Welcome to The Morris Center (TMC). We are pleased to have the opportunity to work with you. Our team’s primary aims are to provide a clear understanding of an individual’s strengths and weaknesses, as well as to provide an individualized treatment program that can unlock their true learning potential. This letter provides an overview of our clinic and its highly effective transdisciplinary team evaluation process. “Transdisciplinary” means that our professional team includes several licensed disciplines that use an expanded knowledge of each discipline’s role and a consistent theoretical approach to work together as a team to provide a thorough evaluation and to develop a uniquely individualized, research-based and effective treatment plan or plans.

Our transdisciplinary team at TMC in Gainesville includes:
- Tim Conway, Ph.D., Director & Neuropsychologist
- Kathy E. Funke, Ph.D., NCSP, Licensed School Psychologist
- Michelle Babb, M.A., CCC/SLP, Speech-Language Pathologist
- Stephanie Swain, M.OT., OTR/L, Occupational Therapist
- Joan Pincus, M.D., Child/Adolescent Psychiatrist

Other members of our team include:
- Jana Lee Russell, Office manager (billing and scheduling), Melissa Conway, A.A., Language staff, William A. Meldrem, B.A., Language staff/Psychometrician & Donna Sterkowitz-Lastra, B.S., Language staff/Co-Coordinator TU

The evaluation process generally occurs in two phases – Phase 1 & Phase 2:

Phase 1: The primary purposes of a Phase 1 evaluation include the following:

1. Conducting a broad evaluation of strengths and weaknesses, including attention. To do this, we collect information from a numbers of sources – typically parents/caregivers, teachers, and, in some cases, other health care providers.
2. Determining if an attention disorder exists. The specific questionnaire, evaluation and history data helps determine if an attention disorder (ADHD-Inattentive, ADHD-Hyperactive, or ADHD-Combined Type) is present. ADHD may interfere with cognitive, academic and behavioral skills or academic achievement.

The Phase 1 evaluation takes 2-days to 1-week to complete (or 2-weeks if a classroom observation is conducted) and includes the following components:

Background Information: Prior to scheduling the Phase 2 evaluation, we will ask you to complete detailed questionnaires asking about medical, developmental and academic history. Also, we request that you provide copies of previous evaluations, test results, or treatment summaries from other clinics (speech/language, academic, and/or occupational therapy). All questionnaires, forms and previous records must be returned to TMC at least 2 business days prior to your meeting with the Psychologist and treatment coordinator – this meeting is called a “Diagnostic Interview,” see below.
• **Questionnaires**: In addition to the background forms, there will be several standardized questionnaires about attention and behavior. You and a teacher will need to complete and return these questionnaires prior to scheduling the first evaluation appointment. Significant concerns about attention, behavior, or social skills at home, school or work may be identified by the responses to the questionnaires. If so, then we may ask to conduct a classroom observation or talk with a teacher.

• **Diagnostic Interview (~1 hour)**: During a meeting at TMC between you and the Psychologist all primary concerns, medical, developmental and academic history will be thoroughly reviewed. Also, behavior, emotions, personality, social skills and any prior evaluations or treatments will be discussed.

• **Evaluation of Attention and Behavior (1 to 2 hours)**: The Psychologist will complete a formal evaluation of attention/focus skills – the ability to focus, sustain, divide and switch one’s attention between various tasks that may or may not be of high interest. Attention is usually assessed using tasks that involve auditory (hearing) tasks and visual (seeing) tasks. Since 50-70% of children with learning disabilities also have attention disorders, it is important to determine whether attention problems could be contributing to the learning difficulties or your primary concerns. It can be problematic to assume that attention abilities are fine and to skip formally evaluating attention. Undiagnosed and untreated attention disorders may cause the evaluation of academic, language, sensory motor or other skills to be invalid or to provide vague information about attention versus cognitive abilities. For example, in a child with attention problems it is very difficult to determine whether low scores on a language test are due primarily to attention problems or to a language disorder. If attention problems are diagnosed in this Phase 1 evaluation, then options for treating attention problems will be discussed with you prior to beginning the Phase 2 evaluation.

**After the Phase 1 data collection is completed, then a series of meetings occur which includes:**

• **Diagnostic Staffing**: The Psychologist and Dr. Conway discuss Phase 1 evaluation results, determine if a clinical diagnosis of ADHD is supported by these results, and if ADHD is diagnosed, then they identify an individualized treatment plan. Also, all findings from the Phase I evaluation are relayed by the Psychologist to the Speech and Language Pathologist (SLP) and the Occupational Therapist (OT) prior to the Phase 2 testing. Therefore, the team of professionals creates an individualized plan for Phase 2 testing.

• **Interpretive Meeting** (1 hour): The Psychologist and Dr. Conway (if available) will meet with you to review the team’s Phase 1 evaluation findings and the recommendations for the next step in the evaluation process.
  - The next step in the evaluation process will either be pursuing comprehensive treatment of ADHD before the Phase 2 evaluation or to begin scheduling the detailed Phase 2 evaluation. Comprehensive treatment of ADHD can take 2 to 8 weeks, depending on the treatment plan selected and the child’s response to the treatment plan; some children show improved attention in a very short time while others take a longer time to find the right treatment approaches to maximize their attention abilities.
Phase 2: The primary purposes of a Phase 2 evaluation include the following:

1. provide a detailed identification of your child’s unique strengths and weaknesses
2. generate research and clinical experience-based recommendations for an individualized plan of treatment(s); the goal of treatment is improving weaker skills and functional abilities, such as language, academic, attention, learning, memory and sensory-motor skills.

Based on the information obtained during the Phase 1 evaluation, a comprehensive evaluation plan is developed. These evaluations use professionally developed tests that compare an individual’s current performance to a nationwide sample of same-age peers' performance on these professional tests. Evaluations typically occur in the morning and last from 3 to 4 hours, depending on the individual’s age, ability and stamina. We aim to obtain the best measurement of an individual’s performance in each discipline’s domain of abilities.

Following TMC’s transdisciplinary approach, four specific evaluations across three professional disciplines are usually included in the Phase 2 evaluation:

1) **Cognitive:** (~2 hours) testing general intellectual abilities (Intelligence Quotient - IQ) and other cognitive skills, such as processing speed, learning, and memory.
2) **Academic:** (~3 to 4 hours) age-appropriate measures of reading, written language, and math skills. Reading skills include decoding (sounding out words with phonics and phonological skills, as well as visual memory of sight words), reading comprehension and reading fluency (reading quickly and accurately). Writing skills include spelling, writing sentences, writing an essay and writing fluency. Math skills include performing basic calculations, word problems, applying math concepts to everyday problem-solving and math fluency. Typically, the academic testing occurs on the same day as the cognitive ability testing, but this depends on the child’s age and stamina.
3) **Speech and language:** (~3 to 4 hours) testing phonological processing, naming, receptive language and expressive language skills. Other speech skills, such as articulation, may be tested.
4) **Sensory motor/sensory processing:** (~2 to 3 hours) testing fine and gross motor skills, balance, body awareness, reflexes, postural control and the ability to process and modulate sensory information, e.g. visual perception/processing. Also, she will meet with you for ~30 minutes to review one of the sensory processing questionnaires and to listen to your specific concerns about sensory, motor, sensory processing and functional abilities at home, school and in other settings.

**Transdisciplinary Diagnostic Staff Meeting:** After all components of the Phase 2 evaluation are completed, the transdisciplinary team meets and discusses the test results, develops a profile graph of the individual’s specific strengths and weaknesses, determines specific diagnoses, and creates an individualized treatment plan. A critical aspect of this evaluation step, highly unique to The Morris Center’s evaluation services, is the child’s performance on all disciplines’ testing is compared “across” the disciplines. For example, all language testing still requires visual processing, sensory motor, fine motor and attention. Hence it’s important to consider the child’s performance on OT and neuropsychological testing when interpreting the language testing. Our team of professionals is trained “across” the disciplines, such that the OT, SLP and Neuropsychologist have a shared knowledge of each discipline’s theoretical models of brain function and abilities, which guides their interpretation of the child’s test performance across all disciplines’ evaluation results. In essence, the child’s performance is compared across the disciplines to find consistent or inconsistent performance in various cognitive, sensory, motor and academic abilities.
This in-depth analysis across the disciplines provides the greatest likelihood of identifying which foundational skills may be contributing to learning or skill difficulties.

- **Interpretive Meeting:** (1-2 hours) During this meeting, which typically takes place a few days after the diagnostic staff meeting, the transdisciplinary team reviews the results of the evaluation with you in depth. The team answers your questions as they explain your child’s unique profile of strengths and weaknesses and discuss the individualized treatment, school and home recommendations. At the end of this meeting, if treatment at TMC is something you choose to pursue, some logistics will be discussed including: an estimate of treatment costs, typical or available daily/weekly treatment schedules and the next available treatment start date. **Until the Interpretive Meeting has been completed, we cannot determine or guarantee an exact start date for treatment with TMC’s unique team of professionals and research-based treatment programs. Start dates for treatment at TMC are open-ended and are based on availability on a first-come first-served basis. A financial deposit is required to reserve treatment services at TMC.**

In summary, the entire Phase 1 and Phase 2 evaluation process may take 2 to 10 weeks to complete (if ADHD medication is needed) or 2 to 4 weeks (no ADHD medication), will provide detailed information about your child’s strengths and weaknesses from a state-of-the-art transdisciplinary perspective and will guide the development of an individualized, research-based treatment plan.

At any time, if you have any additional questions about the evaluation process at The Morris Center, then please ask the Gainesville clinic’s Office Manager. They will either answer your questions or relay your questions to the appropriate professional to get an answer for you as soon as possible.

We look forward to working with you to unlock your child’s true learning potential.

Sincerely,

*The Morris Center Team*