

**Director's Report on Developmental Progress Assessment**

**Date of Visit:** May 1st, 2025

**Child's Name:** Hashem Hisham Obiedat

**Date of Birth:** February 24th, 2018

**Assessment:**

Hashem was assessed in person and exhibits **information processing delays** and **developmental delays**, along with **minimal acquired features of autism**. However, he **does not meet the criteria for a classical autism diagnosis**. An MRI report presented by the child's neurologist indicated **potential brain abnormalities**, which may contribute to the observed developmental patterns. The child remains open to improvement with proper intervention and support.

**Recommended Plan:**

**1) Development Protocol for the Information Processing:**

- Follow a structured developmental protocol for **3–4 months**
- Reevaluate the child **in person** after the protocol
- Establish a progress-based therapeutic baseline
- Continue regular therapy sessions throughout this period

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**2) Recommended Tests (through Neurazon, Canada):**

- **Precision Health Analysis – Neurazon (Canada)**
  - Sample: Saliva
  - Purpose: Identify detailed underlying causes of developmental delays
  - Timeline: **4 months business days** for results
- **Neuronal Growth Factors Analysis – Neurazon (Canada)**
  - Sample: Hair
  - Purpose: Assess nutrient and growth factor absorption affecting brain development
  - Timeline: **2 months business days** for results
  - To be repeated every 6–12 months

**3) Recommended Therapy:**

- **Mitotherapy (Light Therapy)**
  - Frequency: **2–3 sessions per week**
  - Aims to support neurological repair, stimulate brain areas related to processing, and reduce sensory symptoms

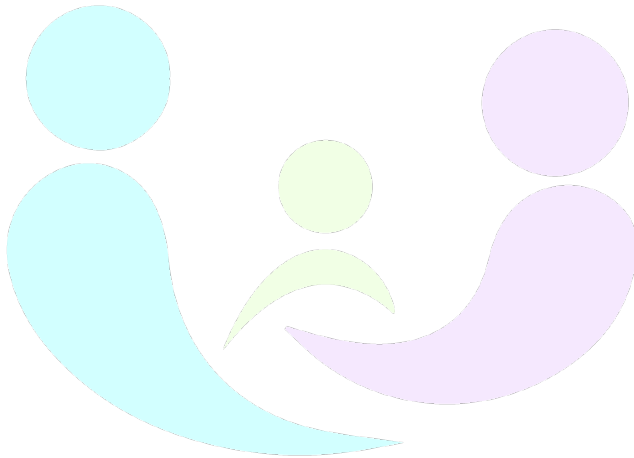
**Conclusion:**

This evaluation is **not a final diagnosis**, but a **developmental rehabilitation assessment**. Hashem is capable of improving, and further evaluations and targeted therapy may help significantly. Continued monitoring and reassessment are essential.

This document is provided for **developmental assessment and planning purposes only** and does not serve as a final medical diagnosis as the child is capable of improving.

**Signature:**

EICADD Center Director



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