**CASE STUDY- I**

<table>
<thead>
<tr>
<th>Name</th>
<th>Deepak (Not real name)</th>
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<tbody>
<tr>
<td>Address</td>
<td>xxxxxxxxxxxxxxxxxxxxxxx</td>
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<td></td>
<td>xxxxxxxxxxxxxxxxxxxxxxx</td>
</tr>
<tr>
<td>Age</td>
<td>9 years</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Locality</td>
<td>Urban</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Moderate mental retardation</td>
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<tr>
<td>Mother Tongue</td>
<td>Hindi</td>
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<tr>
<td>Referred by</td>
<td>xxxxxxxxxxxxxxxxx</td>
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<tr>
<td>Informant</td>
<td>Father &amp; Mother</td>
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Screening & Identification Data

Deepak (Not real name) was screened & identified by the school authority at the time of admission. As per the psychological report, he was diagnosed as moderate mentally retarded having 39 IQ level. His problem was recognized in the age of 3 years. He was referred by the speech therapist for psychological assessment.

General Background Information

General background information’s of the ‘D’ are collected from his parents and reported on a Case History Performa. All these information are treated reliable and adequate. As per the information, ‘D’ is a 9 years old boy and belongs to an average family. His parents are well educated. His father is a serviceman and mother is a housewife. He has a young brother of 5 years old studying in first standard.

Family History

As per informant & pedigree chart, no one was found affected from mental illness, mental retardation, epilepsy and other disease in his family. There is no consanguinity.

Parental History

‘D’ was a wanted child. Mother’s age at the time of conception was 22 years. During the 2nd trimester she had suffered from jaundice but it was controlled within 3 days.

Natal & Neo-Natal

‘D’ was delivered at hospital. But it was premature delivery of seven months. Delivery was normal. There was respiratory distress and birth cry was delayed. Birth weight, colour were reported normal. No infection, feeding problem and convulsion was reported during natal and neo-natal stage.

Post Natal

No infection, fever, illness, convulsion and other disease was reported during post natal stage.
Medical History

At the age of 3 years parents realized some speech problem in their son. Then, they consulted with a Speech Therapist in a reputed private hospital. They got speech therapy for three years (from the age of 3 yrs. To 6 yrs.). At the age of 4 yrs. Speech Therapist referred ‘D’ to the Physio-therapist. His parents consulted with Physio-therapist at AIIMS, New Delhi.

Immunization History

The entire immunization schedules were followed at appropriate time.

Development Milestones

All the milestones were delayed by 7 to 8 months. Speech and language is not yet developed. He can’t dress up himself till now.

School History

He was admitted in a public school at the age of 3 yrs. But due to nil progress and speech disorder, he was discontinued the school after one year. ‘D’ was entered in the special school at the age of 6 years.

Play History

He enjoys observing others playing. He preferred playing with peer group, but plays less and observed them more. He is interested in watching cartoons and computer games. He doesn’t like copy work.

Home Environment

Home environment is normal. Mother cares him the most. She fulfils his personal needs; educational activities are done with the help of his mother. He over protected by his mother. That’s why he is dependent in most of his personal activities. He likes mother and his brother the most.

Social Environment

Neighborhood and outside visitors interaction is normal.
Management Problems

Mother faces difficulties in management of personal and academic activities.

Remarks

After getting background information the special educator has felt that Premature Delivery and Respiratory distress may be the cause of mental retardation and speech disorder.

Behavioural Assessment

Educational assessment was done to gather the data that may be used to better understand the behavioural needs of student. MDPS Behavioural Scale, a criterion-referenced tool was used to profile students learning needs and to assess the adaptive behaviour skills, as narrated briefly below and also shown in MDPS Behaviour Profile:

Does:

‘D’ runs, squats, screws and unscrews jar or bottle lid, picks up a filled glass and drinks from it without spilling, removes socks, has bladder control and indicates with gestures, points to common objects, i.e., glass, balls, spoon, pillow, chair etc. upon request only, indicates ‘Yes’ or ‘No’ in response to question, imitate arm movements, such as, clapping or waving goodbye, sorts objects of circle, square and triangle, traces these geometrical shapes, selects a Rupee coin from other paper objects, puts away personal items (his Tiffin, copies and bag etc.,) in proper location upon request, finds way by self from one place to another within a familiar building that is his house only, watches cartoons on TV without disturbing others, performs an assigned task for half an hour when motivated with rewards in between.

Doesn’t:

Walk, upstairs & upstairs with alternate feet by using wall or handrail for support, carry filled paper cup, use spoon to eat food, dress up when unfastened,
rinses his hands, removes clothes before sitting on the toilet, point to seven body parts, imitate five words, identify by pointing, naming, friends and acquaintances from stranger, identify names of three colours (yellow, blue and green) on objects, trace three letter functional words, number and time activities, select 50 paise and 2 rupees coin from a group of coins, dust furniture with flat surfaces, find way from his house to immediate neighborhood, engage in activities such as finger painting, put away own tools and materials at the end of a task even after reminder.