Early Intervention Center

for Autism and Developmental Disorders



مركـز التـدخــل الـمـبـكــر للتـوحـّد واضطرابـات الـنـمـــو

Developmental Progress Assessment Report

Date of Visit: 27-04-2025

Case Name: Jadullah Hazim Al Zoubi

Date of Birth: 13-11-2014

Gender: Male

Guardian: Hazim Al Zoubi

Assessment Summary

Jadullah was assessed at our center on 27-04-2025. The evaluation showed **significant improvement** compared to previous assessments following the initial rehabilitation protocols.

However, the child continues to present with:

- Information processing delays
- Acquired features of autism due to previous developmental delays
- Behavioral problems primarily resulting from the lack of a structured rehabilitation, occupational therapy, and behavioral therapy plan.

It is important to maintain **structured**, **supportive interventions** to maximize Jadullah's progress and prevent behavioral regression.

Recommended Plan

1) Development Protocol for Information Processing

- Continue intensive therapy focused on improving information processing speed and cognitive flexibility.
- Duration: **3 months**, then reassessment preferably in person.
- Establish a new baseline after 3 months and adapt therapy accordingly.

2) Recommended Tests (According to next evaluation)

- Functional Urine Analysis:
 - To evaluate mitochondrial function, neurotransmitter metabolism, and biochemical markers affecting brain function.
- Neuronal Growth Factors Absorption Analysis:

To assess the child's ability to absorb critical brain nutrients essential for neurodevelopment.







Structured School Plan and Behavioral Management Recommendations

School Placement

- Place the child in a regular classroom setting with individualized support (shadow teacher if available).
- Preferably a small class size with predictable routines.

Academic Accommodations

- Provide visual schedules to enhance predictability and reduce anxiety.
- Break down tasks into small, manageable steps.
- Allow extra time to complete assignments and activities.
- Use positive reinforcement consistently for task completion and appropriate behavior.

Behavioral Management Strategy

	When Behavior Oc	curs	Recommended Handling
	gns of frustration o	r	Give clear, calm instructions. Reduce sensory overload (lights, noise). Offer a short
st	nutdown		break without punishment.
Regression behaviors (e.g.,		(e.g.,	Do not shame. Quietly redirect to simple, achievable tasks to rebuild confidence.
baby talk, avoidance)			Gradually return to normal expectations.
			Stay neutral. Minimize talking. Remove the child gently from the overstimulating
0	utbursts or aggressi	ion	environment without escalation. Apply a calm, structured consequence (e.g., losing 5 minutes of preferred activity).
W	ithdrawn behavior		Offer encouragement but do not pressure . Allow some autonomy. Gradually reengage through preferred activities.
Repetitive behaviors (stimming, pacing)			Allow if not disruptive or unsafe. These behaviors are often self-soothing and should not be punished. Only interrupt if dangerous.

Teacher and Staff Guidelines

- Maintain calm, consistent tone.
- Avoid long verbal instructions; use short sentences and visual aids.
- Pre-teach new activities whenever possible.
- Praise **effort**, not just correct answers (build resilience).
- Create a "safe space" or quiet zone where the child can go when overwhelmed.
- Consistently document behaviors and communicate with parents regularly about progress and concerns.





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Important Reminders

- Behavioral challenges are not intentional; they are communication of internal overwhelm or misunderstanding.
- The more predictable, calm, and structured the environment, the fewer incidents will occur.
- Collaboration between home and school is crucial: strategies used at school should be shared with the family for consistency.

It is **not a medical diagnosis**, but rather a research-supported recommendation plan. Salma is capable of significant improvement with proper support, and follow-up assessments will be critical in guiding future interventions.

Issued by:

EICADD Center **Date:** 27-04-2025



Signature:

EICADD Center Ajman Director





