YOUR ASSESSMENT RESULTS ARE IN!

CHILD'S NAME:	Your Child	PARENT'S NAME:	Jane & Jone Doe
PRESENTING CONCERNS:	Distracted easily, Understanding Social cues, Emotional regulation, Black & White thinking, Motivation to do work		
DATE OF ASSESSMENT:	30 November 2024	REFERRING PROVIDER:	N/A

INTRODUCTION

Thank you for bringing Your Child in to be evaluated. Coach Jackie, an eight-year veteran of cognitive coaching, performed the assessment.

This report will cover the items we assessed, the results of those assessments, the desired results and what these results mean to you. In the assessment, we look for certain characteristics that, if present, can cause challenges both now and in the future. Some may be mild and can be easily corrected; others may be more severe and thus will require more time to resolve.

SUMMARY OF WHAT WE ASSESSED

We assessed Your Child's dominance, general eye movements, primitive reflex's, rhythm and timing, cognitive capabilities, proprioception, fine motor skills, auditory processing, abdominal core muscles, and coordination.

SUMMARY OF THE ASSESSMENT RESULTS

Assessed	Result	Meaning
Primitive Reflexes	Seven of nine reflexes retained	Retaining primitive reflexes prevents the brain from growing and developing as it should, resulting in issues such as ADHD.
Abdominal Core Muscles	Below age level	Abdominal core muscles are the driving force for the brain growth and speed of neuropathways.
Auditory Processing	Moderate weakness found	An auditory processing deficit will cause delays in language, and further, reading.
Cognitive Evaluation	Below average for his age	Poor performance in our cognitive tests shows up in academics and many other areas of life.
Coordination	Below age level	Poor coordination can result in injuries and the inability to perform well in sports.
Dominance	Mixed dominance found	Not choosing a dominant side is an indication of an issue.
Fine Motor Skills	Below age level	Poor Fine motor skills can result in difficulty with tasks such as writing, drawing, or buttoning clothes.
General Eye Movements	Below age level	Issues with eye movements results in problems with balance, reading sports, coordination, focus, driving, rhythm, and timing.
Proprioception	Below age level	Poor proprioception may result in poor coordination or clumsiness.
Rhythm & Timing	Below age level	Poor rhythm and timing impact's our ability to socialize, regulate emotions, and perform academically and even physically.

OUR RECOMMENDATION

We recommend a custom program which will allow Your Child to focus and avoid distraction, understand social cues, regulate his emotions, discover nuanced thinking, and be more motivated. This program will have Your Child visiting us 3 times a week for twelve weeks with homework of a few exercises occupying twenty to thirty minutes a day. See the last page for details.

THE ASSESSMENT RESULTS

CHILD'S NAME:	Your Child	PARENT'S NAME:	Jane & Jone Doe

THE PROBLEM

When it comes to any developmental delay, the core problem is a disconnect between the left and right hemispheres of the brain. Essentially, one hemisphere is underactive and the other overactive. In Your Child's case, the left hemisphere is overactive and the right underactive. Research has shown that this imbalance is caused by retained primitive or infant reflexes.

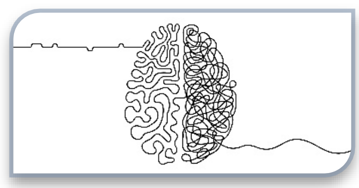
THE SOLUTION

There are three components to creating new neuropathways and correcting the root cause of Your Child's issue: primitive reflex integration, core stabilization, and hemispheric stimulation. When working with our students, we create a custom program employing each of those pieces to rewire their brain and remove the social, emotional, or academic issues they face.

PRIMITIVE REFLEX INTEGRATION

CORE STABILIZATION

HEMISPHERIC STIMULATION



PRIMITIVE REFLEX INTEGRATION

Primitive reflexes are ingrained reflexes that we are born with. They assist us in growing from infants in the womb to toddlers and beyond. According to Wikipedia, there are thirteen primitive reflexes, though we are aware of at least two reflexes they did not list.

Primitive reflexes originate in the brainstem (the bottom stalk-like portion of the brain where the cerebrum connects with the spinal cord). These reflexes are suppressed by the development of the frontal lobes as a child develops. These primitive reflexes are also called infantile, infant, or newborn reflexes.

There is no one cause for retention of primitive reflexes, nor is there a specific reason why they may reappear, though usually there is some trauma involved before, during or after birth. Research shows that retained primitive reflexes are a major factor in developmental delays.

When testing kids for retained primitive reflexes, it appears that 65 to 70 percent of students had one or more retained primitive reflexes holding them back from reaching their learning potential. By integrating the retained primitive reflexes, we clear the path to creating new neuropathways by maturing the brain.

On the following pages, you'll find a complete list of the reflexes we test, those we found that Your Child still has, their symptoms, and their long-term impacts.

THE ASSESSMENT RESULTS

CHILD'S NAME:	Your Child	PARENT'S NAME:	Jane & Jone Doe

CORE STABILIZATION

Growing up, most of us spent a great deal of time outside playing. We rode our bikes everywhere, spent very little time indoors watching television and couldn't imagine carrying around the little computers we call cell phones. Today, children spend more time on devices and much less time exercising. In fact, according to The American Academy of Child and Adolescent Psychiatry, on average, children ages 8-12 in the United States spend 4-6 hours a day watching or using screens, and teens spend up to 9 hours per day. Research shows that all this screen time depletes the right hemisphere of the brain leading to an increase in Autism, ADD, ADHD, and other developmental delays. Unfortunately, all this screen time means less time actually moving and the more you move your body, the more your brain grows.

As a result, we spend quite a bit of time working with our students to stabilize their core muscles: supine, prone, and lateral.

HEMISPHERIC STIMULATION

The primary issue in people with developmental delays is related to the development of the hemispheres of the brain. Specifically, one hemisphere has developed more neuropathways than the other and the two hemispheres are not communicating appropriately. In raising children, parents and educators tend to exacerbate the problem by providing more stimulation of the hemisphere that is more developed.

To solve this challenge, we need to temporarily "stall" the growth of the overdeveloped hemisphere and stimulate the progress of the underdeveloped hemisphere. We do this using a specialized set of "gear" that includes colored glasses, a metronome, specific scents, and a tactile stimulation device. While the student is "geared up", they perform certain exercises to stabilize their core, specific activities to integrate the retained primitive reflexes, and particular tasks on the computer to enhance their rhythm and timing, visual abilities, cognition, and eye tracking.

By doing these activities three times a week in center and a similar set of activities five times a week at home, we can guarantee our students will have positive improvement

ISSUES ADDRESSED BY THE PROGRAM

While your child may not experience all the issues listed below, the program does address them all. Some will be handled by integrating the retained primitive reflexes, some when the hemispheres of the brain are synced up, and some by the other work we do in center.

> "Dr. Tim & Coach Jackie are two of the most compassionate and intelligent people I have met here. They offer a holistic approach to treating young children with autism, ADHD, anxiety, processing disorders -- and it WORKS. Magic is something we know from movies and fictional novels...this is about as close as you'll get to it in real life. If you have a child or someone close to you that suffers from these issues, don't hesitate to give them a call."

THE ASSESSMENT RESULTS

CHILD'S NAME:	Your Child	PARENT'S NAME:	Jane & Jone Doe

ATTENTION DEFICIT / HYPERACTIVITY DISORDER (ADHD)

- Avoids tasks requiring effort: Procrastinates or avoids tasks like homework or lengthy paperwork.
- Blurting out answers: Answers questions before they've been fully asked.
- Careless mistakes: Overlooks details, leading to errors in schoolwork or other activities.
- Difficulty engaging quietly: Struggles to engage in leisure activities quietly (e.g., playing or reading).
- Difficulty sustaining attention: Trouble focusing on tasks or activities for long periods, especially for tasks that require mental effort.
- Disorganization: Difficulty organizing tasks and belongings (messy workspaces or missing deadlines).
- Easily distracted: Frequently distracted by external stimuli or unrelated thoughts.
- Excessive talking: Talks more than usual, often without recognizing it.
- Failure to follow through: Starts tasks but struggles to complete them.
- Fidgeting: Constantly fidgeting with hands or feet or squirming in seats.
- Forgetfulness: Frequently forgets daily activities like chores or appointments.
- Impatience: Finds it hard to wait for their turn or in line.
- Inability to stay seated: Difficulty staying seated in situations where it's expected (e.g., classroom, meetings).
- Interrupting others: Often interrupts or intrudes on others' conversations or games.
- Loses things: Frequently misplaces items like keys, wallets, or school materials.
- Poor listening skills: Often seems like they're not listening, even when spoken to directly.
- Restlessness: Appears to be "on the go" or acting as if "driven by a motor."

AUTISM SPECTRUM DISORDER (ASD)

- Challenges with conversation: Difficulty starting or maintaining conversations, sometimes speaking only when prompted or focusing solely on a preferred topic.
- Delayed language development: Some individuals may have a delay in developing spoken language, or they may use language in an atypical way (e.g., echolalia, where they repeat words or phrases).
- Delayed motor skills: Some individuals may have difficulty with fine or gross motor skills, such as catching a ball or handwriting.
- Difficulty understanding others' perspectives: Challenges in recognizing or interpreting the thoughts, emotions, or intentions of others (known as Theory of Mind).
- Difficulty with imaginative play: Prefers repetitive, concrete play rather than imaginative or pretend play.
- Difficulty with social interactions: Trouble understanding or engaging in typical social behaviors, such as maintaining eye contact, reading facial expressions, or understanding body language.

THE ASSESSMENT RESULTS

CHILD'S NAME:	<child>	PARENT'S NAME:	<parents>

- Emotional regulation challenges: May have difficulty managing emotions, leading to meltdowns, frustration, or anxiety.
- Fixation on parts of objects: May focus on specific parts of objects rather than their whole function (e.g., spinning the wheels of a toy car rather than playing with the car itself).
- Highly focused interests: Shows intense, narrow interest in specific topics or activities (e.g., memorizing facts about trains or a specific hobby).
- Lack of interest in peer relationships: Prefers to engage in solitary activities and may not seek out or enjoy typical friendships.
- Reduced sharing of interests or emotions: Rarely shares interests, achievements, or emotions with others (e.g., not pointing out things of interest).
- Repetitive movements or speech: Engages in repetitive actions such as hand-flapping, rocking, or repeating phrases (known as "stimming").
- Sensory sensitivities: Over- or under-sensitive to sensory stimuli such as lights, sounds, textures, or tastes. This can include an aversion to loud noises or seeking certain tactile sensations.
- Strict adherence to routines: Becomes distressed when routines or environments are disrupted or changed (e.g., needing to follow the same route to school).
- Unusual speech patterns: Some individuals may have an atypical tone, pitch, or rhythm of speech (e.g., speaking in a monotone or using formal, overly complex language).

THE ASSESSMENT RESULTS

CHILD'S NAME:	Your Child	PARENT'S NAME:	Jane & Jone Doe

WHAT WE FOUND DURING THE ASSESSMENT

The following pages detail our findings and what those findings mean in terms of the concerns you have about Your Child. As mentioned earlier, some of those concerns will be addressed by primitive reflexes, some by hemispheric stimulation, and some by taking care of the other issues we discovered during the assessment.

PRIMITIVE REFLEX EVALUATION

All brain growth starts from the bottom up. Retained primitive reflexes, stored in the brainstem, inhibit the ability of the left and right hemispheres to properly grow. All primitive reflexes are expected to be integrated by two years of age, with some integrating as early as three months of age. We tested the following nine reflexes:

- *Asymmetric Tonic Neck Reflex (ATNR)*
- *Babinski Reflex*
- *Moro Reflex*
- *Palmar Reflex*
- *Rooting Reflex*
- *Snout Reflex*
- *Spinal Galant Reflex*
- *Symmetrical Tonic Neck Reflex (STNR)*
- *Tonic Labyrinthine Reflex (TLR)*

We found that Your Child has integrated seven of the nine primitive reflexes we tested. The chart below shows the numeric results of the evaluation, where zero (0) is a fully integrated reflex and four (4) is a very severe retained reflex.

"We have noticed a great change in our child in such a short time. He is much more calm and responds to redirection better. He never wore socks before and now he wears socks all day everyday! This was a huge visible change. We started school back up and he can sit for a whole math lesson without needing to stretch in between. Overall we are very happy with his progress and can't wait to see more progress moving forward. Thank you NeuroFiT Connections!"

Asymmetric Tonic Neck Reflex (ATNR)	*Babinski Reflex*	*Moro Reflex*	*Palmar Reflex*	*Rooting Reflex*	*Snout Reflex*	*Spinal Galant Reflex*	*Symmetrical Tonic Neck Reflex (STNR)*	*Tonic Labyrinthine Reflex (TLR)*
3	0	3	0	1	1	3	2	3

Each of the retained primitive reflexes will impact Your Child in different but interconnected ways. The next few pages show the symptoms and long-term effects of retaining the reflexes that Your Child still has. As we integrate those reflexes, you will see improvement in Your Child, some of which will address your concerns.

THE ASSESSMENT RESULTS

CHILD'S NAME:	Your Child	PARENT'S NAME:	Jane & Jone Doe

Asymmetric Tonic Neck Reflex (ATNR) ***Normally integrates by 6 months of age***

This reflex works muscles, prepares the baby to roll, starts the independent coordination of right and left sides of the body, and helps to develop eye tracking, hand-eye coordination and the ability to cross the midline of the body.

Symptoms:

- Difficulty with reading and writing
- Struggles with learning to ride a bike
- Difficulty crossing the midline of the body
- Poor visual tracking
- Poor hand-eye coordination
- Poor balance and whole-body coordination

Long Term Effects:

- Upright balance issues
- Trouble with normal cross-pattern movements (e.g., walking, marching, skipping, etc.)
- Poor ocular pursuit movements
- Mixed laterality (e.g., switching hand used for writing, or batting a ball)
- Poor handwriting, reluctance to write, poor expression of ideas on paper.
- Visual-perceptual difficulties, particularly in symmetrical representations of figures

"My husband and I love NeuroFiT Connections. We have 2 daughters in a 12-week program right now and it's been about 4 weeks so far and we're seeing results. Our freshman has many inattentive ADD symptoms, she struggles to hear and retain directions and information, and she lacks all drive for anything that isn't boys or tv, including being clean and last week, she cleaned her room. I walked in and was shocked. I asked her about it, and she said, Yeah, it was weird...I had the thought and then I just like, did it. 😳 🤩 Monumental for this child! Then this week she cleaned her desk. I'm ecstatic. And have high hopes for more progress. Our 7-year-old can't sit in one position and emotionally erupts in every interaction she has with us and her siblings and the progress she has made learning to read for the last two years has been painfully slow. This week she read an 8-sentence story without talking to me about random other things or trying to stand on her chair."

THE ASSESSMENT RESULTS

CHILD'S NAME:	Your Child	PARENT'S NAME:	Jane & Jone Doe

Moro Reflex ***Normally integrates by 4 months of age***

Part of the sympathetic nervous system and our freeze, fight or flight response to stimuli and stress. Helps to protect the baby by communicating the need for comfort and support.

Symptoms:

- Unable to focus on one thing at a time, easily distracted
- Poor impulse control
- Emotional immaturity and/or reactivity
- Withdrawn or timid
- Aggressive, anxious, and/or highly excitable
- Difficulty playing ball games

Long Term Effects:

- Poor CO^2 reflex
- Vestibular related problems such as motion sickness, poor balance and coordination, particularly seen during ball games
- Physical timidity
- Oculo-motor and visual-perceptual problems (e.g., cannot ignore irrelevant visual material within a given field)
- Difficulty processing information in environments presenting multi-sensory stimuli
- Poor pupillary reaction to light. Photosensitivity. Difficulty with black print on white paper and easy tiring under florescent lighting
- Auditory confusion resulting from hypersensitivity to specific sounds, including poor auditory discrimination and have shutting out background noise
- Poor regulation of stamina.
- Dislike of change or poor adaptability to surprises.
- Free-floating anxiety or angst (continuous anxiety seemingly unrelated to reality).
- Over reactivity
- Irritability
- Frustration leading to mood swings and labile emotions
- Tense muscle tone (body armoring)
- Difficulty accepting criticism
- Cycle of hyperactivity followed by excessive fatigue
- Difficulty making decisions
- Weak ego, low self-esteem
- Insecurity/dependency
- Need to control or manipulate events

THE ASSESSMENT RESULTS

CHILD'S NAME:	Your Child	PARENT'S NAME:	Jane & Jone Doe

Rooting Reflex — ***Normally integrates by 4 months of age***

Sensory and motor response that acts as a catalyst for oral fine motor development necessary for sucking, swallowing, eating and speaking.

Symptoms:

- Poor articulation and speech issues
- Tactile sensitivity around the face
- Messy eater
- Poor manual dexterity and fine motor skills
- Picky or selective eating
- Chewing on fingernails, clothing, pens, etc.

Long Term Effects:

- Hypersensitivity around lips and mouth
- Tongue may remain too far forward in mouth, which makes it difficult to swallow and chew certain foods
- Speech and articulations problems
- Poor manual dexterity

Snout Reflex — ***Normally integrates by 4 months of age***

Sensory and motor response that acts as a catalyst for oral fine motor development necessary for sucking, swallowing, eating and speaking.

Symptoms:

- Blurred or tunnel vision
- Cold and clammy skin
- Dizziness
- Fainting
- Feeling warm
- Lightheadedness
- Nausea
- Ringing in ears

Long Term Effects:

- Hypersensitivity around lips and mouth
- Tongue may remain too far forward in mouth, which makes it difficult to swallow and chew certain foods
- Speech and articulations problems
- Poor manual dexterity

Spinal Galant Reflex — ***Normally integrates by 9 months of age***

This reflex in utero is thought to cause the bladder to release. It also facilitates hip range of motion necessary for birth, rolling over, crawling, and walking.

Symptoms:

- Inability to sit still, excessive fidgeting
- Poor concentration
- Poor posture
- Chronic digestive issues
- Bed wetting beyond the age of 5 years old
- Possible scoliosis
- Challenges with focus
- Mental fatigue

Long Term Effects:

- Susceptible to scoliosis and other spinal abnormalities
- Poor short-term memory
- Difficulty with leg control while walking and running
- Hypersensitivity to tactile stimulation
- Poor performance in school or at work

THE ASSESSMENT RESULTS

Child's Name:	Your Child	Parent's Name:	Jane & Jone Doe

Symmetrical Tonic Neck Reflex (STNR) — ***Normally integrates by 11 months of age***

This reflex works muscles and helps a baby learn to use the top and bottom of the body separately. It also prepares a baby to crawl and helps develop near and far visual focus and hand-eye coordination

Symptoms:

- Difficulty with reading
- Struggles with writing, copying and typing
- Poor posture, slumps in chair
- Weak visual convergence abilities
- Poor balance and whole-body coordination
- May sit in a "W" position.
- Simian walk
- Poor hand-eye coordination.
- Messy eater and/or clumsy
- Poor upper arm strength
- Problems keeping the back straight
- Feet wrapped around chair leg

Long Term Effects:

- Difficulties in concentrating
- Difficulties with auditory processing
- Coordination issues

Tonic Labyrinthine Reflex (TLR) — ***Normally integrates by 4 months of age***

This reflex works various muscles, prepares the baby for head and neck control, and helps develop balance and body awareness necessary for visual motor integration and coordination.

Symptoms:

- Poor posture & balance
- Motion Sickness
- Persistent Toe Walking
- Poor sense of rhythm and timing
- Struggles to understand personal space
- Low or weak muscle tone.

Long Term Effects:

- Poor posture and a tendency to walk on toes
- Poor balance and coordination
- Hypertonus – stiff, jerky movements because the extensor muscles exert greater influence than the flexor muscles
- Vestibular-related problems (e.g., poor sense of balance, tendency toward motion sickness)
- Oculo-motor dysfunction (e.g., visual-perceptual difficulties, spatial perception problems)
- Poor sequencing skills
- Poor organizational skills
- Dislike of sporting activities, physical education classes, running, etc.
- Poor sense of time

THE ASSESSMENT RESULTS

CHILD'S NAME:	Your Child	PARENT'S NAME:	Jane & Jone Doe

ABDOMINAL CORE MUSCLES

Poor musculature results in poor processing in the brain. Abdominal core muscles are the driving force for the brain growth and speed of processing. We test abdominal core musculature using a set of standard exercises and normative data gathered over the past fifteen years.

We evaluated Your Child on Supine, Prone, and Lateral core skills and found that with Supine, he was slightly below his peers and well below with lateral and prone skills. He also could not complete a push-up or sit-up and was slightly below his peers with curl-ups and dead hang. This indicates that the messages from between his brain and body are not as efficient as they could be.

AUDITORY PROCESSING

An auditory processing deficit will cause delays in language, and further, reading. This shouldn't be surprising as it is common knowledge that reading is nothing more than language that has been written down. And it is also well known that one must be able to hear and process information to learn a language.

We test various levels of hearing through Acoustic Pioneer including Tonal Patterns, Rapid Tones, Rapid Speech, and Dichotic Listening.

We found that Your Child had trouble listening for quick tones and correctly identifying them in order. Understanding speech requires the listener to follow changes of intensity and pitch information over time. This skill could be thought of as 'auditory resolution'. Similar to a digital camera, the better the resolution, the clearer the image. His score indicates a moderate weakness when compared to same-aged peers.

We also found that he had a mild issue understanding speech in the presence of background noise. He could benefit immediately by sitting closer to his teachers and, if possible, pre-teaching lessons.

COGNITIVE EVALUATION

We use a variety of scientifically validated brain health assessments for Visuospatial Working Memory, Spatial Short-Term Memory, Working Memory, Mental Rotation, Visuospatial Processing, Deductive Reasoning, Planning, Verbal Reasoning, Verbal Short Term Memory, Attention, and Response Inhibition. We don't give every child every test. We pick and choose which tasks to administer based on the information provided. The cognitive tasks have a range of 0 to 150 with 87 to 113 being in the average range.

Of the six tasks assigned, Your Child scored below average on two of them and low average on three of them. As a result, you might find that he has trouble:

- Ignoring a noisy classmate to can concentrate on his work.
- Completing his chores even though he keeps thinking about doing something more fun.
- Keeping a thought to himself that shouldn't be spoken out loud, or putting up his hand instead of blurting out an answer.
- Figuring out if a story somebody is telling is serious or if they are only joking.

THE ASSESSMENT RESULTS

- Keeping attention on the teacher at school, or on a homework task, for a long time.
- Noticing when someone is getting mad or sad, and changing what he says to make them more comfortable.
- Noticing the differences between options on a multiple-choice test so he can choose the correct one.
- Differentiating between similar-sounding words to write down the one he wants.
- Not getting lost or turned around when coming into a familiar building through a different door than usual.
- Easily learning to use games or toys that involve building, such as recreating your house with blocks.
- Navigating using a map on the phone, or the mini-map in a video game.
- Following the plot of a story by remembering what each character is planning to do.
- Being asked to find shoes in the morning, and checking all the usual places they could be found.
- Effectively prioritizing a list of homework tasks.
- Following step-by-step instructions, like doing a list of chores at different locations.
- Understanding positioning in sports, and carrying out pre-planned plays.
- Drawing something after seeing step-by-step directions on how to draw it.

COORDINATION

Coordination is the ability to execute smooth, accurate, controlled motor responses. It involves selecting the right muscle at the right time with proper intensity to achieve proper action. Poor coordination can result in injuries and an inability to perform well in sports. More complex and organized movements create a more complex and organized brain. We test coordination using a pattern crawl across the midline.

We expected Your Child to complete a complex cross crawl pattern, but he had trouble completing a standing cross crawl pattern, hand to opposite knee.

DOMINANCE

We expect a child to have chosen a dominant side by three years of age.

Dominance is not necessarily an issue but is an indicator of an issue. We found the Your Child is right dominant with his hands, feet, and ears. His eyes are mixed dominant.

THE ASSESSMENT RESULTS

CHILD'S NAME:	Your Child	PARENT'S NAME:	Jane & Jone Doe

FINE MOTOR SKILLS

Poor fine motor skills result in the inability to perform precise movements with the hands and fingers. This can manifest as difficulty with tasks such as writing, drawing, buttoning clothes, or using scissors. Fine motor skills can affect cognitive skills and might impact speech and food choices.

Fine motor skills are tested on the Purdue Pegboard.

We expected Your Child to be able to set 15 pegs with his dominant hand and non-dominant hand, and 12 with both hands at the same time. He was able to set 10 pegs with either hand and only 5 with both hands together.

GENERAL EYE MOVEMENTS

A child of Your Child's age should be able to track an object whether it is moving slowly or rapidly. We also expect him to be able to fixate on an object as well as have his eyes converge when moving an object towards the nose. Finally, a normal visual field should be 170 degrees around, with 90 to 100 degrees comprising the peripheral vision.

Your Child performed well with saccadic movements, but had trouble with slow pursuits, convergence, and vertical and horizontal tracking. This will impact his reading.

PROPRIOCEPTION

Proprioception is our body's ability to perceive its own position in space, an essential element of our sensory system that informs the brain about limb orientation and movement. It's achieved through a network of receptors in our muscles, tendons, and joints. These receptors are constantly sending information to the central nervous system about the position and movement of our body parts.

Poor proprioception means the student will have difficulty interpreting body positions and movements from the muscles and joints. With poor body awareness comes poor social skills. Poor proprioception can cause several signs and symptoms, including:

- Uncoordinated or clumsy movements, such as bashing into things, being over reliant on sight or not being able to walk a straight line.
- Difficulty with basic functional mobility, such as trouble standing on one foot or frequent falls while walking or sitting.
- Clumsiness, such as dropping or bumping into things.
- Focus and concentration

Balance is the easiest and most effective way to test proprioception.

We expected Your Child to be able to balance on one leg on a rocker board with his eyes closed but had trouble completing a staggered stance.

THE ASSESSMENT RESULTS

CHILD'S NAME:	Your Child	PARENT'S NAME:	Jane & Jone Doe

RHYTHM & TIMING

Rhythm and timing have an impact on all of us in all areas of life such as cognition, attention, focus, memory, speech and language, executive functioning, comprehension, as well as motor & sensory skills. We measure Rhythm and timing based on the number of correctly timed responses to stimulus.

We expect a child of Your Child's age to be able to maintain a beat in time with a metronome with both hands and feet for a short period of time. The average range for their age group of peers is 65 to 89 missed responses. The lower the score, the better the student performed.

Your Child's score for the interactive metronome was well above 200 and his hyperactivity really showed up here. As we strengthen the right hemisphere of the brain and enhance his rhythm and timing, you'll find that he becomes more aware of social cues and is better able to regulate his emotions.

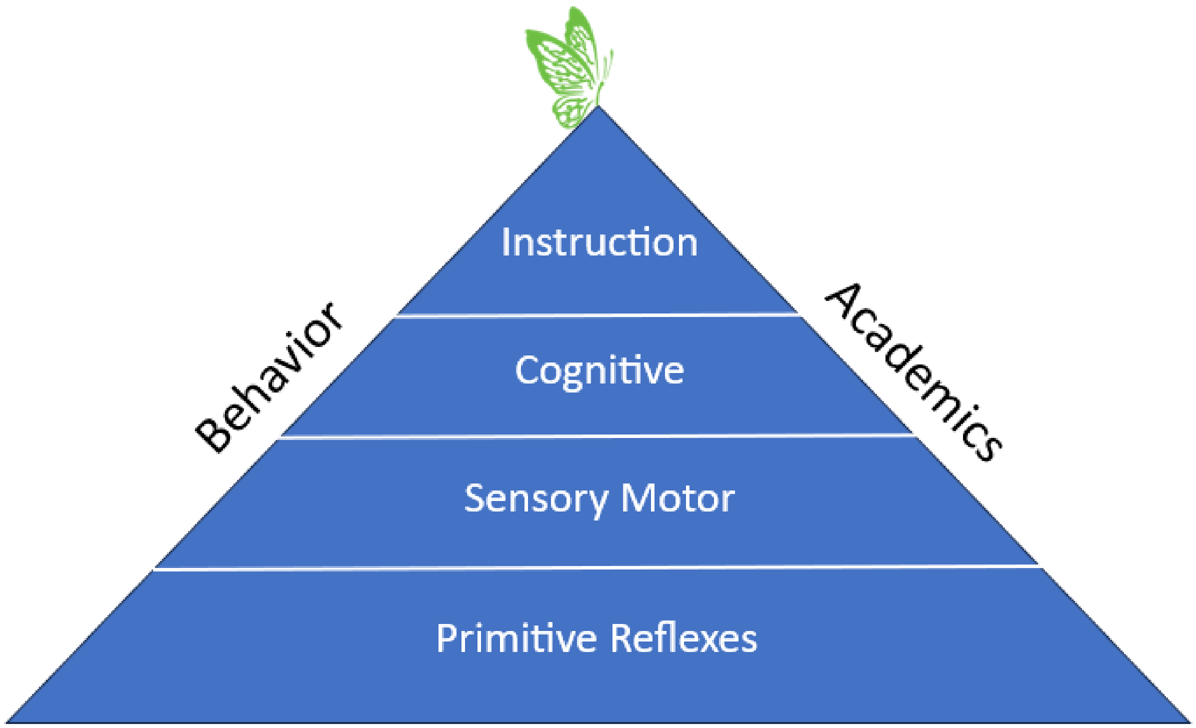
THE ASSESSMENT RESULTS

CHILD'S NAME:	Your Child	PARENT'S NAME:	Jane & Jone Doe

ASSESSMENT RESULTS SUMMARY

We are 1/3 of the way into the Program and we are seeing great success so far. Thank you NeuroFiT Connections!

As you saw above, there are several issues that we discovered in evaluating Your Child. Some of them are serious, others are mild. Left untreated, these issues will have a long-term impact on Your Child's life, an impact that we want to avoid. We expect to see improvement quickly as the reflexes are integrated and his brain begins to sync up. At eight you'll see academic, social, emotional, and behavioral benefits as he progresses through the program and beyond. You can expect to see improved focus and concentration, the ability to understand and respond to social cues, emotional regulation, a reduction in his black and white thinking, and increased motivation.



STANDARD AGE LEVEL DEVELOPMENT

CHILD'S NAME:	Your Child	PARENT'S NAME:	Jane & Jone Doe

While it's difficult to watch a child struggle, there are certain behaviors you can expect from your child. The following is a list of the behavioral and cognitive developmental milestones you can expect from Your Child.

BEHAVIORAL / EMOTIONAL MILESTONES

SEVEN TO EIGHT YEAR OLDS

- ❑ Cares for self, room, and belongings.
- ❑ Has a sense of humor and tells jokes.
- ❑ Draws moral distinctions based on internal judgement.
- ❑ IS self-critical; may express lack of confidence.
- ❑ Dislikes being singled out, even for praise.
- ❑ Develops a sense of responsibility.

EIGHT TO NINE YEAR OLDS

- ❑ Becomes impatient, finds waiting for special events torturous.
- ❑ IS influenced by peer pressure.
- ❑ Seeks immediate gratification.
- ❑ Actively seeks praise.
- ❑ Fears speaking in front of class.
- ❑ Is self-critical.
- ❑ Is highly social.

COGNITIVE / ACADEMIC MILESTONES

SEVEN TO EIGHT YEAR OLDS

- ❑ Tells time to the quarter hour using an analog clock.
- ❑ Begins to reason and concentrate.
- ❑ Can write or print many words correctly.
- ❑ Has a solid sense of time – seconds, minutes, hours, days, weeks, months, seasons, and years.
- ❑ Solves simple math problems using objects (such as counting beads).
- ❑ Performs at grade level in all subjects.

EIGHT TO NINE YEAR OLDS

- ❑ Can converse at an almost-adult level.
- ❑ Reading may be a major interest.
- ❑ Thinking is organized and logical.
- ❑ Recognizes concepts of reversibility ($4 + 2 = 6$, $6 – 2 = 4$).
- ❑ Is able to write simple compositions.
- ❑ Knows what day of the week it is.
- ❑ Has a black-and-white perspective much of the time.

OUR RECOMMENDATION

CHILD'S NAME:	Your Child	PARENT'S NAME:	Jane & Jone Doe

Our holistic, drug free program rewires the brain to create new neuropathways through our research backed, science based, three-pronged approach. Using the results of this assessment, we have custom designed a program for Your Child that will integrate his retained primitive reflexes, improve his rhythm and timing, enhance his cognition, strengthen his proprioception, and develop his fine motor skills. The result will be better concentration, auditory processing, coordination, listening, behavior, social skills, and so much more without losing any of the skills he already has. In fact, towards the end of the program, we will begin strengthening his existing skills to make him truly unstoppable!

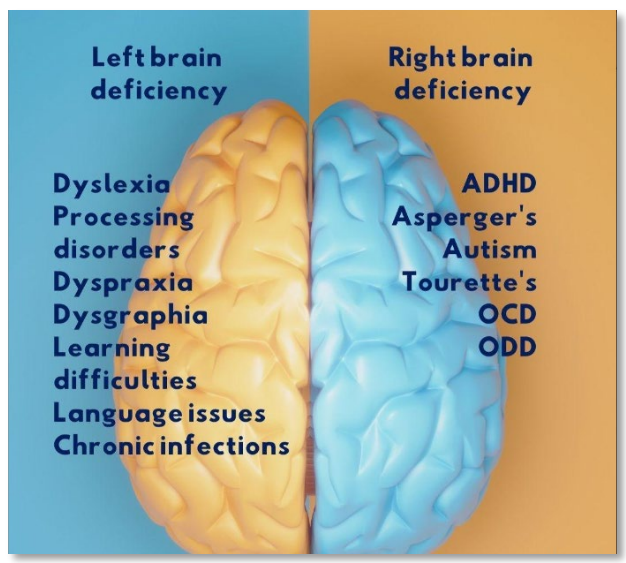
We expect to achieve the goals that you've indicated for Your Child:

1. Understand social cues
2. Make friends
3. Manage impulsivity

On the following pages, we've provided three options for you to consider. The recommended option involves three in-center visits a week plus some at-home exercises. We will provide the gear for at home, like the gear he will wear in center. This gear is designed to help properly stimulate the appropriate hemisphere of the brain. Additionally, we will provide supplements to aid in his digestion, a parent program guide, an elimination diet and more.

Every week, we will send Your Child home with a Tracker detailing the exercises we want him to do and how to do them. The contents of this tracker will change from week to week depending on Your Child's progress.

Every four weeks over the course of the program, we will reassess Your Child to make sure he's on track. After each of these assessments, we will provide you with a report detailing Your Child's growth over the previous four weeks. Additionally, if we need to adjust the program, we will do it then.



The remaining options accomplish the same goal, but at a slower pace and will involve more at-home work for you and Your Child. Our primary goal is to get Your Child caught up to their neurotypical peers in age-appropriate behavior.

We make it fun for our students, so much so that many don't want to stop coming. And yet, when they graduate, certificate and NeuroFiT Connections t-shirt in hand, they will be their highest and best self.

OUR RECOMMENDATION

CHILD'S NAME:	Your Child	PARENT'S NAME:	Jane & Jone Doe

IN-OFFICE PROGRAM (RECOMMENDED)

We recommend a custom program which will have Kehlan visiting us three times a week for twelve weeks with homework of several exercises occupying twenty to thirty minutes a day.

Your Child's Gear – He will wear the gear while he does his exercises. (included)	$0.00
Your Child's supplements – Two tablets, once a day – 90-day supply (included)	$0.00
36 In center visits (Program + Red Light Therapy) [1]	$10,800.00
Subtotal	$10,800.00
Discount [2]	$(50.00)
Total Investment	**$10,750.00**

At the first visit, we will provide you with the gear, supplements, exercises and teach you how to work with Kehlan to get the exercises completed. Every four weeks, we will check Your Child's progress, make any changes necessary and provide with an updated list of exercises.

[1] Each session will be one hour long.
[2] Discounts applied are refund of assessment fee ($50.00).

EXPECTED RESULTS

In your Intake Form, you said your primary concerns were:

1. Distracted easily.
2. Understanding social cues.
3. Emotional regulation.
4. Black and white thinking.
5. Motivation to do work.

You can expect to see significant improvement in all issues listed. In the process, he will also become more self-confident.

PAYMENT OPTIONS

1. Pay in full with an extra 10% discount of $1,075.00 reducing the investment to $9,675.00.
2. Three monthly payments of $3,400.00 per month at 0% interest after a deposit of $550.00.
3. Finance the balance of $10,200 after a $550.00 Deposit at 8.25% interest:

MONTHLY PAYMENT OPTIONS

24 Months	36 Months	48 Months	60 Months	72 Months
$462.48/month	$320.81/month	$250.21/month	$208.04/month	$180.09/month

Note: Payments can be made with pre-tax dollars using an HSA, FSA or 529A account.

OUR RECOMMENDATION

CHILD'S NAME:	Your Child	PARENT'S NAME:	Jane & Jone Doe

IN-OFFICE PROGRAM

This program is similar to the recommended program, except that it does not include red-light therapy. Because we want the same results, this program is a little bit longer than the recommended program. In this case, Your Child will visit us three times a week for sixteen weeks with homework of several exercises occupying twenty to thirty minutes a day.

Your Child's Gear – He will wear the gear while he does his exercises. (included)	$0.00
Your Child's supplements – Two tablets, once a day – 120-day supply (included)	$0.00
48 In center visits (Program) [1]	$14,400.00
Subtotal	$14,400.00
Discount [2]	$(50.00)
Total Investment	**$14,350.00**

At the first visit, we will provide you with the gear, supplements, exercises and teach you how to work with Your Child to get the exercises completed. Every four weeks, we will check Your Child's progress, make any changes necessary and provide with an updated list of exercises.

[1] Each session will be one hour long.
[2] Discounts applied are refund of assessment fee ($50.00).

EXPECTED RESULTS

In your Intake Form, you said your primary concerns were:

1. Distracted easily.
2. Understanding social cues.
3. Emotional regulation.
4. Black and white thinking.
5. Motivation to do work.

You can expect to see significant improvement in all issues listed. In the process, he will also become more self-confident.

PAYMENT OPTIONS

1. Pay in full with an extra 10% discount of $1,435 reducing the investment to $12,915.
2. Four monthly payments of $3408.13 per month at 0% interest after a deposit of $717.50.
3. Finance the balance of $13,632.50 after a $717.50 Deposit at 8.25% interest.

MONTHLY PAYMENT OPTIONS

24 Months	36 Months	48 Months	60 Months	72 Months
$618.12/month	$428.77/month	$334.41/month	$278.05/month	$240.69/month

Note: Payments can be made with pre-tax dollars using an HSA, FSA or 529A account.

OUR RECOMMENDATION

CHILD'S NAME:	Your Child	PARENT'S NAME:	Jane & Jone Doe

HYBRID PROGRAM

If you feel confident that Your Child can do the exercises at home without coming to visit us weekly, our hybrid program might work for him. This program would have Your Child visiting us in person once a month, with three optional weekly check-ins via Phone, Zoom or Teams.

For this program, Your Child will come into the office for one visit to get his gear, learn the exercises, and understand his at home tracker. For the next sixteen weeks, he will do the exercises at home 2 to 3 times a day occupying 30 minutes or less each session. Every four weeks, Your Child will return to the office to be reassessed.

Your Child's Gear – He will wear the gear while he does his exercises.	$550.00
Your Child's supplements – Two tablets, once a day – 120-day supply	$120.00
Acoustic Pioneer Software for Hearing	$100.00
Interactive Metronome Home Unit for Rhythm and Timing	$586.25
5 In center visits, 3 virtual visits (Instruction + Reassessment)	$1,500.00
Subtotal	$2,856.25
Discount [1]	$(50.00)
Total Investment	**$2,806.00**

At the first visit, we will provide you with the gear, supplements, exercises and teach you how to work with Your Child to get the exercises completed. At each monthly visit, we will check Your Child's progress, make any changes necessary and provide you with an updated list of exercises.

[1] Discounts applied are refund of assessment fee ($50).

EXPECTED RESULTS

In your Intake Form, you said your primary concerns were:

1. Distracted easily.
2. Understanding social cues.
3. Emotional regulation.
4. Black and white thinking.
5. Motivation to do work.

We expect that you will see improvement in some of the issues listed above as the primitive reflexes integrate. You might see other improvements as well.

PAYMENT OPTIONS

1. Pay in full with an extra 10% discount of $280.60 reducing the investment to $2,525.63.
2. Four monthly payments of $362.50 per month at 0% interest after a deposit of $1,356.25.
3. Twelve monthly payments of $126.30 per month at 8.25% interest after a deposit of $1,356.25.

Note: Payments can be made with pre-tax dollars using an HSA, FSA or 529A account.

OUR RECOMMENDATION

CHILD'S NAME:	Your Child	PARENT'S NAME:	Jane & Jone Doe

NEXT STEPS

When you're ready to take the next step and sign Your Child up for the program, give us a call at (833) 632-5437 to have the agreements generated and schedule Your Child's sessions.

If you have questions about the assessment results, feel free to reach out to Coach Jackie at (833) 632-5437 x2.

If you'd like to discuss your options, feel free to give us a call at (833) 632-5437 x1 and speak to Dr. Beck.

Note: This recommendation and the assessment results are only valid for three months from the date of the assessment. After that, we will need to reassess Your Child at the normal rate of $300.

GET STARTED TODAY (833) NFC-KIDS

WHAT TO EXPECT

CHILD'S NAME:	Your Child	PARENT'S NAME:	Jane & Jone Doe

Parents always ask, *"What changes can we expect and when?"*

It's hard to make accurate predictions. However, our team often sees a consistent progression of changes as a child progresses through the full in-center program. It's critical that parents know what to expect, because:

- Early changes may seem subtle — or may be missed.
- Other changes may not seem positive but are, and you should be aware before they happen.
- Some of the changes may bring about additional challenges, even when they are positive in nature, for parents, teachers, and therapists. Knowing about and explaining these changes may help before negative behaviors arise.

"Change is good, even when it doesn't look good."

The only way to change your child's behavior and function is to change their brain in a positive way. We want to bring out their true potential! When you start noticing changes, celebrate the fact that your child's brain is changing. There are typically three ways your child's brain and behaviors may change:

① BODILY SENSATIONS

Most of our patients are disconnected from their bodies, especially with right hemisphere delays. Forming in the womb through the first three years, the right hemisphere is responsible for the development of attachment, first to parents and then to others. It is also responsible for nonverbal communication. Babies need to feel basic sensations to communicate their needs in a nonverbal way (pain, hunger, thirst, fatigue, time for changing, etc.). Many, if not all, of the children we work with experience reduced or nearly absent sensation. For example, they may feel hunger and thirst at greatly reduced or atypical levels.

One of the first changes we typically notice is in eating patterns. Some children may start feeling hungry and eating more food than usual. This is a positive change, as we want them to feel their bodies and sensations — and they feel hungry, which they have never experienced. Other children may stop eating as much and recognize when they are full. As your child starts to connect with their bodies they may go through a phase where they feel "uncomfortable in their own skin" this is a good thing and should change quickly.

② FEELINGS, EMOTIONS + FUNCTIONS

As one side of the brain grows, new behaviors, feelings and emotions arise. While these are positive changes, they may not appear that way. The right side of the brain regulates what we call negative emotions. Once children start to feel and connect with their bodies, they become self-aware and experience what is known as body ownership. As a result, they begin to feel right-brain emotions like fear, sadness, shame, guilt, embarrassment and rejection.

WHAT TO EXPECT

CHILD'S NAME:	Your Child	PARENT'S NAME:	Jane & Jone Doe

As parents, our instinct is to protect our children from negative emotions. But these emotions are critical for social development, to empathize and get along with others, and to learn right from wrong. Emotions from the left brain may also start to emerge, like joy, anger and pride. Children may exhibit signs of anger, become aggressive or appear oppositional. As they develop agency, they become more independent in their feelings and actions. They may start to voice their opinion, laugh more or even seem giddy at times — again, all good signs!

③ CHANGES IN THE BRAIN

As the brain changes and new areas start to grow, it may steal energy, blood flow and resources temporarily from other lower areas of the brain. This can lead to regression of certain functions and the return of more immature behaviors.

While it may seem scary, this is typical in child development. As Dr. Robert Melillo describes in his book, *Reconnected Kids*, there are eight growth spurts in children in the first five years. As the brain develops new skills, it may temporarily lose older skills. Children may start wetting the bed or themselves, playing with old toys, or engaging in older stims or behaviors. Again, this may appear negative but is another good sign the brain is changing. When the brain starts to grow in a positive way, we start to achieve better balance between the hemispheres.

A key point to remember: If you notice what seems like negative behaviors or functions at the same time as you notice obviously positive behaviors and functions, it is a sure sign that both are good. Once the brain stabilizes, regressive behaviors will subside, or old skills come back stronger than ever. This process lasts about two to four weeks, so hang in there!

In our experience, regular communication makes all the difference in the program's outcome. While we periodically reevaluate your child and readjust the program to ensure the goals are achieved, your feedback about the changes you are seeing is invaluable. Please keep us posted about all the changes you observe, large or small.