaluation, the following recommendations are made:

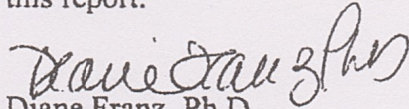
1. Jeffery should receive another assessment at the completion of treatment to monitor his progress and any possible neurocognitive changes.

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2. As Jeffery returns to school, his adjustment should closely followed by her parents and teacher to determine if any issues emerge. The following recommendations are made to assist in his adjustment to the rigors of the school routine:

- a. Allow Jeffery extended time to complete assignments, both in and out of the classroom as needed to address ongoing difficulties with fatigue.
- b. A note taking buddy/homework buddy who can help Jeffery obtain assignments when he misses school or is late due to clinic is suggested.
- c. Rather than giving Jeffery long assignments, shorten assignments to allow him to still benefit from practice without excessive fatigue.
- d. If Jeffery requires short breaks during the day (which is preferable to him missing an entire day of school), allow him access to an office or nurse's station where he can rest for 10-15 minutes and then return to school.

It was a pleasure to evaluate Jeffery. Please contact me should you have questions about this report.



Diane Franz, Ph.D.

Licensed Clinical Psychologist