

PLACE ON AGENCY LETTERHEAD

SAMPLE: MSR for Annie Farnsworth- child SSI applicant

October 31, 2018

RE: Annie M. Farnsworth

SSN: XXX-XX-XXXX

DOB: 1/1/2012

DDS Adjudicator- Unit 22
Disability Determination Services
1234 Some St.
Some Town, YY 12346

Dear DDS Adjudicator:

Annie is a six year old girl, applying for Title XVI Supplemental Security Income benefits by and through her mother, Annette Farnsworth, legal guardian. Annie is diagnosed with Epilepsy, Attention Deficit Hyperactivity Disorder, Opposition Defiant Disorder, Fetal Alcohol Syndrome, cognitive and intellectual disability. Annie is currently enrolled in a self-contained first grade class at the Some Town Elementary School in Some Town, YY. She is currently homeless, residing in a family shelter with her mother, and one brother.

Personal History

Annie was born in Some Town, YY in 2012. At the time, Ms. Annette Farnsworth, mother, was forty-five years old. Shortly after Annie's birth, Ms. Farnsworth was admitted to Some Town Rehabilitation Clinic for alcohol abuse related treatment. Ms. Farnsworth drank alcohol during both pregnancies. Annie was diagnosed with Fetal Alcohol Syndrome at the age of four. Until October 2016, Annie resided with her maternal grandmother (and her older brother) until Ms. Farnsworth regained custody of both children.

As detailed further below, Ms. Farnsworth often must respond to problems caused by Annie's disabilities. She has frequently needed to pick Annie up from school due to behavioral problems or seizure activity. As a result, Ms. Farnsworth lost her part-time job and was subsequently evicted which caused the family's current homelessness. The combined stress of Annie's disabilities and job loss, has triggered Ms. Farnsworth's addiction relapse. She is currently receiving outpatient treatment for alcohol abuse.

In my role as the Farnsworth's family outreach coordinator at Some Town Family Shelter, I am providing supportive case management which includes representing Annie with her SSI claim. At the shelter, I have observed the effects of Annie's disabilities. She is frequently rambunctious at the shelter, running around and yelling at other children and families. She does not seem to be

able to sit still and has tried to start fights with other children. Ms. Farnsworth stated, “Annie’s teachers call me all the time. They say she is violent and really disruptive to the entire class. They cannot control her.” Further, she stated, “They are telling me that she could get expelled if her behavior continues to escalate.” Moreover, the school staff have observed Annie’s seizures which occur when she gets overly upset. For the second time this year, on October 20, 2018, I met Ms. Farnsworth at Some Town Emergency Room, where she had taken Annie following a grand mal seizure. Following a seizure, Annie is lethargic, experiences memory loss and requires rest.

As detailed below, Annie’s disabilities impact her functioning in many areas of everyday life, including at the shelter, school and community.

Educational History

Annie has experienced academic and social functioning problems while in a regular kindergarten and first grade. Because of academic and developmental difficulties, she was evaluated and found to be eligible for special education and related services in May 2017, by the Some Town Board of Education. Since September of 2017 she has been attending a self-contained special education class which is comprised of nine other children with two teaching staff. Annie has had two extensive psychological evaluations by Dr. Sarah Stanley, school psychologist, which are attached to this letter. She has also had a full Child Study Team evaluation within the Some Town School district in May of 2017. Annie and her mother are seen on a monthly basis by Dr. Stanley for psychological counseling. In order to control her seizures, Annie is presently prescribed with Depakote and Tegretol, which cause severe side effects to be described further in the letter.

Dr. Stanley administered a psychological evaluation on November 16, 2017. The results of the WISC-III test indicated a Full Scale IQ 69 (‘Extremely Low’). According to Dr. Stanley, Annie academically functions below grade level and earned grade equivalents at the kindergarten level. Achievement Testing results demonstrated math, reading and spelling skills that were below grade average. It was noted during the assessment that Annie required frequent prompting and she demonstrated heightened activity level. According to Dr. Stanley, Annie was impulsive, distractible and quite active during the session. [Report of Dr. Stanley November 16, 2017]

On May 27, 2017 the Some Town Board of Education Department of Special Services determined that Annie was eligible for special education and related services. This determination was made because of a specific learning disability that was diagnosed by the Some Town Board of Education Child Study Team (CST). Psychological testing found Annie’s functioning in the slow learner range of the Stanford-Binet Intelligence Scale. There was a learning deficit of about six months, or a more than a fifty-percent delay. The psychological testing on both the Stanford-Binet and the Woodcock–Johnson test indicated that Annie has deficits in short and long term memory. [Some Town Child Study Team test, May 27, 2017]

According to Annie’s 2017 Educational Assessment Report, her teacher, Ms. Nancy Nice, stated: “Annie requires small group instruction and she needs a quiet area to work. She also is easily distracted, has difficulty completing assignments with assistance, can be difficult to motivate,

and talks excessively. Annie needs a low student teacher ratio, lots of frequent praise, reinforcements and frequent breaks. She needs small group instruction and visuals with new tasks.”

Mental Health, Cognitive and Neurodevelopmental Treatment

Annie also experiences symptoms related to her diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). She received this diagnosis, first, from Dr. Betty Brain, M.D. FAAP, as part of a neurological assessment in 2016. As a result of her ADHD, Annie has significant difficulty concentrating, remembering facts, and following directions. Annie has had two extensive psychological evaluations by Dr. Sarah Stanley, school psychologist, which are attached to this letter. Annie and her mother are seen on a monthly basis by Dr. Stanley for psychological counseling. Annie rarely participates in these sessions because she is either inattentive or hyper, according to progress notes.

Compounding the symptoms of Annie’s ADHD is the fact that she has a very low IQ. Annie’s 2017 Psychological Assessment, completed by a school psychologist from the Some Town School district, found her Full Scale IQ to be 69 and in the “Extremely Low” range.

Additionally, Annie suffers from various neurocognitive impairments, particularly relating to her ability to use and process language. A Psychological Assessment from 2017 noted that Annie displayed “poor language processing,” and determined her general cognitive ability to be in the “Extremely Low” range. An Initial Neurodevelopmental Evaluation from 2016 stated that Annie presented evidence of “a language-based learning disability” and “significant cognitive deficits.” Annie’s 2016 Psychological Assessment stated her processing speed was in the “Intellectually Deficient” range. Annie’s Speech-Language Evaluation from the same year explained that she had “trouble understanding what people are saying ... trouble understanding the meanings of words ... trouble writing complete sentences...[and] trouble putting words in the right order when writing sentences.”

Medical Treatment

In order to control her seizures, Annie is presently prescribed both Depakote and Tegretol which cause the following noticeable side effects: vomiting, dizziness, drowsiness, loss of balance and coordination.

Annie first began having grand mal seizures when she was two years old and was admitted to Some Town Emergency Room. Doctors administered an EEG which confirmed the epilepsy diagnoses. This hospitalization lasted seventy-two hours. She was discharged with a prescription for Depakote and Tegretol, anti-seizure medication and a referral to a pediatric neurologist. Since this initial hospitalization, Annie has been under the care of Dr. Betty Brain, a pediatric neurologist at Some Town Neurology. In April 2016, Dr. Brain ordered Fetal Alcohol Syndrome Disorder testing based on physical and neurological examinations. This testing confirmed a diagnosis of Fetal Alcohol Syndrome Disorder. Annie was four years old at the time of testing.

Since her diagnoses, Annie has had seven grand mal seizures, often requiring Ms. Farnsworth to bring Annie to the hospital. Ms. Farnsworth reports that Annie's epilepsy has been worse since they have lived in the shelter due to the stress. Typically, Annie will need spend the day resting in the nurse's office. Annie reports being unable to remember the seizure, and her short term memory is poor.

Annie suffers from conditions which are related to Fetal Alcohol Syndrome. Her problems include an abnormal appearance, short height, low body weight, small head size, poor coordination, low intelligence and behavioral problems. Annie's symptoms present as hyperactivity, lack of coordination and focus, and learning disabilities.

Functional Information

Acquiring and Using Information

This domain focuses on how well Annie can learn information and use the information that she learns. First and foremost, Annie's extremely low IQ speaks to her struggles with acquiring and using information. At a Full IQ score of 69, Annie falls well into the "Extremely Low" range of functioning.

Annie's medical and school records show abnormalities in perception, cognition, affect, and behavior associated with dysfunction of the brain. Her teachers report that Annie has a hard time focusing on tasks given to her and requires frequent prompting and praising in order to complete them. Her mother Annette reports that at times Annie is easily distracted, impulsive and has difficult time processing multi-step directions. As a result, Annie has difficulty learning new information and is below grade level in math and reading.

Annie also "presents with severe communication delays marked by deficits in receptive and expressive language skills." Annie exhibits "difficulty with processing information, word retrieval and the definition of words." It was noted during the assessment that Annie required frequent prompting and she demonstrated heightened activity level. According to Dr. Stanley, Annie was impulsive, distractible and quite active during the session. [Report of Dr. Stanley November 16, 2017]

The psychological testing on both the Stanford-Binet and the Woodcock –Johnson test indicated that Annie has deficits in short and long term memory. [Some Town Child Study Team test, May 27, 2017)

Attending and Completing Tasks

Annie struggles to sustain attention in almost all areas. Medical records and evaluations corroborate Annie's difficulties with attention. Due to her ADHD, FAS related conditions, and uncontrolled Epilepsy, Annie struggles to stay on task both at the shelter and at school. Annie frequently runs around throughout the shelter and seems like she cannot sit still.

Ms. Nancy Nice, who is Annie's schoolteacher, completed a Teacher Questionnaire. She noted that Annie has a hard time focusing on tasks given to her and that she requires frequent prompting and praising to complete them. She added that her attention is significantly affected in the afternoon. Ms. Nice reports that she is almost never focused on classwork or activities. Additionally, Annie rarely completes tests or written assessments without significant redirection from the classroom aide. She also distracts other students. Even with only seven students in his class, Annie gets distracted by the other students. Annie often spends much of the school day in the nurse's office following a seizure which has been 4 times this school year.

For example, Dr. Betty Brain, in her neurodevelopmental evaluation in March 2017, found that Annie struggles to remember concepts she has previously learned and she struggles to put her thoughts on paper in a timely manner. Dr. Brain also remarked how Annie is "a slow learner which means she will require repetition of subject material and intensive educational supports to facilitate his learning."

Interacting and Relating with Others

Regarding Annie's social function in the classroom, she stated that Annie has become more disruptive, antagonizing and physical in the class, to the point where she is fighting with peers. Ms. Nice added that Annie's low self-esteem and easy frustration affects her social functioning skills. [Teacher Questionnaire, October 28, 2018] Annie is not able to work in groups, according to Ms. Nice. Annie does not share ideas, tells stories or speak in a readily understood manner. Ms. Farnsworth reports that she must speak for her daughter to initiate conversation and to explain meaning behind what Annie is trying to convey.

Moving About and Manipulating Objects

Annie's seizure activity causes limitations in moving about. Annie is allowed to attend gym class, but mostly does not participate. Her medications cause side effects which include, lethargy, nausea and dizziness. Compared to other children her age, Annie cannot move about due to her medications and may cause a seizure which Annie fears. Following seizure activity, Annie is restricted in her movement and requires much assistance from others.

Caring for Yourself

Annie has limitations in caring for himself. An aspect of this domain concerns Annie's ability to control her emotions. Annie's ADHD and hyperactive and impulsive behavior cause her to be unable to follow safety rules and thus she engages in behaviors that are dangerous. For example, she will bite and pull hair of other students and staff. Moreover, Annie needs Ms. Farnsworth to care for many of her needs, especially following a grand mal seizure. First, Annie needs her mother or the school nurse to assist her with daily activities post grand mal seizure due to memory loss and soiling clothes. Second, Ms. Farnsworth often needs to bring Annie to the hospital following seizure activity. Finally, Ms. Farnsworth needs to take Annie to appointments with her pediatrician and neurologist in order to refill her prescriptions. Annie is not able to express consistent control over her behavior.

Health and Physical Wellbeing

Annie has limitation in health and physical wellbeing which occur at home, school and community. While receiving treatment at home, school or hospital, she is unable to participate in gym and other community recreational activities. Annie has had many grand mal seizures, often requiring Ms. Farnsworth to bring Annie to the hospital. Sometimes, Annie is admitted to the hospital for stays ranging anywhere from eight hours to seventy-two hours. This past year, Ms. Farnsworth has brought Annie to the hospital four times for her epilepsy, and she was admitted once. Other times, the emergency rooms doctors will administer treatment and discharge Annie without admitting her. During school, Annie needs the school nurse to provide significant support following a grand mal seizure. She is prescribed Depakote and Tegretol daily. Annie has complained of nausea, dizziness and drowsiness. Annie's seizure treatment, multiple hospitalizations, and ADHD medications frequently interfere with attending school and socializing with peers on a regular basis. Currently, Annie's epilepsy is considered uncontrolled by her treating neurologist.

Summary

Annie is developmentally delayed, as documented by Dr. Stanley's evaluation and by the Some Town Board of Education Child Study Team. She also has documented disturbance of concentration and attention, as documented in Ms. Nice's Teacher's Questionnaire, in Annie's mother's Function Report, and in Dr. Stanley's psychological report. As reported by Ms. Nice in the Teacher Questionnaire, "Annie is disruptive, antagonizing and physically threatening to her peers on a daily basis." Annie's mother reported in her Function Report that she constantly requires close supervision and redirection in and outside of the home. Further, evidence of deficiencies of concentration, persistence and pace are described in Ms. Nice's Teacher's Questionnaire, which indicates, "Annie has a hard time focusing on tasks given to her and requires frequent prompting and praising to complete them which has resulted on poor academic performance." In her evaluative report, Dr. Stanley also noted that Annie was impulsive, distractible and quite active during one of her sessions. Annie's deficits in both expressive and receptive language put her at a severe disadvantage in a learning environment. Not only does she struggle with the ability to understand what is going on around her, but she also has deficits in trying to express what she has trouble with as well.

Thank you for your kind review, and please contact me at (444) 444-4444 with any questions or concerns.

Respectfully submitted,

Signature: _____
Harriett Jones
SOAR Case Manager
Some Town Family Shelter
(444)444-4444

Pediatric Neurologist
Some Town Pediatric Neurology
(123) 456- 0987

Signature: _____
Dr. Betty Brain