

SAMPLE PSYCHOEDUCATIONAL REPORT

**Atlanta Pediatric Psychology Associates
3580 Habersham at Northlake
Tucker, Georgia 30084
(770) 939-3073**

PSYCHOEDUCATIONAL EVALUATION

NAME: Sally Smith
AGE: 9 years, 3 months
GRADE: 4.3
SCHOOL: The Private School
PARENTS: Mr. and Mrs. John Smith
REFERRED BY: School Counselor
EVALUATED BY: (Name of APPA Psychologist)

Sally is a nine-year-old girl who is in the fourth grade at The Private School. She was referred for a psychological evaluation by her parents on the recommendation of her school counselor. Although described by her teachers as being very intelligent, Sally's grades have begun to drop, she has trouble completing assignments within the allotted time, states that she "hates reading", and is becoming more oppositional both at home and in the classroom.

During the five hours of testing, Sally was polite and cooperative. As the day progressed, she became increasingly restless, but remained on task with encouragement. I believe that these results accurately reflect her current level of functioning.

ORGANIZATION OF REPORT

The information in the report is presented in a way that is **USER FRIENDLY: ACCURATE, CONCISE**, and **INTELLIGIBLE**. Your questions are answered using the latest in testing technology. Conclusions are based on objective findings, and recommendations are realistic. We do not tell teachers how to teach, doctors how to practice medicine, or parents how to parent. We do give you the information you need to meet your child's needs.

To make it even easier to understand the findings, a series of **colored charts** and **profiles** are employed to give you a visual summary of the test results.

INDEX

Tables:

Cognitive or Intellectual Abilities [Page 3](#)
Academic Achievement [Page 5](#)
Reading Aptitude [Page 8](#)
ADHD [Page 10](#)

"Stickers" [Page 14](#)
Resumes of APPA Psychologists [Page 15](#)

SUMMARY

Intellectual Potential

The Woodcock was used for this evaluation, but other intelligence tests may be employed depending on the need.

Intellectual Potential was measured with the Woodcock-Johnson III Tests of Cognitive Abilities (WJ III). The WJ III is a well normed individual intelligence test that, in addition to yielding a total score, has multiple subscales that measure the many abilities which are necessary for learning. *Sally's Broad Cognitive Ability Score (similar to an IQ) of 114 places her in the high average range at the 82nd percentile, i.e., she did as well or better on this test as 82 of 100 children her age.*

There is a problem inherent in all IQ scores, (WJ III, WISC-III, etc.), that are derived from an average of several subtests. If there is too great a range of scores, their "average" loses its usefulness as a means of summarizing the many abilities that combine to form human intelligence. A better approach is to consider each of the cognitive abilities separately in making predictions of potential. Human intelligence is much too complex to be compressed into any one score. Below are the cognitive (intellectual) abilities measured by the WJ III.

The Ability being measured is underlined and is followed by an explanation of how it impacts learning. *The Student's performance on the test is typed in italics.*

Visual Processing: Being able to accurately see letters and numbers is an essential first step for reading and math, and the ability to recognize and remember objects that are seen is important for a broad range of tasks—art, drafting, architecture, or simply recalling the faces of friends. *Sally placed in the high average range on the visual processing subtest (Visual Closure).*

Auditory Processing: This refers to the ability to hear the sounds which combine to form words. It is a skill which is very important in spelling and learning new words by hearing them, e.g., learning a foreign language. It is

not the same as Listening Comprehension which refers to the ability to grasp the meaning of what one hears. *Sally's auditory processing abilities are very weak. Her skill at hearing the sounds from which words are built (Incomplete Words) is at the 16th percentile and her aptitude for blending them into complete words is at the 25th. This significant weakness probably is contributing to her problems with reading and spelling.*

Scores are presented in graphic form opposite the text. Colors make interpretation easier.

[Show Intelligence Profile](#)

As the WJ III tests of visual processing do not measure the tendency to see numbers, letters, and words backward, the Jordan Left-Right Reversal Test was administered. *Sally did not do as well on the Jordan. Her 14 errors place her at the 0 percentile. When asked to proof read a page of letters and numbers she failed to recognize a backward z and 7. She also failed to note the reversals in **goob, puick, qull, bab, qencil, bown, etc.** And when she was proofing complete sentences she missed, "The horse ran **no** the grass." This is a serious weakness in a child her age and suggests the presence of visually based dyslexia.*

COGNITIVE or INTELLECTUAL ABILITIES

Woodcock-Johnson Tests of Cognitive Abilities III

Name: Sally Smith

Age: 9

SS = 80 90 100

0% 9% 25% 30% 40% 50% 60% 70% 80% 90% 100%

High Average Intelligence

ABILITIES (WJ III Subtests)	GIA 114	Characteristics of Low Scorers	Characteristics of High Scorers
Gen. Intellectual Abil. __Std. __Ext.	82%		GENERAL INTELLIGENCE
Concept Formation	97%	<i>Person will have trouble reasoning, drawing inferences, understanding implications, or forming new abstract concepts.</i>	FLUID REASONING
Analysis-Synthesis			<i>Good higher-order intelligence. Can think logically form new abstract concepts, and</i>
WISC III Similarities	98%		COMPREHENSION-KNOWLEDGE Vocabulary and General Information
Verbal Comprehension	95%		
General Information		<i>Limited breadth and depth of knowledge. Limited vocabulary and/or general knowledge.</i>	<i>Broad breadth and depth of knowledge. Good vocabulary and/or general knowledge.</i>
Visual-Auditory Learning	20%		LEARNING AND LONG-TERM RETRIEVAL
Visual-Auditory Learning (Delayed)		<i>Trouble learning and/or remembering new information, e.g., names or meanings.</i>	<i>Good at learning and remembering new information. Can learn much information quickly and recall it later.</i>
WRAML Sound Symbol	16%		SHORT-TERM MEMORY
Numbers Reversed	30%		
Auditory Working Memory	50%	<i>Trouble remembering things. (These are auditory tests.)</i>	<i>Remembers things well for short periods of time. Compare with long-term memory (above).</i>
Memory for Words	40%		
Visual Matching	9%		PROCESSING SPEED
Decision Speed	15%	<i>Slow at performing easy, routine tasks. "Slow worker"</i>	<i>Fast at performing easy, routine tasks. "Fast worker"</i>
Rapid Picture Naming	5%		
Pair Cancellation			
Sound Blending	25%		AUDITORY PROCESSING
Incomplete Words	16%	<i>Trouble hearing the sounds (phonemes) in words and/or has trouble blending sounds to form words. (Not the same as Comprehension which is understanding the meaning.)</i>	<i>Skilled at hearing the sounds of which words are built and/or blending sounds to form words. (May or may not know the meaning of the word, but can "hear" it.)</i>
Spatial Relations	79%		VISUAL-SPATIAL THINKING
Picture Recognition		<i>Poor visualization skills. May have trouble recognizing things "seen" or remembering what things look like. Visual reversals may be a problem</i>	<i>Good visualization skills and/or visual memory. A tendency to see things backward is often separate from other visual processing skills.</i>
VMI: Visual-Motor	85%		
Visual Reversals Jordan L-R Reversals Test	0%		

Excellent High Order Intelligence and Vocabulary

Low Average Associative Learning

Average Short-Term Memory

Slow Processing Speed

Weak Phonics

Severe Letter Reversal Problem

Borderline Low Average AVERAGE RANGE High Average Superior

Speed of Information Processing: How quickly the person works on easy, routine tasks. *On the Visual Matching subtest, Sally placed at the lower limit of the low average range (SS = 80, 9%). This may indicate the presence of ADHD as a slow rate of processing information is associated with this disorder, or it may reflect the problems with visual processing noted above. She also did very poorly on a test of **rapid naming** (Rapid Picture Naming = 5%). Rapid naming is very important for reading and weaknesses can indicate the presence of a serious reading problem.*

Short-Term Working and Rote Memory: All learning is dependent upon short-term memory. An example is being able to remember a phone number long enough to dial it. The WJ III measures both **working** and **rote short-term memory**. Sally placed in the average range on all tests of short-term memory.

Learning New Information: An excellent feature of the WJ III is its ability to test how well a person can learn new material and remember it. It measures sound-symbol learning, i.e., learning the sounds which go with pictures or symbols. This is the major learning skill stressed from kindergarten into the first few years of college. *On the Visual-Auditory Learning subtest, Sally placed in the low average range at the 20th percentile. She also placed in the low average range on the Sound-Symbol Learning subtest from the WRAML. These findings indicate that Sally has difficulty learning the association between visual images and sounds.*

Comprehension and Knowledge: One of the better measures of what is known as "General Intelligence" is vocabulary. This reflects how well the person has used cognitive abilities to learn important aspects of the culture. *Sally's score on the Verbal Comprehension test indicates a superior vocabulary.*

Fluid Reasoning or the Ability to Think Logically: This is what most people think of when they think of higher level intelligence. How the person is able to process information and use it to solve abstract problems. *Fluid reasoning is an area of great strength for Sally. On a test of visual fluid reasoning that required her to utilize analysis and synthesis to solve puzzles, she placed in the superior range at the 97th percentile. She also placed in the superior range on the Similarities subtest from the WISC III, which indicates superior verbal fluid reasoning.*

Sally has a tremendous aptitude for abstract thinking and reasoning.

Findings such as the above are quite common in children referred to us for academic problems. They may be very bright in some areas but have significant weaknesses in others. As you can see from this summary, we augment the basic intelligence test with other instruments to assure that all of the basic abilities are adequately covered.

Making a differential diagnosis between LD, ADHD, ODD, and Emotional Problems is not an easy task. It can only be done if the appropriate tests are used.

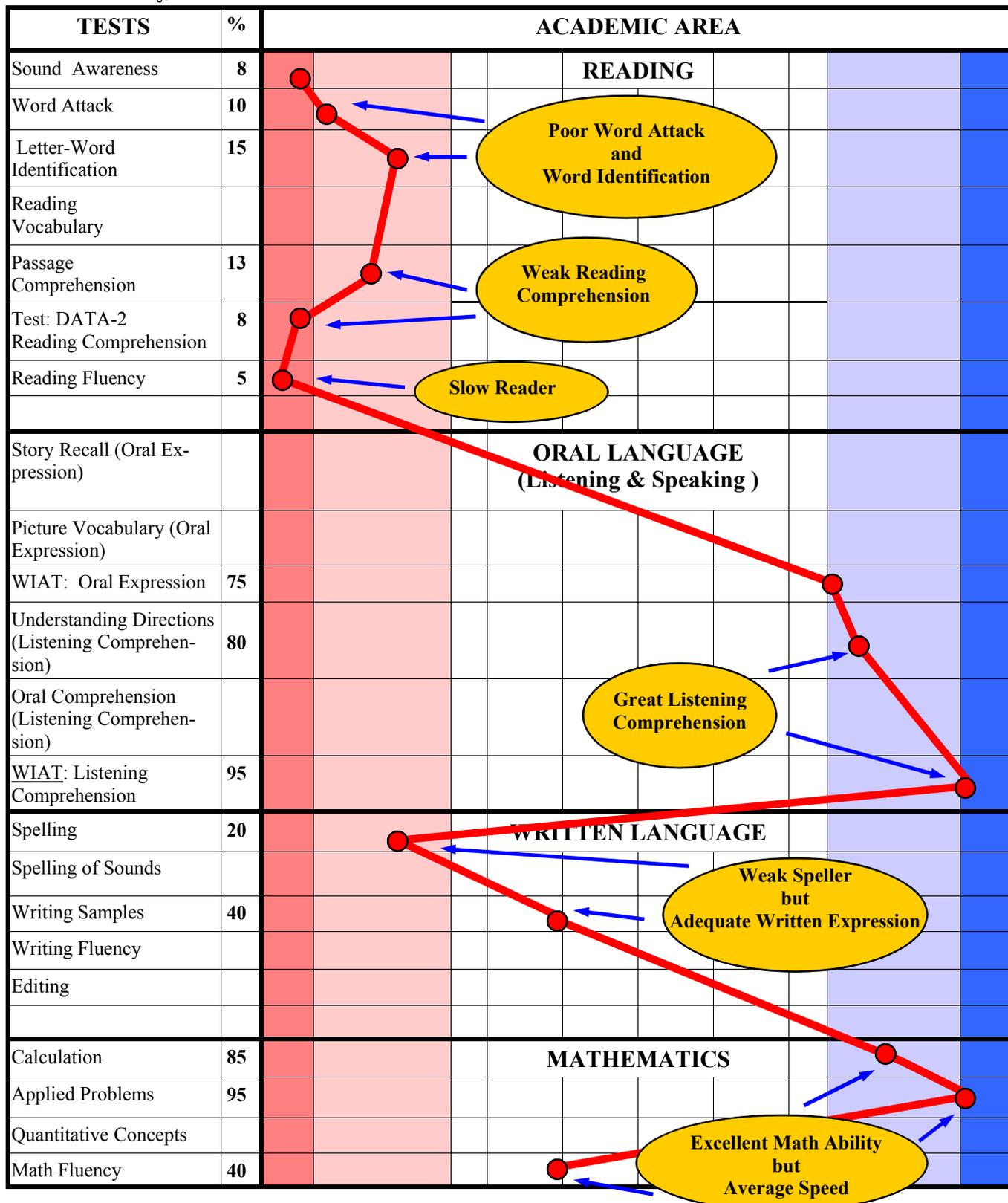
Name: Sally Smith

Age: 9

ACADEMIC ACHIEVEMENT

Age Norms: Compares Student to Peers the same Age

% SCORE 0% 9% 25% 30% 40% 50% 60% 70% 75% 91% 100%

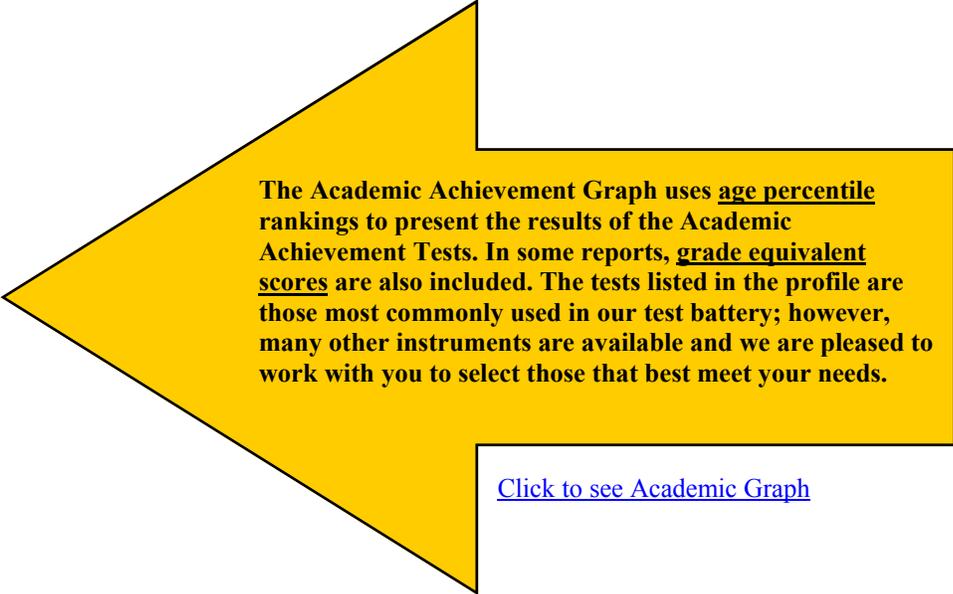


Tests: All tests are from the WJ-III unless otherwise noted.

Academic Achievement

Sally's achievement scores are summarized in the [graph on the preceding page](#). They reveal that Sally is a very poor reader and should be diagnosed as having a **Specific Learning Disability in Reading**. The finding that her Listening Comprehension score is superior indicates that she does not have a generalized receptive language problem but one specific to reading. Good ability was also found in Expressive Language (oral and written) and Math.

The conclusion is that a SLD in Reading is playing a significant role in her declining school performance, especially as she is attending a highly competitive private institution. The causes of this reading problem are shown on the following page.



The Academic Achievement Graph uses age percentile rankings to present the results of the Academic Achievement Tests. In some reports, grade equivalent scores are also included. The tests listed in the profile are those most commonly used in our test battery; however, many other instruments are available and we are pleased to work with you to select those that best meet your needs.

[Click to see Academic Graph](#)

INSERVICE TRAINING IN TEST INTERPRETATION

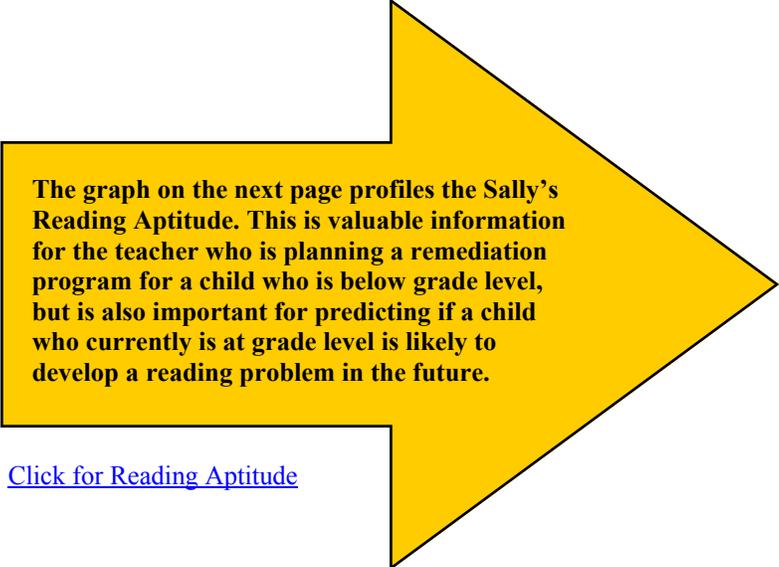
For schools that regularly make use of our testing service, APPA offers Free Inservice Training for teachers, counselors, and administrators. The purpose of this training is to make the test findings more useful to those responsible for the child's education.

Reading Aptitude

Reading is comprised of many basic abilities working together. To simply give a child an achievement test, find a weakness in reading, and report that the child has a learning disability, offers little help to the teacher or parent. In addition to documenting **IF** a child has a problem, a good evaluation explains **WHY**.

The [Reading Aptitude Graph](#) on the following page shows why Sally is struggling in reading. This is because she has trouble processing visual and auditory information, i.e., she **reverses letters and has difficulty hearing the phonemes (sounds) in words**. She also has **very slow rapid naming ability**, which is an essential skill to become an accomplished reader. It is not unusual to find that parents and teachers are unaware that a bright child such as Sally is a poor reader. Such children are often very good at compensating for reading weaknesses on short passages. In fact, they can read but only at a slow rate and with much effort. This detracts from the enjoyment and limits comprehension.

Given information on why the child is having difficulty with a subject the teacher can plan a remediation strategy that meets the specific needs of that child.



The graph on the next page profiles the Sally's Reading Aptitude. This is valuable information for the teacher who is planning a remediation program for a child who is below grade level, but is also important for predicting if a child who currently is at grade level is likely to develop a reading problem in the future.

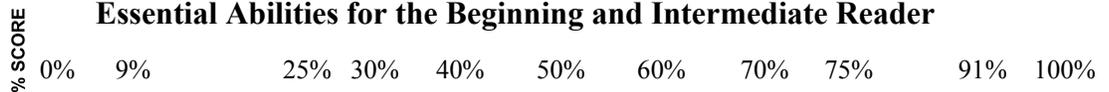
[Click for Reading Aptitude](#)

Name: Sally Smith

Age: 9

READING APTITUDE

Essential Abilities for the Beginning and Intermediate Reader



ABILITIES and Tests Used to Measure	%	Characteristics of LOW Scorers	Characteristics of HIGH Scorers
VISUAL PROCESSING Ability to "see" letters and words			
<u>Visual Reversals</u> Jordan Left-Right Reversals Test	0	Letter Reversal Problem <i>May have trouble recognizing things "seen" or remembering what things look like. Visual reversals may be a problem.</i>	<i>Good visualization skills and/or visual memory. A tendency to see things backward is often separate from other visual processing skills.</i>
Reversals Frequency Test			
AUDITORY PROCESSING			
<u>Sound Awareness</u> WJ III: Sound Awareness	10	Weak Phonics <i>Trouble hearing the sounds (phonemes) in words and/or has trouble blending sounds to form words. (Not the same as Comprehension which is understanding the meaning.)</i>	<i>Skilled at hearing the sounds of which words are built and/or blending sounds to form words. (May or may not know the meaning of the word, but can "hear" it.)</i>
<u>Phoneme Awareness</u> WJ III: Incomplete Words	16		
<u>Sound Blending</u> WJ III: Sound Blending	25		
SHORT-TERM MEMORY			
<u>Auditory Memory</u> WJ III: Memory for Words (Most important for reading.)	50	Average Rote and Working Memory <i>Trouble remembering what is heard or read. Hurts comprehension.</i>	<i>Remembers things well for short periods of time.</i>
WJ III: Numbers Reversed			
<u>Working Memory</u> WJ III: Auditory Working Memory	40		
PROCESSING SPEED			
Very Poor Rapid Naming WJ III: Rapid Picture Naming	5	<i>Trouble recalling the names of pictures. Will slow reading and hurt comprehension.</i>	<i>Can quickly recall the names of pictures. Allows fast reading and good comprehension.</i>
WJ III: Verbal Comprehension	95		Excellent Vocabulary
WJ III: Picture Vocabulary	90		
VOCABULARY			
ASSOCIATIVE LEARNING This is the ability necessary for learning "word attack" skills and vocabulary.			
WJ III: Visual-Auditory Learning	20	Poor Visual-Auditory Associative Learning <i>Trouble learning the meaning of written words or sounds</i>	<i>Good at learning the meaning of written words or sounds (phonemes).</i>
WRAML: Sound Symbol Learning	16		

INTERPRETING THE ADHD PROFILE

The **ADHD PROFILE** recognizes that ADHD is not a unitary disorder but rather a collection of symptoms which vary in intensity from person to person. The profile has been designed so that someone reviewing the results of the testing can see at a glance the severity of the core ADHD symptoms.

The symptoms of ADHD, (*i.e.*, *impulsivity, inattention, hyperactivity, etc.*) are present in all of us. Whether they become a problem depends upon 1) how severe they are, and 2) what we are trying to do. For example, the ability to pay attention for extended periods is very important for an air traffic controller, but may be much less vital for some other line of work. Using the profile, it is possible to customize the ADHD test findings to a broad range of settings and tasks.

The **ADHD PROFILE** can be used to summarize current functioning as well as changes over time, e.g., after taking medication.

Organization of the Profile

The symptom categories are presented across the top of the profile. The primary symptoms are *Impulsivity, Inattention, and Hyperactivity*. Inattention is further divided into *Short-Term Attention, Sustained Attention, and Distractibility*. Secondary symptoms of ADHD are also included, e.g., *Reaction Time, Variability In Reaction Time, and Processing Speed*. *Parent and Teacher Ratings* are summarized at the far right.

Interpreting the Profile

This is a “problem” profile in that the **higher the percentile, the greater the problem**. An impulsivity score of 93% means that the person is more impulsive than 92 out of 100 people of the same age. Consequently, in reading the profile, the higher the score the more problems the individual is likely to have.

There are no absolute cut-off scores between “average” and ADHD. As is customary in ADHD research, we have used the 93rd percentile to represent the beginning of the ADHD range, and scores between 75% and 93% are considered Borderline ADHD. However, the strength of the profile is that the scores are all presented, and the person using them can decide what “cut-offs” to use.

Descriptions of Tests

The **Test of Variables of Attention (TOVA)** is a well validated and reliable neuropsychological test that has been specifically developed for use in screening, diagnosing, and treating neurologically-based Attention Deficit in children and adults. The standard version lasts 22.5 minutes, during which time the patient watches a computer screen and pushes a button each time he/she sees a symbol in a given location. (There also is an

auditory version.) It measures the number of correct responses (Omissions, which reflect sustained attention), the number of incorrect responses (Commissions, which indicate impulsivity), Response Time, and Variability in Response Time (slow response time and high variability are characteristics of ADHD).



Test Of Variables of Attention (TOVA)

The **Gordon Diagnostic System (GDS)** is a computerized series of tests that is extremely well normed and validated on children and adolescents. There are subtests lasting eight or nine minutes for measuring impulsivity, sustained attention, and distractibility. One test of Impulsivity, is to have the person guess how long to wait between button pushes to earn a point. Impulsive people tend to respond before the six second period is up. Sustained Attention is tested by having the person watch flashing numbers (one per second) and responding each time a 1-9 sequence is presented.



Gordon Diagnostic System

Distractibility is measured by repeating the Sustained Attention test, but this time there are numbers flashing in adjoining panels to distract the person.

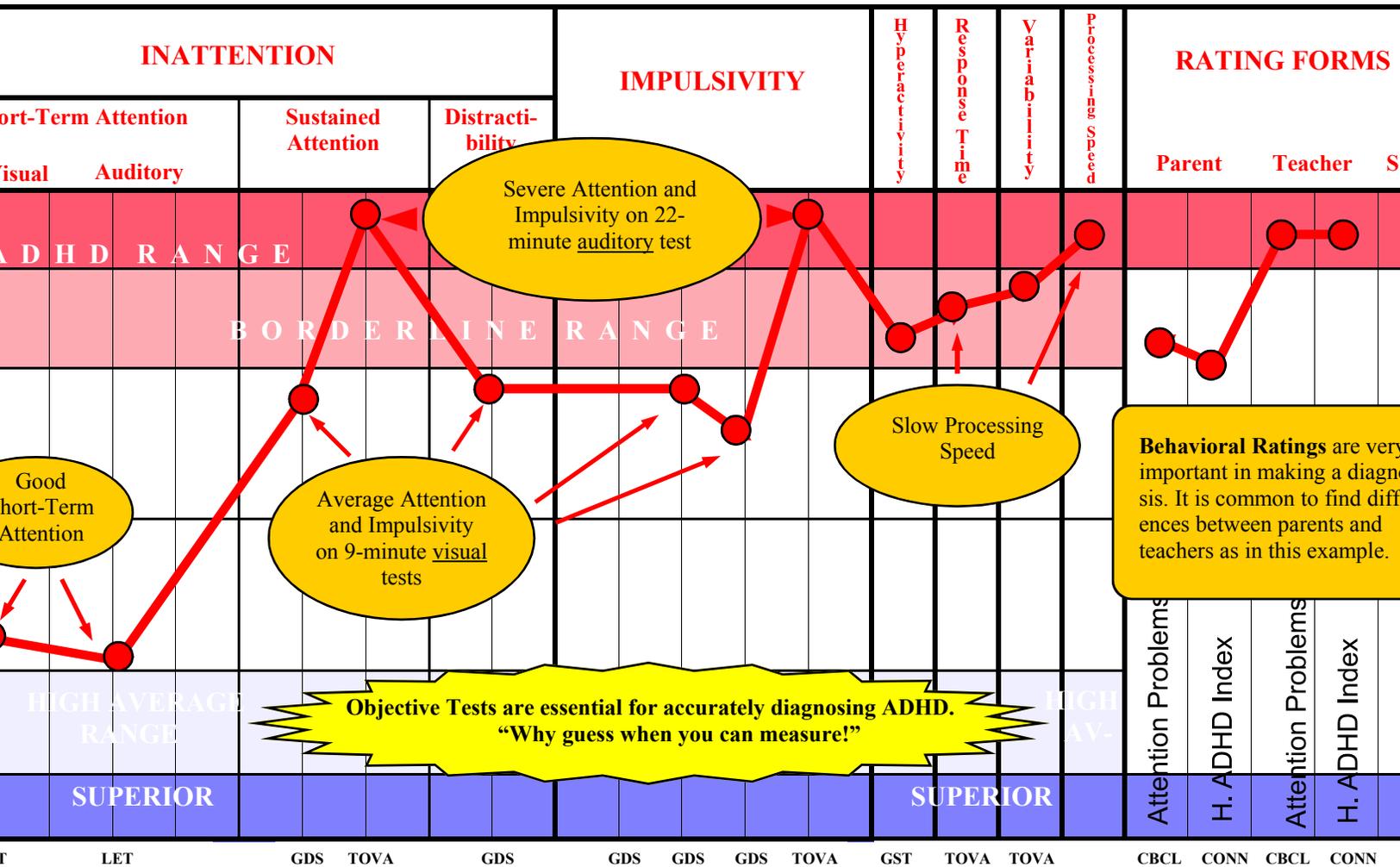
Behavior ratings are obtained from parents and teachers with the **Conner's Questionnaire** and the **Child Behavior Checklist**.

The APPA psychologists use the results of the objective tests and behavior ratings along with a clinical history and direct observations in making a diagnosis.

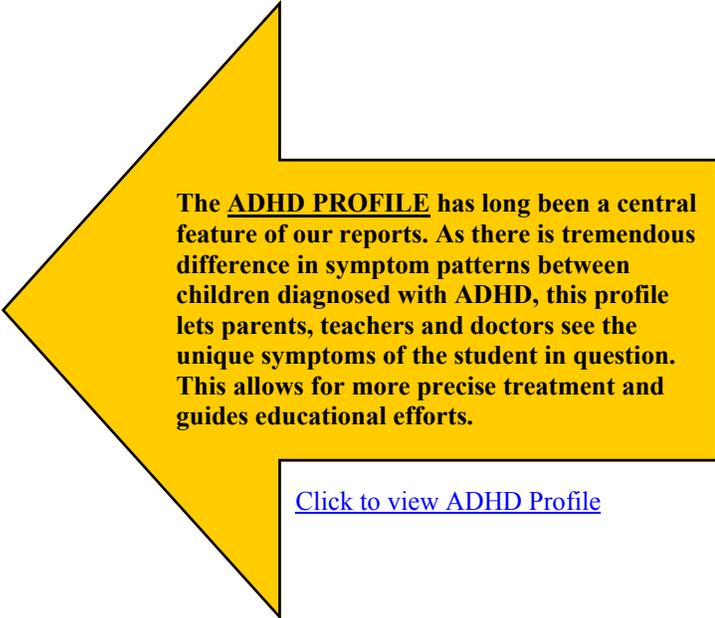
ADHD PROFILE

The **ADHD PROFILE** has long been a central feature of APPA reports. It allows parents, doctors, and teachers to see the child's ADHD symptom pattern as measured by objective tests and behavior ratings. Using these findings along with a clinical history and direct observations the APPA psychologist is able to make an accurate diagnosis based on clinical facts not subjective opinion.

ATTENTION DEFICIT HYPERACTIVITY DISORDER PROFILE



ATTENTION DEFICIT HYPERACTIVITY DISORDER PROFILE



The **ADHD PROFILE** has long been a central feature of our reports. As there is tremendous difference in symptom patterns between children diagnosed with ADHD, this profile lets parents, teachers and doctors see the unique symptoms of the student in question. This allows for more precise treatment and guides educational efforts.

[Click to view ADHD Profile](#)

*Sally's profile indicates that she has good Short-term Attention and is able to Sustain Attention for approximately 10 minutes. (We know this because the **Gordon Diagnostic System Tests [GDS]** last nine minutes, and Sally placed in the average range on them.) However, if asked to attend for more than 10 minutes, Sally becomes both Inattentive and Impulsive. (This is shown by her ADHD level scores on the **TOVA** which is a 22.5-minute test.) Some problems with Hyperactivity were also found, and the ADHD diagnosis is supported by Sally's Reaction Time and Processing Speed Scores. The difference in **Ratings** between her Parents and Teacher is not an unusual finding given the diverse demands placed on children at home and in the classroom.*

Conclusion: Sally meets the criteria for ADHD.

Emotional Functioning

Emotional Factors were measured with two self-report tests, parent and teacher ratings, and a clinical interview: The tests used were the Children’s Manifest Anxiety Scale and the Reynold’s Child Depression Scale. *Sally’s responses to the CMAS place her at the 99th percentile in terms of the number of symptoms of anxiety she is experiencing in comparison to other girls her age. Examples of items she responded “yes” to include:*

- *Often I have trouble getting my breath.*
- *I worry a lot of the time.*
- *I worry about what my parents will say to me.*
- *My feelings get hurt easily.*
- *I worry about what is going to happen.*
- *I have bad dreams.*
- *A lot of people are against me.*

On the Reynold’s, Sally indicated that she was having a normal number of symptoms of depression for her age.

These findings indicate that Anxiety is probably contributing to Sally’s problems.

A highly trained and experienced clinician is required to accurately diagnose and treat emotional problems. This is especially true in children as they often are not able to “put into words” what they are experiencing. The APPA doctors of psychology are trained in working with children and adolescents and have many years of applied experience with this population.

CONCLUSIONS

In our sample case, Sally was found to have severe problems with both Visual and Auditory Processing and very slow Rapid Naming ability. These processing disabilities have resulted in a Specific Learning Disability in Reading. The Reading Aptitude profile summarizes her strengths and weaknesses in reading and should be useful to her teachers in planning a remediation program.

Sally also has a neurologically based Attention Deficit Hyperactivity Disorder and is experiencing significant levels of anxiety. Her deteriorating school performance is the result of the combined effects of a SLD, ADHD, and anxiety.

- Diagnosis:
1. Attention Deficit Hyperactivity Disorder
 2. Overanxious Disorder
 3. Specific Learning Disability in Reading
 - a. Visual Processing Disability
 - b. Auditory Processing Disability
 - c. Rapid Naming Deficit

RECOMMENDATIONS

In a complete report, the Recommendations would contain suggestions for parents, teachers, and doctors regarding possible ways to treat the problems uncovered in the evaluation. Also included are all of the raw scores from the tests and listings of other resources that may be able to provide additional information, treatment, or support.

Implementation of Findings and Recommendations

If an evaluation is to have any lasting value, the findings and recommendations must be applied in the child's daily life. This is very difficult to accomplish as teachers must focus on many students during the day and parents have much to distract them—we all forget. To make it easier to remember the child's specific problems and the resulting recommendations, we have developed a series of “**stickers**” that the teacher can place on the student's folder or some other convenient place.

STICKERS

These can be used to help teachers and parents remember the findings and recommendations of the evaluation.

STICKERS FOR ADHD REPORTS

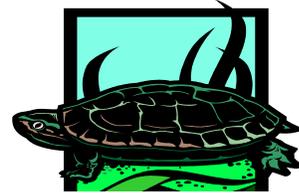
These and others are available to make it easier for parents and teachers to remember the findings and recommendations of the evaluation.

HIGH NEED FOR ACTIVITY



Needs much physical activity. Does not tolerate well sitting for long periods. Help by scheduling “out of seat” time every 15 minutes, (e.g., drink of water, sharpen pencil, bathroom, etc.) Use learning centers, alternate cognitive and

SLOW PROCESSING SPEED



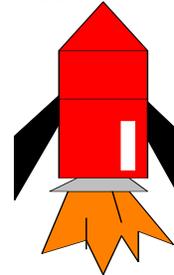
The child will require more time than most to complete tasks. Help by allowing more time or reducing the amount of work required.

SHORT ATTENTION SPAN



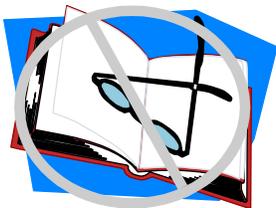
Trouble remaining focused on one activity for more than a few minutes. Help by dividing work up into 20 minutes segments with breaks between units. Make work interesting, offer incentives for completing assignments, create a stimulating

IMPULSIVE



Acts before thinking of consequences, blurts out answers, violates other’s personal space. Help by having child practice slowing down, counting to 5 or taking three deep breaths before acting. Stress relationship between

WEAK READER



See report for causes of reading problem and remediate. Help by allowing extra time, reading test questions to

POOR FINE MOTOR COORDINATION



Problems with handwriting due to poor fine-motor coordination. Help by limiting amount of handwriting or allowing more time.

ATLANTA PEDIATRIC PSYCHOLOGY ASSOCIATES
3580 Habersham at Northlake
Tucker, Ga. 30084
Phone 770-939-3073
FAX 770-939-3275

Atlanta Pediatric Psychology Assoc. (APPA) is an independent psychology practice specializing in the diagnosis and treatment of children, adolescents, and families. APPA has been providing services to the citizens of Georgia since 1979 from its central location in DeKalb County. Over the years, APPA has developed a reputation for providing the highest quality professional care in a warm, supportive manner, and we are dedicated to continuing this tradition of service to our patients and referring professionals.

Robert Kleemeier, Ph.D. (“Dr. Bob”) is a licensed clinical psychologist who began practicing in Georgia in 1971 following the completion of his doctorate degree at Purdue University. Prior to entering full time independent practice, he was Director of the Adolescent Unit at the Georgia Mental Health Institute. This program consisted of an acute and long term inpatient unit and an outpatient day program. Dr. Bob was also the founder and Director of Youth Services for the Gwinnett Mental Health Center as well as founder and Director of the New Directions adolescent group home. He has also served as a consultant to the Special Education Services for DeKalb County Schools and has been a consultant to the U.S. Department of Labor Job Corps program for the past 28 years. Dr. Bob was President and CEO of the Georgia Network of Psychologists, a company that secures and manages behavioral health contracts on behalf of its provider panel of 250 licensed psychologists.

Carol Kleemeier, Ph.D. (“Dr. Carol”) is a licensed clinical psychologist who has been in practice since 1976. She earned her doctorate from Emory University. Dr. Carol has held positions with the Emory University School of Medicine where she directed the psychology internship program for the Department of Psychiatry. She also served as Director of the Newton County Mental Health Center. Dr. Carol provides therapy and psychological evaluations for children, adolescents, and adults.

Carole Stubbs, Ph.D. Dr. Stubbs received her doctorate from the University of Tennessee. She has extensive experience with children, adolescents, and families in clinical and school settings. Prior to entering private practice, Dr. Stubbs worked as a psychologist in hospitals, outpatient programs and in the public schools. She provides therapy and psychological evaluations for children, adolescents, and adults. Dr. Stubbs is also a sports psychology consultant.

Treatment and Consultation Services: The psychologists of APPA provide the following services.

- Diagnostic Testing for ADHD, Learning Disabilities, Emotional and Behavioral Problems.
- Individual Therapy for children, adolescents, and adults.
- Family Therapy
- Couples Counseling
- Group Therapy for Children and Adolescents
- Educational Seminars
- School Consultation
- Career Counseling

Please call today for more information on how we can make your life happier and more productive.