

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

**Date of Visit:** 30-04-2025

**Child's Name:** Tasneem Musa

**Date of Birth:** 2016-09-21

**Assessment Summary:**

Tasneem Musa was assessed in person for developmental progress. The assessment revealed **Information Processing Delay** and **developmental delays**, primarily attributed to **genetic variants previously identified** through **Precision Health Analysis**. Notably, the child has shown **measurable improvement** in response to the initial stages of the intervention protocol. These delays have not progressed into classical autism, but they present acquired developmental features that require targeted support.

**Recommended Plan:**

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

- Duration: **4–6 months**, followed by reassessment (preferably in person)
- Establish a baseline and monitor progress
- Continue with the structured **non-medicinal rehabilitation plan**

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**2) Recommended Analysis through Neurazon (Canada):**

- **Neuronal Growth Factors Analysis – Neurazon**
  - Purpose: **Detailed** evaluation of neuronal absorption and gut-brain axis
  - **Sample:** Hair
  - **Timeline:** Results in approximately **2 months (business days)**
  - **Repetition:** Every **6–12 months**
- **Functional Urine Analysis – Neurazon**
  - Purpose: Evaluate mitochondrial, detoxification, and neurotransmitter pathways
  - **Sample:** Urine
  - **Timeline:** Results in approximately **3 months (business days)**
  - **Repetition:** Every **6–12 months**

**3) Recommended Therapy:**

- **Mitotherapy (Light Therapy)**
  - Frequency: **2–3 sessions per week**
  - Goal: Enhance mitochondrial activity, attention, and regulation

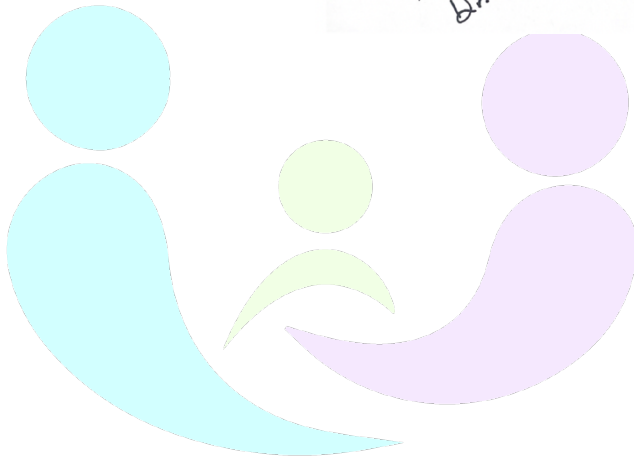
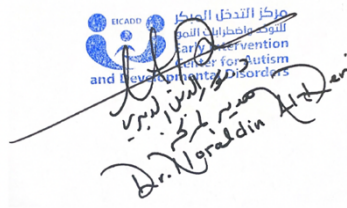
**Conclusion:**

This assessment is **not a medical diagnosis** but a functional developmental evaluation. Tasneem Musa has demonstrated **capacity for improvement**, and the intervention plan is intended to support optimal cognitive and developmental progress. The findings and recommendations are based on clinical observation and supported by data from the **Precision Health Analysis**.

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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