Early Intervention Center

for Autism and Developmental Disorders



مركـز التـدخــل الـمـبـكــر للتـوحـّد واضطرابـات الـنـمـــو

Date of Visit: 10-06-2025

Subjects:

Mohammed Mahmood Reyadh Al Saed (DOB: 08-11-2016)

• Fatima Mahmood Revadh Al Saed (DOB: 08-11-2016)

Ages: Both 8 years, 7 months

Guardians: Mahmood

Both siblings present with information-processing delays.

- Fatima additionally shows intellectual developmental delays and acquired autism-like features.
- Mohammed exhibits learning and developmental delays, without autism traits.
 Their shared profile suggests a likely common root cause, but further investigation is required.

2. Developmental Profile & Differential Assessment

• Information-processing Delays

Both children are slower in multi-sensory integration, retrieval, and response timescommon features in neurodevelopmental delays

Fatima's Profile

Presents secondary autism features—reduced social responsiveness, repetitive patterns, and communication challenges—arising from cognitive delays, not a primary autism diagnosis.

Mohammed's Profile

Shows developmental and learning delays, with no autism-related social or behavioral characteristics.

3. Genetic / Biochemical Analyses (Recommended)

a. Precision Health Analysis – Neurazon (Canada)

• Sample: Saliva from each child

• Purpose: Identifies genetic, metabolic, and environmental contributors

• **Turnaround:** ~4 months

b. Neuronal Growth Factors Absorption Analysis

• Sample: Hair







- **Purpose:** Evaluates key brain-growth nutrients for cognitive function
- Turnaround: ~2 months, repeat every 6–12 months to track progress

c. Gut Intolerance Analysis for Fatima only

• Sample: Hair

• Purpose: Identifies GI sensitivities that could influence behaviors and cognition

• **Turnaround:** ~2 months, repeat every 6–12 months

Each test is optional, external to our center, and intended for deeper diagnostic understanding.

4. Development Protocol

- **Duration:** 4-month structured intervention focusing on cognitive processing, sensory integration, and foundational academic and social skills.
- Reevaluation: Conduct in-person reassessments every 4 months to establish baselines, monitor response, and adapt the protocol.
- Continuation: Adapt the plan based on results and progress tracking.

5. Neuroplasticity Rehabilitation Therapy

A comprehensive, intensive neuroplasticity-based therapy is recommended for both children:

- Scientific Basis: Neuroplasticity enables the brain to reorganize and form new neural pathways through repetitive, targeted practice
- Twin Benefits:
 - o Cognitive & Academic: Enhances attention, memory, and learning by stimulating underdeveloped circuits.
 - o **Behavioral & Emotional:** Strengthens self-regulation and reduces anxiety through structured neural adaptation.
 - o **Fatima's Autism Features:** Supports secondary gains in social reciprocity and communication.

• Components:

- Sensory-motor integration drills
- Auditory processing and listening programs
- o Fine motor and coordination tasks
- Social-pragmatic play exercises
- o Parent-led daily reinforcement strategies





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6. Recommendations for Parents

- Environment: Provide a structured, distraction-free setup and positive reinforcement.
- **Observation:** Track behaviors, achievements, and any GI or attentional changes.
- Collaboration: Share test results and progress updates with our center to optimize intervention.

7. Recommendations for Therapists

- Individualization: Tailor tasks to each child's processing capabilities and test data.
- Multisensory Approach: Include visual, auditory, and tactile drills.
- Holistic Care: Collaborate with speech, OT, and dietitians as needed.
- **Data Tracking:** Use frequent metrics (e.g., task accuracy, reaction time, social engagement).

8. Disclaimers & Follow-up Plan

This report is **not** a diagnostic conclusion, but a developmental and intervention roadmap. All recommendations should be revisited based on ongoing assessments.

- Tests are optional and administered externally via Neurazon (Canada).
- **Interventions** must be adapted dynamically to each child's unique progress and test results.
- Follow-up Schedule:
 - o Every 4 months: In-person reevaluation
 - o Every 6–12 months: Repeat absorption and gut intolerance testing

Centers' Leading Staff:

Speech Therapist: Ms. Amira Alomari

Occupational Therapist: Ms. Malak Jaber

Psychologist and behaviour therapist (Ajman): Ms. Asmaa Alshanawi

EICADD Center Director





