Early Intervention Center

for Autism and Developmental Disorders





Director's Report on Developmental Progress Assessment

Date of Visit: 07-05-2025

Child's Name: Abdulla Fahad Al Hashmi

Date of Birth: 18-09-2019

Overview:

Abdulla Fahad Al Hashmi was assessed in person at our center. The child presents with **Information Processing Delays** and **Developmental Delays**, which have led to **hyperlexia features** as observed in previous assessments. These challenges have resulted in **acquired features of autism**, which are not indicative of classical autism but are secondary to developmental and cognitive processing issues.

This evaluation is part of an ongoing developmental assessment and not a final diagnosis. Further personalized investigations are needed to understand the underlying causes and support the child's developmental progress.

Recommended Plan:

1) Developmental Protocol for Information Processing

- A non-chemical, structured intervention protocol should be followed for the next 4 months.
- After this period, reassessment is recommended, preferably in person, to:
 - o Reevaluate the child's baseline
 - Establish a clear trajectory of improvement
 - o Adjust the therapy plan as needed
- Therapy and structured sessions must continue consistently.

2) Recommended Analysis (through Neurazon - Canada):

- Precision Health Analysis
 - o Sample: Saliva
 - o **Purpose:** To investigate deeper physiological or genetic causes
 - o **Timeline:** ~4 months (business days)
- Neuronal Growth Factors Absorption Analysis
 - Sample: Hair
 - Purpose: To examine how well the brain absorbs and utilizes essential growth and nutritional factors
 - o **Timeline:** ~2 months (business days)
 - o **Repetition:** Every 6–12 months for comparative analysis

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3) Recommended Therapy:

- Neuroplasticity Rehabilitation Therapy
 - o Frequency: 2 sessions per week (initial phase)
 - This intervention is aimed at improving information processing, cognition, and language adaptation, utilizing neuroplasticity principles tailored to Abdulla's profile.

Conclusion:

This report does not constitute a medical diagnosis but provides a structured developmental analysis. Abdulla has acquired features of autism due to underlying processing and cognitive delays. However, with the right intervention and monitoring, significant improvement is achievable. Parents are strongly encouraged to follow the outlined protocol and testing plan under the guidance of our center and Neurazon's precision analysis framework. This is a developmental assessment and not a final medical diagnosis.



Signature:

EICADD Center Director

