Scientific Research Publishing

Psychology, 2025, 16(3), 353-374
https://www.scirp.org/journal/psych
ISSN Online: 2152-7199
ISSN Print: 2152-7180

Supporting Academic Achievement in Individuals with Borderline IQ, ADHD, and Autism: A Case Study on the Impact of Psychosocial Support, IEPs, and Family Involvement

Kodjo Anahlui[1], Luke Dalfiume[1], Afiwa Agbobli[2], Mikell R. Ehnle[1]

[1]Christian Psychological Associates, Peoria, Illinois, USA
[2]The University Hospital of Campus, University of Lome, Lome, Togo
Email: anahlluik@gmail.com, agbobliafiwa@gmail.com, luke.dalfiume@yahoo.com, mikell@christianpsychological.org

How to cite this paper: Anahlui, K., Dalfiume, L., Agbobli, A., & Ehnle, M. R. (2025). Supporting Academic Achievement in Individuals with Borderline IQ, ADHD, and Autism: A Case Study on the Impact of Psychosocial Support, IEPs, and Family Involvement. *Psychology, 16,* 353-374.
https://doi.org/10.4236/psych.2025.163021

Received: February 12, 2025
Accepted: March 28, 2025
Published: March 31, 2025

Abstract

This article explores the critical role of psychosocial support, individualized education programs (IEPs), and family dynamics in promoting academic and personal success for individuals with borderline IQ, particularly those diagnosed with ADHD and autism. Through a case study of Anna, a young adult with ADHD, autism, and borderline intellectual functioning, we examine how a combination of neurodevelopmental disorders influences academic outcomes. Key findings emphasize the importance of leveraging strengths such as working memory and decoding skills while addressing challenges in reading comprehension, attention regulation, and social communication. The study highlights the positive impact of tailored IEPs, psychosocial interventions, and strong family involvement in fostering resilience and academic achievement, even in collegiate environments. Additionally, the research underscores the lasting influence of a nurturing home environment on long-term success. The findings advocate for a comprehensive, multidisciplinary approach to supporting individuals with neurodevelopmental disorders, suggesting that a holistic support system is crucial for achieving sustained academic and personal growth.

Keywords

Psychosocial Support, Individualized Education Program (IEP), Borderline IQ, ADHD (Attention Deficit Hyperactivity Disorder), Autism Spectrum Disorder (ASD), Long-Term Success

1. Introduction

In recent years, the intersection of neurodevelopmental disorders, such as ADHD and autism, with academic and social challenges has garnered increasing attention. Students with borderline IQ, ADHD, and autism spectrum disorder (ASD) often face unique obstacles in educational settings, where individualized support, such as tailored education programs (IEPs), is crucial for academic success. These students experience difficulties with cognitive functioning, attention regulation, and social communication, which can significantly impact their learning and overall development. Furthermore, the complexity of their family dynamics and psychosocial support systems plays a key role in shaping their academic trajectories and long-term outcomes. By understanding the cognitive theories behind learning disabilities and executive functioning, educators and clinicians can better support students in achieving academic success while addressing the underlying ADHD traits, dyslexia, and social cognition challenges they may encounter (Barkley, 2014; Meltzer, 2018; Shaywitz, 2020).

2. Methodology

2.1. Assessment Tools and Procedure

Anna underwent a comprehensive neuropsychological assessment to evaluate her cognitive, behavioral, and emotional functioning. The process included clinical interviews, standardized tests, and behavioral measures, providing a holistic view of her neurodevelopmental profile.

Clinical Interviews: Conducted on 09/15/2023 and 09/22/2023, these gathered information about Anna's developmental history, daily functioning, challenges, and support systems. Input from her family, including her mother, contextualized the test results.

Cognitive/Intellectual Functioning: The Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV; 11/03/2023) assessed Anna's verbal comprehension, perceptual reasoning, working memory, and processing speed, highlighting her borderline intellectual functioning.

Academic Achievement: The Kaufman Test of Educational Achievement, Third Edition (KTEA-3; 11/03/2023 and 11/10/2023) evaluated Anna's skills in reading, math, and written language, revealing challenges in reading comprehension related to ADHD and autism.

Attention and Behavior: The Conners Continuous Performance Test, Third Edition (CPT-3; 11/10/2023), assessed sustained attention, while the Conners' Adult ADHD Rating Scales (CAARS; 11/23/2023) provided self-reported ADHD symptoms. Observational ratings from her mother (11/11/2023) added an external perspective.

The multi-step evaluation combined objective tests and subjective observations, thoroughly understanding Anna's neuropsychological functioning.

2.2. Ethical Considerations

All ethical guidelines were strictly adhered to throughout the assessment process,

ensuring the protection of Anna's rights and well-being. Informed consent was obtained from Anna prior to the initiation of any assessments. She was fully informed about the purpose of the evaluation, the types of tests that would be administered, and how the results would be used. Anna was also asked if she would consent to publish her results, and she gave explicit consent to share her findings for academic purposes. Anna gave her permission to write this article.

Although Anna, in her early 20s (19 years 10 months), was deemed mature enough to provide consent on her own, her parents' assent was also sought, as they were financially responsible for the assessment. This step was taken to respect their role in decision-making and ensure that all parties involved were comfortable with the assessment procedure. Confidentiality was maintained throughout the process, and all data collected were kept private and securely stored, accessible only to the relevant professionals involved in the evaluation.

Additionally, throughout the assessment, care was taken to prioritize Anna's well-being. The evaluations were conducted in a supportive and non-invasive manner, with frequent check-ins to ensure she felt comfortable and understood the process. This approach ensured that Anna's dignity and autonomy were respected throughout the evaluation.

3. Case Presentation

3.1. Reason for Referral

Anna's parents sought assessments for autism, ADHD, and cognitive functioning to understand her condition fully and provide tailored support for her education, achievements, and future career, emphasizing self-sufficiency and overall well-being based on the counselor's advice.

3.2. Clinical Interview of Client and Parents

3.2.1. Clinical Interview with Anna's Parents

During the session, Anna's parents expressed concerns about their daughter's well-being, noting she has not yet received a formal diagnosis. They are actively seeking assessments for autism, ADHD, and cognitive functioning to understand her condition better. Their primary goal is to support Anna's education, achievements, and future career, per the counselor's recommendation for these assessments. They are committed to equipping Anna with the necessary tools for self-sufficiency and well-being.

Anna's mother shared her ten-year counseling history and emphasized the need for assessments following Anna's concussion from a sports-related injury two years ago. Anna has also exhibited social difficulties, misinterpretation of cues, noise sensitivity, and communication challenges. Her mother also noted Anna's difficulty matching facial expressions to feelings, hindering her social engagement. Anna is currently on ADHD medication, which has heightened her sensitivity to stimuli.

Her father added, "I suspect she might be on the autism spectrum and has au-

ditory processing challenges."

When asked about neglect or abuse, both parents adamantly denied any such behaviors. They acknowledged Anna's struggles with ADHD but clarified that she has not received a formal diagnosis. They mentioned Anna's participation in the Special Education Early Intervention Program since she was 18 months old.

3.2.2. Clinical Interview with Anna

During the evaluation, Anna appeared in good health and shared her concerns: "I suspect I might have autism and ADHD. I want to understand myself better, including my strengths and limitations, to inform my future career choices. Although I aim to become a veterinary technician, I question whether this goal aligns with my current abilities. How can I best support myself at this point? Do I need to adapt my study methods? I am in my first year of college, pursuing an Associate's degree in Art and Agriculture."

Anna, an 18-year-old and the only child in her family spoke highly of her parents, emphasizing their support and encouragement of her autonomy. She described their efforts to motivate her socially and expressed warmth about their involvement, noting they are subtly demanding but deeply loving.

Her father often tells her: "Anything you think about, you can make it. Trust yourself." Anna shared her satisfaction with their reassurance, particularly their consistent message: "You are our daughter before being a student, and our love is not dependent on your academic success. It is more than that—nothing is worth more than you."

Anna expressed gratitude for her mother's dedication to her success, noting her active participation in school meetings, her involvement in Anna's Individualized Education Plan (IEP), and her long-standing relationship with a counselor to address social challenges and provide ongoing support.

Despite living with her parents after turning 18, Anna appreciates her independence and values the nonjudgmental and supportive environment they provide. She shared that their trust in her abilities and unconditional love motivates her to strive for personal growth, describing their influence as the "fuel" that drives her forward.

4. Results

4.1. Cognitive and Intellectual Functioning Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV)

Anna completed the Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV). The WAIS-IV is a measure of intellectual abilities (See Table 1).

Anna scored 83 in Verbal Comprehension (13th percentile), 75 in Perceptual Reasoning (4th percentile), 86 in Working Memory (18th percentile), and 71 in Processing Speed (3rd percentile). Verbal Comprehension and Working Memory fall in the Low Average range, while Perceptual Reasoning and Processing Speed are in the Borderline range.

Her Working Memory (86) is a relative strength, surpassing her Verbal Com-

prehension, Perceptual Reasoning, and Processing Speed. This indicates that she can hold and manipulate information better than she can process verbal, nonverbal, or rote information quickly.

These weaknesses may impact her ability to understand and apply information, affecting her academic performance and daily tasks. Her Full-Scale IQ is 74, placing her in the 4th percentile (Borderline range).

Table 1. Cognitive and intellectual functioning Wechsler adult intelligence scale, fourth edition (WAIS-IV).

IQ/Index	Scores	Percentiles	Qualitative Description
Verbal Comprehension	83	13th	Low Average
Perceptual Reasoning	75	4th	Borderline
Working Memory	86	18th	Low Average
Processing Speed	71	3rd	Borderline
Full Scale	74	4th	Borderline

4.2. Achievement Kaufman Test of Educational Achievement, Third Edition (KTEA-3)

Anna completed the Kaufman Test of Educational Achievement, Third Edition (KTEA-3), a comprehensive measure of educational achievement (See Table 2).

Table 2. Achievement Kaufman test of educational achievement, third edition (KTEA-3).

Composite/Core/Supplemental Subtests	Standard Score	Percentile
Reading Composite	93	32nd
Letter & Word Recognition	108	70th
Reading Comprehension	80	9th
Math Composite	90	25th
Math Concepts & Applications	93	32nd
Math Computation	89	23rd
Written Language Composite	84	14th
Written Expression	77	6th
Spelling	93	32nd
Academic Skills Battery	87	19th
Math Concepts & Applications	93	32nd
Letter & Word Recognition	108	70th
Written Expression	77	6th
Math Computation	89	23rd
Spelling	93	32nd
Reading Comprehension	80	9th
Sound-Symbol	88	21st

Continued

Phonological Processing	80	9th
Nonsense Word Decoding	101	53rd
Decoding	104	61st
Letter & Word Recognition	108	70th
Nonsense Word Decoding	101	53rd
Reading Fluency	73	4th
Silent Reading Fluency	73	4th
Word Recognition Fluency	72	3rd
Decoding Fluency	84	14th
Reading Understanding	84	14th
Reading Comprehension	80	9th
Reading Vocabulary	92	30th
Oral Fluency	73	4th
Associational Fluency	81	10th
Object Naming Facility	75	5th
Comprehension	72	3rd
Reading Comprehension	80	9th
Listening Comprehension	68	2nd
Orthographic Processing	75	5th
Spelling	93	32nd
Letter Naming Facility	72	3rd
Word Recognition Facility	72	3rd
Academic Fluency	72	3rd
Writing Fluency	68	2nd
Math Fluency	76	5th
Decoding Fluency	84	14th
Dyslexia Index	87	19th
Nonsense Word Decoding	101	53rd
Spelling	93	32nd
Word Recognition Fluency	72	3rd

Anna obtained an overall Reading Composite score of 93 (32nd percentile), a Letter & Word Recognition score of 108 (70th percentile), and a Reading Comprehension score of 80 (9th percentile).

She obtained an overall Math Composite score of 90 (25th percentile), a Math Concepts and Applications score of 93 (32nd percentile), and a Math Computation score of 89 (23rd percentile).

Anna obtained an overall Written Language Composite score of 84 (14th per-

centile), a Written Expression score of 77 (6th percentile), and a Spelling score of 93 (32nd percentile).

She obtained an Academic Skills Battery score of 87 (19th percentile). This consists of a Math Concepts and applications score of 93 (32nd percentile), a Letter & Word Recognition score of 108 (70th percentile), a Written Expression score of 77 (6th percentile), a Math Computation score of 89 (23rd percentile), a Spelling score of 93 (32nd percentile), and a Reading Comprehension score of 80 (9th percentile).

Anna obtained a Sound-Symbol Composite score of 88 (21st percentile), a Phonological Processing score of 80 (9th percentile), and a Nonsense Word Decoding score of 101 (53rd percentile).

She obtained a Decoding Composite score of 104 (61st percentile), a Letter and Word Recognition score of 108 (70th percentile), and a Nonsense Word Decoding score of 101 (53rd percentile).

Anna obtained a Reading Fluency Composite score of 73 (4th percentile), a Silent Reading Fluency score of 73 (4th percentile), a Word Recognition Fluency score of 72 (3rd percentile), and a Decoding Fluency score of 84 (14th percentile).

She obtained a Reading Understanding Composite score of 84 (14th percentile), a Reading Comprehension score of 80 (9th percentile), and a Reading Vocabulary score of 92 (30th percentile).

Anna obtained an Oral Fluency score of 73 (4th percentile), an Associational Fluency score of 81 (10th percentile), and an Object Naming Facility score of 75 (5th percentile).

She obtained a Comprehension score of 72 (3rd percentile), a Reading Comprehension score of 80 (9th percentile), and a Listening Comprehension score of 68 (2nd percentile).

Anna obtained an Orthographic Processing (measuring understanding of the rules around letter order and combinations as well as capitalization, hyphenation, and punctuation) score of 75 (5th percentile), a Spelling score of 93 (32th percentile), a Letter Naming Facility score of 72 (3rd percentile), and a Word Recognition Fluency score of 72 (3rd percentile).

She obtained an Academic Fluency score of 72 (3rd percentile), a Writing fluency score of 68 (2nd percentile), a Math Fluency score of 76 (5th percentile), and a Decoding Fluency score of 84 (14th percentile).

Anna obtained a Dyslexia Index Score of 87 (19th percentile), a Nonsense Word Decoding score of 101 (53rd percentile), a Spelling score of 93 (32nd percentile), and a Word Recognition Fluency score of 72 (3rd percentile). Her score is in the Elevated risk range for Dyslexia.

Anna's working memory and decoding skills were demonstrated through specific assessments within the WAIS-IV and KTEA-3.

In the WAIS-IV, her Working Memory Index score of 86 (18th percentile, Low Average range) was a relative strength compared to her other cognitive abilities. This score suggests she can hold and manipulate information better than quickly processing verbal, nonverbal, or rote information. Working memory tasks within

the WAIS-IV, such as Digit Span and Arithmetic, likely contributed to this score, reflecting her ability to retain and process information temporarily.

In the KTEA-3, Anna's Decoding Composite score of 104 (61st percentile) and Letter and Word Recognition score of 108 (70th percentile) highlight her strength in decoding skills. These subtests measure her ability to recognize and decode words accurately, an essential reading component. Additionally, her Nonsense Word Decoding score of 101 (53rd percentile) suggests a solid ability to apply phonetic decoding skills to unfamiliar words.

While Anna demonstrates weaknesses in other academic areas, these relative strengths in working memory and decoding may serve as assets in structured learning environments where she can leverage them to support comprehension and academic performance.

When compared to population norms, Anna's results indicate that her cognitive and academic abilities fall below average in several areas. Her Full-Scale IQ of 74 (4th percentile, Borderline range) and academic performance in the low-average to borderline range suggest challenges typically seen in individuals with learning disabilities or neurological limitations. However, her relative strengths in working memory (86, 18th percentile) and decoding (104, 61st percentile) demonstrate that she has cognitive assets that can be leveraged for academic growth.

Compared to individuals with similar diagnoses, Anna's profile aligns with students who require individualized educational interventions to support their learning. Many children with borderline intellectual functioning or learning disabilities show uneven skill profiles, where some areas of cognition (such as working memory and decoding) remain intact or relatively stronger despite broader difficulties. These findings emphasize the importance of a holistic approach that considers cognitive strengths alongside challenges to maximize academic success.

4.3. Measures of Attention and Behavior: Conners Continuous Performance Test, Third Edition (Cpt-3; 11/10/2023)

The Conners Continuous Performance Test, Third Edition (CPT-3), assesses attention and supports ADHD diagnosis. Anna's results showed no validity issues during administration. However, she exhibited a very liberal response style (T-Score = 26), prioritizing speed over accuracy, which resulted in more commission errors and fewer omission errors. Her performance revealed potential issues with inattentiveness, likely linked to impulsivity, and difficulties maintaining focus during longer intervals between stimuli, indicating sustained attention and vigilance challenges. Overall, these findings suggest a moderate likelihood of attention deficits.

4.4. Conners' Adult ADHD Rating Scales: Long Form (CAARS; Self-Report Completed by Anna, 11/11/2023, Observer Ratings Completed by Mother, Merenda Torren, 11/11/2023)

The Conners' Adult ADHD Rating Scales: Long Form (CAARS) evaluates ADHD

symptoms using four factor-derived scales, three DSM-IV symptom measures, an ADHD Index to differentiate ADHD from nonclinical adults, and an Inconsistency Index to detect random or careless responses.

CAARS includes two forms:

1. CAARS-S: Self-report ratings.

2. CAARS-O: Observer ratings.

Both forms assess the same behaviors and issues, featuring identical scales, subscales, and indexes. Scores are standardized with a mean of 50 and a standard deviation 10.

Anna's results are as follows (See Table 3).

Table 3. Conners' adult ADHD rating scales: long form (CAARS; Self-Report completed by Anna).

Subscale	Standard Score	Descriptive Category
Inattention/Memory Problems	52	Average
Hyperactivity/Restlessness	48	Average
Impulsivity/Emotional Liability	42	Slightly Below Average
Problems with Self-Concept	45	Average
DSM-IV Inattentive Symptoms	56	Slightly Above Average
DSM-IV Hyperactive-Impulsive	41	Slightly Above Average
DSM-IV Total ADHD Symptoms	49	Average
ADHD Index	43	Slightly Below Average

Table 4. Anna's mother also completed the CAARS.

Subscale	Standard Score	Descriptive Category
Inattention/Memory Problems	84	Very Much Above Average
Hyperactivity/Restlessness	49	Average
Impulsivity/Emotional Liability	47	Average
Problems with Self-Concept	60	Slightly Above Average
DSM-IV Inattentive Symptoms	76	Very Much Above Average
DSM-IV Hyperactive-Impulsive	50	Average
DSM-IV Total ADHD Symptoms	67	Much Above Average
ADHD Index	61	Above Average

The Inconsistency Index suggests that Anna responded more consistently than other respondents.

Anna's Inattention/Memory Problems Standard Score was 52. This is in the Average range. She obtained a Hyperactivity/Restlessness score of 48. This is in the Average range. Her Impulsivity/Emotional Liability score is 42. This is in the Slightly Below Average range. Anna's Problems with Self-Concept score is 45. This is in the Average range.

Anna's DSM-IV Inattentive Symptoms score was 56. This is in the Slightly Above Average range. She obtained a DSM-IV Hyperactive-Impulsive score of 41. This is in the Slightly Below Average range. Her DSM-IV Total ADHD Symptoms score was 49. This is in the Average range.

Anna's ADHD Index score was 43. This is in the Slightly Below Average range.

Anna's Mother also completed the CAARS (See **Table 4**).

The Inconsistency Index suggests that Anna's mother responded consistently compared to other respondents.

Anna's Inattention/Memory Problems score was 84. This is in the Very Much Above Average range. She obtained a Hyperactivity/Restlessness score of 49. This is in the Average range. Her Impulsivity/Emotional Liability score is 47. This is in the Average range. Anna's Problems with Self-Concept score is 60. This is in the Slightly Above Average range.

Anna's DSM-IV Inattentive Symptoms score was 76, which is in the Very Much Above Average range. She obtained a DSM-IV Hyperactive-Impulsive score of 50, which is in the Average range. Her DSM-IV Total ADHD Symptoms score was 67, which is in the Much Above Average range.

Anna's ADHD Index score was 61. This is in the above-average range.

The discrepancy between Anna's self-report and her mother's report on the CAARS is notable, particularly in the domains of Inattention/Memory Problems (52 vs. 84), DSM-IV Inattentive Symptoms (56 vs. 76), and DSM-IV Total ADHD Symptoms (49 vs. 67). This variance highlights differences in how Anna perceives her symptoms versus how her mother observes them in daily life.

4.4.1. Strategies to Assess Accuracy in Reporting

To determine which report more accurately reflects Anna's daily functioning, a multi-informant approach was employed, considering:

1. **Behavioral Observations & Clinical Interviews**—Anna's in-session behavior, cognitive performance, and reported challenges in school and home were evaluated to determine alignment with the CAARS results.
2. **Teacher and School Reports**—If available, teacher input was considered, as educators provide insight into her functioning in structured environments.
3. **Objective Testing**—Cognitive and academic assessments provided additional data by assessing attention, executive functioning, and working memory.
4. **Consistency Index**—Anna and her mother responded consistently, reducing the likelihood of random or careless responses.

4.4.2. Interpreting the Discrepancy: Family Dynamics and Parental Perceptions

The difference between Anna's self-report and her mother's responses reflects common patterns in parent-child reporting, influenced by:

- **Parental Expectations and Priorities**—Mothers often emphasize academic performance, organization, and daily responsibilities, leading to heightened sensitivity to attentional difficulties.
- **Closeness and Involvement**—A highly involved parent may notice more

symptoms due to frequent interactions, while the child may not perceive these as disruptive.

• **Comparative Baseline**—Anna's self-perception is based on her own experience, while her mother may compare her to siblings or peers.

The discrepancy underscores the importance of a holistic assessment integrating multiple perspectives rather than relying on a single source. Given Anna's mildly elevated inattention scores on self-report but significantly higher scores from her mother, it is likely that her inattentive symptoms are more apparent in structured settings (e.g., school and home routines) than in her subjective experience.

4.5. Measures Of Autism: Autism Diagnostic Observation Scale, Second Edition (Ados-2)

Table 5. Autism diagnostic observation scale, second edition (Ados-2).

Name of Scale	Score
Communication	
Stereotyped/Idiosyncratic Use of Words or Phrases	1
Conversation	0
Descriptive, Conventional, Instrumental, or Informational Gestures	1
Emphatic or Emotional Gestures	1
Communication Total	3
Reciprocal Social Interaction	
Unusual Eye Contact	0
Facial Expressions Directed to Examiner	0
Comments on Others' Emotions/Empathy	1
Responsibility	1
Quality of Social Overtures	1
Quality of Social Response	1
Amount of Reciprocal Social Communication	1
Social Interaction Total	5
Communication + Social Interaction Total	8
Imagination/Creativity	1
Stereotyped Behaviors and Restricted Interests	
Unusual Sensory Interest in Play Material/Person	2
Hand and Finger and Other Complex mannerisms	0
Excessive Interest in Unusual or Highly Specific Topics/Objects	0
Compulsions or Rituals	0
Stereotyped Behaviors and Restricted Interests Total	2
ADOS-2 Classification: Autism Spectrum	

The Autism Diagnostic Observation Scale, Second Edition (ADOS-2) allows one to measure symptoms of autism across age, developmental level, and language skills (See Table 5).

The ADOS-2 classification assesses whether scores fall within the range of autism or autism spectrum traits based on severity. For Module 3 (verbally fluent children and adolescents), a score of 6 or lower indicates non-spectrum, 7 - 8 indicates autism spectrum, and nine or higher indicates autism.

Anna's total score of 11 classifies her as having Autism, aligning her with individuals who have similar expressive language abilities and meet the criteria for autism.

4.6. Social Responsiveness Scale, Second Edition (SRS-2)

4.6.1. Social Responsiveness Scale, Second Edition, Parent Report (SRS-2)

The Social Responsiveness Scale, Second Edition (SRS-2), evaluates interpersonal behavior, communication, and repetitive behaviors characteristic of autism spectrum disorders. Anna's parents completed the assessment. T-scores of 60 - 65 indicate mild, clinically significant deficiencies causing mild to moderate interference in social interactions. Scores of 66 - 75 reflect moderate deficiencies with substantial interference, while scores of 76 or higher indicate severe deficiencies with significant social interference (See Table 6).

Table 6. Social responsiveness scale, second edition (SRS-2): Mother.

Subscale/Total Score	T-Score	Descriptive Category
Social Awareness	61	
Social Cognition	63	
Social Communication	65	
Social Motivation	81	
Restrictive and Repetitive Behavior	52	
Total Score	66	Moderate Range

Table 7. Social responsiveness scale, second edition (SRS-2): Father.

Subscale/Total Score	T-Score	Descriptive Category
Social Awareness	66	
Social Cognition	72	
Social Communication	67	
Social Motivation	69	
Restrictive and Repetitive Behavior	70	
Total Score	71	Moderate Range

Anna's Social Awareness T-score was 61, Social Cognition was 63, Social Communication was 65, Social Motivation was 81, and Restrictive and Repetitive Be-

havior was 52. Her Social Awareness and Cognition scores indicate significant challenges.

Her overall Total Score of 66 falls in the Moderate range, reflecting clinically significant deficiencies in reciprocal social behavior that substantially interfere with daily interactions, typical of moderate autism spectrum disorders (See Table 7).

Anna's Social Awareness T-Score was 66, Social Cognition 72, Social Communication 67, Social Motivation 69, and Restrictive and Repetitive Behavior 70, all in the Moderate range, indicating significant challenges.

Her overall Total Score of 71 also falls in the Moderate range, reflecting clinically significant deficiencies in reciprocal social behavior that substantially interfere with daily interactions, typical of moderate autism spectrum disorders.

4.6.2. Social Responsiveness Scale, Second Edition, Adult Self-Report (SRS-2)

Anna completed the Adult Self-Report form of the SRS. The following tables show the results of each administration (See Table 8).

Table 8. Social responsiveness scale, second edition, adult self-report (SRS-2).

Subscale/Total Score	T-Score	Descriptive Category
Social Awareness	44	
Social Cognition	60	
Social Communication	49	
Social Motivation	56	
Restrictive and Repetitive Behavior	48	
Total Score	52	Within normal limits

Anna's overall Total Score of 52 is Within normal limits. Scores in this range are generally not associated with clinically significant autism spectrum disorders.

4.7. Dsm-5 Diagnosis

F81.0 Specific Learning Disorder (SLD)—Dyslexia.

F84.9 Autism Spectrum Disorder Unspecified.

F90.0 Attention-Deficit/Hyperactivity Disorder (ADHD), predominantly inattentive presentation.

F41.9 Unspecified Anxiety Disorder.

5. Results

5.1. Key Findings and Supporting Evidence

5.1.1. Role of Psychosocial Support

Anna's Socialization difficulties align with research indicating that individuals with autism often struggle with social reciprocity and nonverbal communication,

including interpreting and expressing emotions through facial cues (Baron-Cohen et al., 2000). Anna's experience mirrors findings that such challenges can hinder the development of social relationships and contribute to social isolation.

Anna's description of her Emotional Expression aligns with prior research on alexithymia, a condition often associated with autism, where individuals struggle to identify and express emotions (Bird & Cook, 2013). This misalignment between internal emotions and external expressions can exacerbate social misunderstandings.

A strong psychosocial support system serves as a foundation for addressing the unique challenges faced by individuals with borderline IQ, ADHD, and autism. Studies (e.g., Smith et al., 2020; Carter & Fields, 2018b) have demonstrated that psychosocial interventions improve executive functioning and emotional regulation, particularly in structured academic environments. Laugesen and Jackson (2017) emphasize the importance of instructor-led accommodations in fostering academic success for students with ADHD and autism in postsecondary education settings.

5.1.2. Impact of an Individualized Education Program (IEP)

The difficulty of Anna's academic performance is consistent with studies that report students with ADHD and autism spectrum disorders (ASD) often face challenges in structured academic environments, particularly in subjects requiring sustained attention and executive functioning skills (DuPaul et al., 2012).

Tailored IEPs provide a structured framework for addressing specific learning needs, such as dyslexia.

Research by Jones and Miller (2019a) highlights the effectiveness of Individualized Education Programs (IEPs) in improving literacy skills and academic confidence in students with Specific Learning Disorders. Martin et al. (2017) further validate the role of IEPs in fostering academic achievement among students with learning disabilities.

5.1.3. Nurturing Family Relationships

Family support is crucial in fostering resilience and adaptability, both vital for individuals transitioning into higher education. Research by Johnson, Smith, and Lee (2021a) highlight the positive impact of family involvement, noting that students with neurodevelopmental disorders benefit from more substantial mental health outcomes and increased academic persistence when supported by their families. Additionally, Johnson et al. (2021b) emphasize the role of family support in both mental health and academic success, underscoring its importance in the overall well-being of students with neurodevelopmental disorders.

5.1.4. Success in Collegiate Environments

Supportive elements, including counseling and academic accommodations, enable individuals with ADHD and autism to excel in college settings.

Data from longitudinal studies (e.g., Brown & Lee, 2022) confirm that students

with access to these resources achieve comparable graduation rates to their neurotypical peers.

5.1.5. Influence of a High-Quality Home Environment

The report emphasizes the sustained benefits of a nurturing home life, particularly post-majority.

According to Davis and Green (2020), a stable home environment mitigates anxiety and promotes long-term goal achievement in young adults with borderline IQ and related diagnoses.

6. Interpretation and Comparison with Previous Studies

6.1. Psychosocial and Familial Factors

The findings align with earlier studies, such as Carter and Fields (2018), which identified psychosocial support as a critical determinant of success in individuals with neurodevelopmental challenges. Additionally, previous meta-analyses (e.g., Martin et al., 2017) corroborate the efficacy of IEPs in fostering academic achievements among students with learning disabilities. Similarly, our conclusions about the importance of family involvement resonate with the work of Patel and Sharma (2019), who highlighted the protective effects of a nurturing home environment on mental health and educational persistence.

6.2. Cognitive and Intellectual Functioning

Anna's WAIS-IV results show that her overall cognitive abilities, as measured by the Full-Scale IQ (FSIQ) of 74, fall within the Borderline range. This indicates that her general intellectual functioning is significantly below average compared to her same-age peers. Her specific index scores highlight relative strengths and weaknesses:

Working Memory (86, 18th percentile): Anna's working memory is a relative strength, falling within the Low Average range. This indicates she can hold and manipulate information slightly better than her other cognitive areas.

Verbal Comprehension (83, 13th percentile) and Processing Speed (71, 3rd percentile): These areas are weaker, suggesting difficulties with understanding and applying verbal information and quickly processing simple tasks.

Perceptual Reasoning (75, 4th percentile): Anna shows challenges with nonverbal reasoning and problem-solving.

Studies in cognitive functioning and learning difficulties often find that processing speed deficits (e.g., Tannock et al., 1995) and borderline intellectual abilities (e.g., Fletcher & Lyon, 2001) are linked to struggles in academic and functional performance, aligning with Anna's profile.

6.3. Academic Achievement

Anna's KTEA-3 scores show varied performance:

Strengths: Her Letter and word Recognition (108, 70th percentile) and Nonsense

Word Decoding (101, 53rd percentile) scores indicate relatively intact basic reading and decoding skills.

Weaknesses: Scores in Reading Comprehension (80, 9th percentile), Written Expression (77, 6th percentile), and Reading Fluency (73, 4th percentile) suggest challenges in higher-order literacy skills and written communication.

Mathematics: Her Math Composite (90, 25th percentile) falls within the Low Average range, and she has slight difficulties with Math Computation (89, 23rd percentile).

Fluency and Listening: Scores in Academic Fluency (72, 3rd percentile) and Listening Comprehension (68, 2nd percentile) indicate notable difficulties in processing information quickly and understanding spoken material.

These findings align with research by Fletcher and Lyon (2007), which emphasizes the connection between processing speed and fluency deficits in individuals with learning disabilities. Anna's elevated risk for dyslexia, as indicated by the Dyslexia Index score (87, 19th percentile), also correlates with her struggles in reading fluency and comprehension.

6.4. Attention and Behavior

The Conners CPT-3 results suggest:

Inattentiveness and Vigilance: Anna demonstrated difficulties maintaining focus and vigilance, particularly with longer inter-stimulus intervals, aligning with moderate indicators of ADHD or related attention deficits.

Liberal Response Style: Her response style emphasizes speed over accuracy, contributing to a higher number of commission errors.

Studies (e.g., Willcutt et al., 2005) have found that ADHD traits, including inattentiveness and impulsivity, often overlap with learning and processing challenges, which is consistent with Anna's profile.

Anna's profile reflects findings in broader research:

Processing speed deficits and their impact on academic fluency are well-documented in learning disabilities (Tannock et al., 1995).

Reading comprehension and fluency challenges are common in individuals at risk for dyslexia (Shaywitz & Shaywitz, 2008).

Difficulties in attention and vigilance, as identified in Anna's CPT-3 results, align with ADHD-related studies emphasizing the interplay of cognitive and attentional challenges (Willcutt et al., 2005).

6.5. Conners' Adult ADHD Rating Scales (CAARS)

The CAARS results indicate a discrepancy between Anna's self-report and her mother's observer ratings. Anna's self-report places her symptoms predominantly within the Average or Slightly Below Average range, while her mother's ratings show Very Much Above Average scores for inattention and DSM-IV Inattentive Symptoms, suggesting significant concern in these areas.

Discrepancy in Ratings: Research indicates that self-reports and observer re-

ports often differ in ADHD assessments, particularly for young adults. Self-reports may underrepresent symptoms due to a lack of insight or differing perspectives, as highlighted by Barkley et al. (2008).

ADHD Prevalence in Adults: Anna's self-report scores align with findings from studies like Kooij et al. (2010), where many adults with subthreshold ADHD symptoms show minimal functional impairments.

6.6. Autism Diagnostic Observation Scale, Second Edition (ADOS-2)

Anna's ADOS-2 classification of Autism, with a total score of 11, supports a diagnosis consistent with significant challenges in social communication and restricted/repetitive behaviors. Her classification aligns with autism criteria for individuals with similar expressive language abilities.

Anna's strengths include adequate eye contact and facial expressions but significant challenges in reciprocal social interaction and repetitive behaviors.

These findings are consistent with moderate autism spectrum disorder (ASD) as described by Lord et al. (2012).

ADOS-2 Validity: Studies by Gotham et al. (2009) validate the ADOS-2's accuracy in identifying ASD, particularly in distinguishing between spectrum and non-spectrum classifications.

Anna's classification aligns with findings that individuals scoring above the threshold demonstrate impairments in social reciprocity and communication, typical of ASD (Gotham et al., 2009).

6.7. Social Responsiveness Scale, Second Edition (SRS-2)

Anna's parent-reported SRS-2 scores suggest moderate impairments in social cognition, communication, and motivation. However, her self-reported scores fall within the normal range, indicating no clinically significant social deficits from her perspective.

Parent Ratings: Moderate-range scores for social behaviors, particularly social motivation, indicate substantial interference in social interactions.

Self-Report: Anna's self-assessment suggests typical functioning, highlighting potential insight or self-perception differences.

Parental vs. Self-Report Discrepancies: Research (Constantino & Gruber, 2012) emphasizes the utility of parent ratings in identifying autism-related deficits, particularly when self-reports do not reflect observed impairments.

Gender and ASD: Anna's scores align with findings from Lai et al. (2015), where females with ASD often exhibit less overt stereotypical behaviors, potentially influencing self-reported results.

Anna's case highlights the crucial role of parental support in fostering resilience and achievement despite neurological challenges. Her mother's active involvement in her school and IEP program and her family's unwavering emotional support serve as protective factors that fuel her motivation and perseverance. Anna's parents reinforce her self-worth beyond academics, affirming: "*You are*

our daughter before being a student, and you are still our daughter no matter the school results or achievements." This emotional foundation, combined with over 10 years of therapy to maintain her mental well-being, demonstrates how a strong support system can significantly enhance a child's capacity to overcome learning difficulties.

Overall, Anna's case underscores the necessity of a multifaceted approach that integrates academic, emotional, and therapeutic support to help children with neurological limitations reach their full potential.

7. Discussion

As assessed by the WAIS-IV, Anna's cognitive profile reveals strengths and weaknesses across cognitive domains, consistent with Working Memory Theory (Baddeley, 2000). Her working memory score (86) indicates she can hold and manipulate information for multitasking and sequential tasks, essential for complex cognitive processes. Challenges in perceptual reasoning and processing speed align with Cognitive Load Theory (Sweller, 1988) and Dual Coding Theory (Paivio, 1986), suggesting difficulties in pattern recognition and problem-solving due to visual-spatial processing deficits.

KTEA-3 results highlight difficulties in Reading Comprehension (80) and Math Computation (89), indicating a Specific Learning Disorder (SLD) with Dyslexia (F81.0). Phonological Deficit Theory (Snowling, 2000) explains her challenges with phonological processing (80), while Orthographic Mapping Theory (Share, 2008) accounts for strengths in decoding (108) and spelling (93). Her Dyslexia Index Score (87) and Shaywitz & Shaywitz, (2008) emphasize reading comprehension difficulties as a complex skill integrating multiple cognitive processes.

CPT-3 and CAARS assessments suggest ADHD-related challenges with attention and impulsivity, consistent with Executive Functioning Theories (Miyake et al., 2000). Higher ratings from her mother indicate pronounced ADHD symptoms, supported by Self-Regulation Theory (Zimmerman, 2002), advocating interventions like self-monitoring and external support.

ADOS-2 and SRS-2 results point to Autism Spectrum Disorder (ASD), particularly in social cognition and communication, explained by the Theory of Mind (Baron-Cohen et al., 2000) and Social Motivation Theory (Chevallier et al., 2012). These theories highlight struggles with understanding others' perspectives and reduced motivation for social engagement.

Interventions include psychosocial support (Smith et al., 2020), IEPs for tailored academic strategies (Jones & Miller, 2019b; López & DuPaul, 2018), and family involvement (Johnson et al., 2021a; Shulman & Wiesel, 2015). Shulman and Wiesel (2015) emphasize the critical role of family support in enhancing the academic and emotional development of children with neurodevelopmental disorders. Barkley (2015) and the DSM-5 (American Psychiatric Association (APA), 2013) provide diagnostic clarity for ADHD, ASD, and borderline IQ, while the National Research Council (2001) underscores the importance of individualized education.

Fletcher and Lyon (2001) offer insights into learning disabilities, Hughes and Dunn (2008) emphasize social understanding, and Matson and Wilkins (2008) advocate for comprehensive support systems. Together, these approaches inform a holistic plan to support Anna's academic, cognitive, and social development.

The discrepancy underscores the importance of a holistic assessment integrating multiple perspectives rather than relying on a single source. Given Anna's mildly elevated inattention scores on self-report but significantly higher scores from her mother, it is likely that her inattentive symptoms are more apparent in structured settings (e.g., school and home routines) than in her subjective experience. Future recommendations include continued academic and therapeutic support while incorporating feedback from both Anna and her caregivers.

8. Limitations of the Case Study

The case study is based on a single individual, Anna, which limits the ability to generalize findings to broader populations. A larger sample size would provide a more comprehensive understanding of how individuals with borderline IQ, ADHD, and autism respond to various interventions and psychosocial support.

Since the study focuses on one individual's cognitive, academic, and social profile, it may not reflect the full range of experiences and challenges faced by individuals with similar diagnoses. The unique combination of borderline IQ, ADHD, and autism in Anna's case might not be representative of all individuals with these conditions, making it difficult to extrapolate the findings to other people with different backgrounds or severity levels of the conditions.

The case study relies heavily on standardized assessments (e.g., WAIS-IV, KTEA-3, ADOS-2), which are valuable but may not capture the full complexity of Anna's lived experience. These tools are designed to assess specific cognitive and behavioral traits, but they do not necessarily address the social and emotional aspects of the individual's functioning. Additionally, the reliance on self-report and observer ratings, such as in the CAARS and SRS-2, may introduce bias due to differences in perception between Anna and her mother.

The study provides a snapshot of Anna's functioning at a particular point in time but does not include longitudinal data to track changes over time. The absence of follow-up assessments makes it difficult to assess the long-term impact of the interventions and supports discussed in the study.

While the case study emphasizes the importance of psychosocial support, family relationships, and individualized educational plans, it does not delve deeply into how cultural, socioeconomic, or environmental factors may influence Anna's development. These factors can play a significant role in shaping an individual's experience and response to interventions, yet they are not fully addressed in this case study.

The discrepancy between Anna's self-reports and her mother's ratings in the CAARS suggests potential bias or differences in insight into Anna's symptoms.

Anna may not fully recognize or acknowledge the extent of her challenges, which can lead to underreporting of difficulties. Conversely, her mother may overestimate the severity of Anna's symptoms due to her observations, leading to a skewed understanding of Anna's functioning.

The study focuses on the intersection of borderline IQ, ADHD, and autism, but individuals with these diagnoses may also have comorbid conditions such as anxiety, depression, or other learning disabilities. The case study does not fully explore how these additional factors might affect or exacerbate Anna's primary diagnosis.

9. Conclusion

Anna's case highlights the complex intersection of neurodevelopmental disorders, including dyslexia, ADHD, and ASD, with borderline IQ. The key findings reveal cognitive challenges in processing speed, verbal comprehension, and social cognition, which align with the literature on neurodevelopmental disorders. These difficulties underscore the importance of tailored interventions that leverage Anna's strengths, such as working memory and decoding skills while addressing her reading comprehension, social communication, and attention regulation challenges. A positive home environment, psychosocial support, and individualized educational plans (IEPs) foster academic and personal growth, further validating the importance of a multidisciplinary approach.

Acknowledgements

The authors express their gratitude to Christian Psychological Associates for their invaluable support. This included providing tests and training in their use, as well as essential feedback, technical assistance, and access to resources crucial for developing this article. No specific funding was received for this study.

Conflicts of Interest

The authors declare no conflicts of interest related to the content of this article.

References

American Psychiatric Association (APA) (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). American Psychiatric Publishing.

Baddeley, A. (2000). The Episodic Buffer: A New Component of Working Memory? *Trends in Cognitive Sciences, 4,* 417-423. https://doi.org/10.1016/s1364-6613(00)01538-2

Barkley, R. A. (2014). *Attention-Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment* (4th ed.). Guilford Press.

Barkley, R. A. (2015). *Attention-Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment* (4th ed.). The Guilford Press.

Barkley, R. A., Murphy, K. R., & Fischer, M. (2008). *ADHD in Adults: What the Science Says.* The Guilford Press.

Baron-Cohen, S., Tager-Flusberg, H., & Cohen, D. J. (2000). *Understanding Other Minds: Perspectives from Developmental Cognitive Neuroscience* (2nd ed.). Oxford University

Press.

Baron-Cohen, S., Wheelwright, S., Hill, J., Raste, Y., & Plumb, I. (2000). The "Reading the Mind in the Eyes" Test Revised Version: A Study with Normal Adults, and Adults with Asperger Syndrome or High-functioning Autism. *Journal of Child Psychology and Psychiatry, 42,* 241-251. https://doi.org/10.1111/1469-7610.00715

Bird, G., & Cook, R. (2013). Mixed Emotions: The Contribution of Alexithymia to the Emotional Symptoms of Autism. *Emotion Review, 5,* 269-273.

Brown, M., & Lee, S. (2022). Success in College: Academic Accommodations for Students with ADHD and Autism. *Journal of Postsecondary Education, 48,* 213-227.

Carter, E., & Fields, M. (2018). Psychosocial Support as a Critical Determinant of Success in Individuals with Neurodevelopmental Challenges. *Developmental Disabilities Research Reviews, 24,* 17-25.

Chevallier, C., Kohls, G., Troiani, V., Brodkin, E. S., & Schultz, R. T. (2012). The Social Motivation Theory of Autism. *Trends in Cognitive Sciences, 16,* 231-239. https://doi.org/10.1016/j.tics.2012.02.007

Constantino, J. N., & Gruber, C. P. (2012). *Social Responsiveness Scale, Second Edition (SRS-2).* Western Psychological Services.

Davis, L., & Green, K. (2020). The Role of Home Environment in Long-Term Goal Achievement in Individuals with Borderline IQ and Neurodevelopmental Disorders. *Journal of Developmental Psychology, 56,* 784-798.

DuPaul, G. J., Weyandt, L. L., & Janusis, G. M. (2012). ADHD in the Classroom: Effective Intervention Strategies. *Theory Into Practice, 50,* 35-42. https://doi.org/10.1080/00405841.2011.534935

Fletcher, J. M., & Lyon, G. R. (2001). *Learning Disabilities: From Identification to Intervention.* The Guilford Press.

Fletcher, J. M., Lyon, G. R., Fuchs, L. S., & Barnes, M. A. (2007). *Learning Disabilities: From Identification to Intervention* (2nd ed.). The Guilford Press.

Gotham, K., Risi, S., Pickles, A., & Lord, C. (2009). The Autism Diagnostic Observation Schedule (ADOS): Revised Algorithms for Improved Diagnostic Validity. *Journal of Autism and Developmental Disorders, 39,* 693-705.

Hughes, C., & Dunn, J. (2008). Social Development and Social Understanding in Autism and ADHD. *Autism & Developmental Disorders, 38,* 854-862.

Johnson, R., Smith, K., & Lee, H. (2021a). Family Involvement and Academic Persistence in Students with Neurodevelopmental Disorders. *Journal of Family Psychology, 35,* 389-402.

Johnson, S. et al. (2021b). The Role of Family Support in Mental Health and Academic Success in Neurodevelopmental Disorders. *Journal of Family Psychology, 35,* 253-265.

Jones, A., & Miller, B. (2019a). *Improving Literacy Outcomes through IEPs: A Research-Based Approach.* Academic Press.

Jones, A., & Miller, B. (2019b). *The Impact of Tailored Academic Strategies on Students with Learning Disabilities.* Education Research Publishing.

Kooij, J. J. S. et al. (2010). *Adult ADHD: Diagnostic Assessment and Treatment.* Cambridge University Press.

Lai, M., Lombardo, M. V., & Baron-Cohen, S. (2015). Autism. *The Lancet, 383,* 896-910. https://doi.org/10.1016/s0140-6736(13)61539-1

Laugesen, B., & Jackson, R. (2017). Supporting Students with ADHD and Autism in Higher Education: A Guide for Instructors. *Journal of Postsecondary Education and Disability, 30,* 373-388.

López, F., & DuPaul, G. J. (2018). *Individualized Education Programs and ADHD: Best Practices for Academic Support.* Routledge.

Lord, C., Rutter, M., DiLavore, P. C., Risi, S., Gotham, K. & Bishop, S. (2012). *AS-2 Manual (Part I): Modules 1-4.* Western Psychological Services.

Martin, L., Roberts, K., & Thompson, J. (2017). *Special Education and Academic Achievement: The Role of IEPs.* Sage Publications.

Matson, J. L., & Wilkins, J. (2008). *Autism Spectrum Disorders: A Handbook for Diagnosis, Interventions, and Research.* Springer.

Meltzer, L. (2018). *Executive Function in Education: From Theory to Practice* (2nd ed.). Guilford Press.

Miyake, A., Friedman, N. P., Emerson, M. J., Witzki, A. H., Howerter, A., & Wager, T. D. (2000). The Unity and Diversity of Executive Functions and Their Contributions to Complex "Frontal Lobe" Tasks: A Latent Variable Analysis. *Cognitive Psychology, 41,* 49-100. https://doi.org/10.1006/cogp.1999.0734

National Research Council (2001). *Educating Children with Autism.* National Academy Press.

Paivio, A. (1986). *Mental Representations: A Dual Coding Approach.* Oxford University Press.

Patel, R., & Sharma, S. (2019). Protective Effects of Nurturing Home Environments on Mental Health and Educational Persistence. *Journal of Child and Family Studies, 28,* 1253-1267.

Share, D. L. (2008). On the Anglocentricities of Current Reading Research and Practice: The Perils of Overreliance on an "Outlier" Orthography. *Psychological Bulletin, 134,* 584-615. https://doi.org/10.1037/0033-2909.134.4.584

Shaywitz, S. (2020). *Overcoming Dyslexia: A New and Complete Science-Based Program for Reading Problems at Any Level.* Knopf.

Shaywitz, S. E., & Shaywitz, B. A. (2008). Paying Attention to Reading: The Neurobiology of Reading and Dyslexia. *Development and Psychopathology, 20,* 1329-1349. https://doi.org/10.1017/s0954579408000631

Shulman, S., & Wiesel, T. (2015). *Parental Involvement in Child Education: Theory, Research, and Practice.* Cambridge University Press.

Smith, L., Jones, A., & Brown, M. (2020). The Impact of Psychosocial Interventions on Executive Functioning and Emotional Regulation in Structured Academic Environments. *Journal of Educational Psychology, 112,* 675-689.

Snowling, M. J. (2000). *Dyslexia.* Blackwell Publishing.

Sweller, J. (1988). Cognitive Load during Problem Solving: Effects on Learning. *Cognitive Science, 12,* 257-285. https://doi.org/10.1207/s15516709cog1202_4

Tannock, R. et al. (1995). Processing Speed Deficits and Their Impact on Academic and Functional Performance in Children with Learning Disabilities. *Journal of Abnormal Child Psychology, 23,* 453-467.

Willcutt, E. G., Doyle, A. E., Nigg, J. T., Faraone, S. V., & Pennington, B. F. (2005). Validity of the Executive Function Theory of Attention-Deficit/Hyperactivity Disorder: A Meta-Analytic Review. *Biological Psychiatry, 57,* 1336-1346. https://doi.org/10.1016/j.biopsych.2005.02.006

Zimmerman, B. J. (2002). Becoming a Self-Regulated Learner: An Overview. *Theory Into Practice, 41,* 64-70. https://doi.org/10.1207/s15430421tip4102_2