

**1.0 Descriptive summary of station:**

The candidate will interview a parent in relation to his concerns about his 8-year-old son who has Autism spectrum disorder (ASD) and is being bullied at school. The candidate should be able to demonstrate that they are familiar with interventions available for consideration.

**1.1 The main assessment aims are:**

- To test the candidate's knowledge regarding the common mental health issues caused by bullying through an interview situation that requires the candidate to elicit and establish the range and severity of parental concerns in relation to an ASD child who is being bullied.
- To test the candidate's capacity to advise and suggest options for action to the parent that includes addressing the care needs of the child and the school context in which the bullying occurs.

**1.2 The candidate MUST demonstrate the following to achieve the required standard:**

- Elicit the history of recent changes in the emotional and behavioural state of the child, Alex.
- Specifically assess for symptoms of possible depression and anxiety and possible recent self-harm.
- Prioritise individual care needs that include referral for more specialised assessment with a child and adolescent specialist.
- Consider the school environment and the importance of action by the school to address the issues.
- Be accurate in relation to the potential seriousness of bullying of Alex.
- Demonstrate sensitivity to the dilemma for the parent that Alex is positively engaged with the school which may not be consistent or proactive in its approach to complaints of bullying.

**1.3 Station covers the:**

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category:** Child and Adolescent Disorders
- **Area of Practice:** Child and Adolescent Psychiatry
- **CanMEDS domains:** Medical Expert, Communicator
- **RANZCP 2012 Fellowship Program Learning Outcomes:** Medical Expert (Assessment-Data Gathering Content; Management-Initial Plan), Communicator (Synthesis)

**References:**

- Rutter, M. et al (2008) *Rutter's Child and Adolescent Psychiatry*, 5<sup>th</sup> Edition, Wiley-Blackwell
- Augustyn, M. (2015) 'Autism spectrum disorder: Diagnosis', *UpToDate*, [www.uptodate.com](http://www.uptodate.com)
- Carter, S. (2009) 'Bullying of students with Asperger Syndrome', *Issues in Comprehensive Pediatric Nursing*, 32:145-154
- Queensland Government: <https://www.qld.gov.au/disability/children-young-people/bullying-disability-mental-health>
- Bullying prevention and response: a guide for schools (2015): [www.education.govt.nz/bullying/prevention](http://www.education.govt.nz/bullying/prevention)

**1.4 Station Requirements:**

- Standard consulting room; no physical examination facilities required.
- Four chairs (examiner x 1, roleplayer x 1, candidate x 1, observer x 1).
- Laminated copy of 'Instructions to Candidate'.
- Role player – male; 30s-40s. Must be credible parent of young child.
- Pen for candidate.
- Timer and batteries for examiner.

## **2.0 Instructions to Candidate**

You have **eight (8) minutes** to complete this station after **two (2) minutes** of reading time.

You are working as a junior consultant in a community mental health centre. John has been a patient of yours for some time. This section of the interview occurs after you have completed your routine clinical review of his bipolar affective disorder and determined that John is clinically stable. There are no current concerns with his mental state or treatment.

You have asked him if there is anything further that he would like to discuss and he has raised with you concerns in relation to his 8-year-old child, Alex, being bullied. You are aware from previous discussion that Alex has Autism spectrum disorder and is attending main-stream school.

### **Your tasks are to:**

- Discuss with the parent his concerns in relation to his child.
- Discuss with the parent his options for responding to his child's issues.

**John is clinically stable and you should not spend time in exploration of his illness.**

**Do NOT focus on assessment of John's parenting capacities.**

**You will not receive any time prompts.**

## Station 8 - Operation Summary

### Prior to examination:

- Check the arrangement of the room, including seating and other specifics to your scenario.
- On the desk, in clear view of the candidate, place:
  - A copy of 'Instructions to Candidate' and any other candidate material specific to the station e.g. investigation results.
  - Pens.
  - Water and tissues are available for candidate use.
- Do a final rehearsal with your simulated patient.

### During examination:

- Please ensure mark sheets and other station information, are out of candidate's view.
- At the **first bell**, take your places.
- At the **second bell**, start your timer, check candidate ID number on entry.
- TAKE NOTE – there are no cues or time prompts for you to give.
- DO NOT redirect or prompt the candidate – the simulated patient has prompts to use to keep to the aims.
- If the candidate asks you for information or clarification say:  
***'Your information is in front of you – you are to do the best you can.'***
- At **eight (8) minutes**, as indicated by the timer, the final bell will ring. Finish the examination immediately.

### At conclusion of examination:

- Retrieve all station material from the candidate.
- Complete marking and place your mark sheet in an envelope by/under the door for collection (**do not seal envelope**).
- Ensure room is set up again for next candidate. (See 'Prior to examination' above.)

### If a candidate elects to finish early after the final task:

- You are to state the following:  
***'Are you satisfied you have completed the tasks?'***  
***If so, you must remain in the room and NOT proceed to the next station until the bell rings.'***
- If the candidate asks if you think they should finish or have done enough etc. refer them back to their instructions and ask them to decide whether they believe they have completed the task(s).

### 3.0 Instructions to Examiner

#### 3.1 In this station, your role is to:

Observe the activity undertaken in the station and judge it according to the station assessment aims and defined tasks as outlined in 1.1 and 1.2.

When the candidate enters the room briefly check ID number.

You have no opening statement or prompts.

The role player opens with the following statement:

***'I would like to spend some time talking about some worries that I have about my son, Alex.'***

#### 3.2 Background information for examiners

In this station the candidate is expected to interview a parent, John, in relation to his concerns about his 8-year-old son, Alex, who has Autism spectrum disorder (ASD) and is being bullied at school. The candidate must demonstrate their knowledge of the common mental health issues caused by bullying, and advise the parent on options for action.

In order to 'Achieve' this station the candidate **must**:

- Elicit the history of recent changes in the emotional and behavioural state of the child, Alex.
- Specifically assess for symptoms of possible depression and anxiety, and possible recent self-harm.
- Prioritise individual care needs that include referral for more specialised assessment with a child and adolescent specialist.
- Consider the school environment and the importance of action by the school to address the issues.
- Be accurate in relation to the potential seriousness of bullying of Alex.
- Demonstrate sensitivity to the dilemma for the parent that Alex is positively engaged with the school which may not be consistent or proactive in its approach to complaints of bullying.

Literature suggests that 'being targeted by bullies appears to lead to wide-ranging maladjustment in children, and should be a clinical concern' (Rutter, pg. 547). Surveys indicate that nearly 50% of children are involved in bullying at some time in childhood, although chronic involvement as a victim is less common.

Bullying is the repeated intimidation or oppression of a person by another more powerful individual or group. It is repetitive and is intended to cause pain and discomfort.

Bullying can take different forms including verbal aggression; social exclusion or isolation (e.g. spreading lies and rumours; conditional friendship with alternating friendship and bullying); physical aggression (e.g. threatening behaviour or coercion; assault); sexual. Bullying may occur via social media and the Internet.

Verbal bullying is more common. Physical bullying is less common and declines with age. Bullying by individuals is more common than bullying by groups.

Bullies may focus on any aspect that sets an individual apart from others.

Children who get bullied are more likely:

- To be good at academics/sport/performing arts;
- To have a learning disability;
- To look and act differently (for example: obesity, clumsiness, disruptive off-task behaviour, speech impairment);
- To have emotional problems, low self-regard and poor social skills (for example: lack friends, socially ineffective, emotional immaturity - like to play by themselves, quiet, try to be good, cannot defend themselves).

Australian estimates:

- Approximately once a week for one in six children aged between 7 and 17 years of age (Rigby, 1997).
- General bullying (no specified type) is the highest (32%) among Year 5 students and (29%) among Year 8 students (A.C.B.P.S., 2009).
- Males typically report being bullied more than females.
- Covert bullying is the highest among Year 4 and Year 8 students with hurtful teasing the most prevalent. Covert bullying tends to start in late primary school for girls and early secondary school for boys. Girls more so than boys, tend to engage in covert bullying. Covert bullying tends to occur usually between same genders (A.C.B.P.S., 2009).
- Cyber bullying occurs more through social networking sites than mobile phones. Older students engage in more cyber bullying than younger students. Students from non-government schools tend to engage more in cyber bullying than government school students (A.C.B.P.S., 2009).

Several studies have been conducted into the prevalence of bullying in New Zealand and further studies are recommended (2015).

Studies into the impact of bullying are confounded by the risk factors that pre-exist bullying. A longitudinal study that controlled for pre-existing risk factors at age 5 school entry demonstrated that at age 7 years, children who had experienced bullying had more emotional problems, more disruptive behavioural problems, fewer prosocial behaviours and were less happy at school (see Rutter, pg. 547).

General impacts of bullying for victims may include:

- Absenteeism and school refusal
- Social and emotional problems: loneliness, low self-esteem, poor social concept
- Physical ill-health
- Decline in academic performance
- Depression and anxiety (Hawker and Bolton, 2000: meta-analysis of 20 years of research; Rutter et al)
- Persistent effects into adulthood.

Bullying is identified as a risk factor for:

- Suicide

Children and young people with Autistic spectrum disorder (ASD) appear to be at high risk of bullying. They may be especially vulnerable to being bullied because of their social and behavioural difficulties. Factors that place children at particular risk of isolation include disparity between social and intellectual development.

Trends towards inclusive schooling in main-stream settings may increase the potential for bullying as many children with disabilities can struggle to belong to their peer group in these settings. Australian studies indicate that more than 50% of children with autism are placed in the main-stream school environment.

Children and young people with disabilities may be under-diagnosed, and treated for depression and anxiety. There is some evidence that they may also be less likely to be recognised as victims of bullying. The impact of bullying can be profound, debilitating and have long-term mental health consequences.

One study of bullying in children with Asperger's syndrome reported:

- 65% of parents reported their children had been victimised by their peers within the past year
- Approx. 50% reported being scared by their peers with 9% reporting being attacked by a gang or hurt in their genitals
- 12% had never been invited to a birthday party
- 6% were almost always picked last for teams
- 3% ate alone at lunch every day

(Carter, S. (2009) Bullying of Students with Asperger Syndrome, Issues in Comprehensive Paediatric Nursing, 32:145-154).

Other studies have reported higher rates (for example, Little 2002, reported that 94% of parents reported that their child with Asperger's Syndrome had been bullied in the previous year).

Evidence-based interventions for school emphasise the creation of positive school environments that promote positive interactions and self-advocacy; wellbeing and social and emotional learning programs that support building resilience as a multi-faceted school-wide approach through promotion of self-awareness, self-management, social awareness, relationship skills and decision-making; anti-bullying policies; active parent involvement.

In addition there are specialised programs for children with ASD.

ASD is a neurodevelopmental disorder characterised by impairments in two major domains: deficits in social communication and social interaction; and restricted repetitive patterns of behaviour, interests and activities (Augustyn, 2015). ASD includes disorders previously known as: autistic disorder, pervasive developmental disorder and Asperger disorder. ASD has a strong genetic component, and a comprehensive family history over 3 generations may elicit: ASD, language delay, learning and attentional disorders, anxiety, OCD, extreme shyness, mood disorders, schizophrenia, tic disorders, for example.

It is not expected that the candidates will attempt to further specify the diagnosis according to severity levels or other specifiers. The focus of the station is not the candidate's knowledge of the diagnosis of ASD.

An achieving candidate would therefore be expected to:

- Elicit and establish the range and severity of concerns as a result of bullying experienced by a child with ASD: change in emotional and behavioural status with possible depression and anxiety symptoms, and possible self-harming behaviours.
- Advise and suggest options for the parent to address the concerns: recognise the potential severity and propose a RANGE of options including the parent taking their concerns to the school AND specialised assessment of Alex.

A surpassing candidate may deal with the issues at greater depth and with greater sophistication. They may mention specific anti-bullying programs for children with ASD.

### 3.3 The Standard Required

**Surpasses the Standard** – the candidate demonstrates competence above the level of a junior consultant psychiatrist in several of the domains described below.

**Achieves the Standard** – the candidate demonstrates competence expected of a junior consultant psychiatrist. That is the candidate is able to demonstrate, *taking their performance in the examination overall*, that

- i. they have competence as a **medical expert** who can apply psychiatric knowledge including medicolegal expertise, clinical skills and professional attitudes in the care of patients (such attitudes may include an ability to tolerate uncertainty, balance, open-mindedness, curiosity, 'common sense' and a scientific approach)
- ii. they can act as a **communicator** who effectively facilitates the doctor patient relationship
- iii. they can **collaborate** effectively within a healthcare team to optimise patient care
- iv. they can act as **managers** in healthcare organisations who contribute to the effectiveness of the healthcare system, organise sustainable practices and make decisions about allocating resources
- v. they can act as **health advocates** to advance the health and wellbeing of individual patients, communities and populations
- vi. they can act as **scholars** who demonstrate a life-long commitment to learning as well as the creation, dissemination, application and translation of medical knowledge
- vii. they can act as **professionals** who are committed to ethical practice and high personal standards of behaviour.

**Below the Standard** – the candidate demonstrates significant defects in several of the domains listed above.

**Does Not Achieve the Standard** – the candidate demonstrates significant defects in most of the domains listed above or the candidate demonstrates significant defects in the first domain of being a medical expert.

## 4.0 Instructions to the Role Player

### 4.1 This is the information you need to memorise for your role:

You are John, a mature adult, 38 years old, with bipolar affective disorder that has been stable for many years. You are married to Susan and together you are the parents of Kate who is 12, Alex who is 8 and Josh who is 5 years old. You work as an engineer in a position that involves some travel but generally maintain regular hours. Susan works as a retail assistant. You live in your own home and fortunately live close to both your and Susan's parents who are ready and willing to assist with child minding duties. There are no issues with the 12 and 5-year-old children.

Your illness is stable. Neither you nor Susan have any current concerns in relation to your illness and treatment. In fact you have had no issues in relation to your illness for some time. You are seeing your psychiatrist today for a routine clinical review and after you have discussed your current mental health and treatment, your doctor has asked you if there is anything further that you want to raise. You have discussed with your doctor in the past, concerns in relation to your second child, Alex, who has autism. You use the opportunity to raise RECENT concerns in relation to Alex being bullied at school.

You are well informed about the diagnosis of autism and the issues for children with autism. The diagnosis is not the focus of your concern today. Today you are concerned with the impact of bullying on your child who already has a mental health condition and who may well be developing additional mental health problems as a result of the bullying. As such you will remind your doctor of how Alex is affected by autism and tell him/her about the recent changes in Alex's behaviour.

Alex is aged 8 years. He has been assessed as, of at least high average IQ. He has fluent verbal language – so can express himself - and has not ever suffered from, for example, meaningless repetition of sounds/words. You were happy to accept advice from developmental (child) paediatric and educational experts that because of Alex's intelligence and good language skills, he would benefit from main-stream schooling with special education support and you remain happy with that decision. You think that he has benefited, for example, he has been able to develop his conversational skills to a limited but still pleasing extent – certainly he has made more progress in this regard than other children you are aware of who have approximately the same level of disability but are not attending main-stream school. You would be reluctant to consider changing Alex's school, especially as it is clear that in this school he likes to learn, and has previously told you and Susan that he LOVES (!!) his school.

The main impact of Alex's autism is demonstrated in the following ways of behaving:

1. How people think, process, store, and apply information about other people and social situations (called social cognitions). Alex simply won't have a conversation without raising his interest in reptiles and resists all attempts to divert him from the topic.
2. A range of behaviours;
  - a. Poor eye contact in social situations and under-developed social cognitions (he just can't participate in back and forwards conversation, and misinterprets non-verbal (e.g. body language) communication; but he also listens best to conversations when he doesn't make eye contact).
  - b. Repetitive behaviours that are of moderate frequency and moderate intensity and are obvious in the school setting; for example:
    - i. He insists on always sitting on the same section of the same mat in the same place during story-telling sessions;
    - ii. He refuses to link hands when his class mates are walking in file to cross the road but insists on marching at least 10 paces behind the group;
    - iii. During recess, he leaves and returns to the classroom whilst running his fingers along the same section of wall and walking on his toes, and gets quite upset if he cannot do this;
    - iv. If there is tension or conflict (either at school or at home) he starts rocking back and forth;
    - v. During class he often moves his fingers in ways that attract attention (it is like he is double jointed).
    - vi. At home, he always has to shower for the same length of time and washes parts of his body in the same order every time.
  - c. Poor motor skills which are obvious in the school setting in relation to sports, and you think he will never learn to ride a bike or swing on the monkey bars in spite of all the help he has had from you and other children.
  - d. Moderate difficulty sleeping - this pre-exists the recent change but has become worse (please see below re: detail).

You are concerned because for the last month, Alex has been coming home from school with his clothing torn, and cuts and bruises that he cannot explain. His treasured book on reptiles came home torn beyond repair. He is increasingly reluctant to go to school and seems very anxious on school days, often asking to stay home. He is a bit more defiant too when you or Susan ask him to do something. He has also been a bit aggressive with his siblings (not too aggressive and you are not concerned, particularly, about the welfare of the 5-year-old). His sleep

has also deteriorated with no particular pattern that you can discern – he just is sleeping more poorly than usual with nightmares, and a couple of episodes of bed wetting which is extremely unusual for him.

You are worried that he is getting depressed and he certainly seems very anxious. In addition to wanting to stay home from school, you have noticed an increase in the repetitive behaviours which is generally a sign that Alex is stressed. You have actually started to worry in the last few days that Alex might be hitting himself in the head – something he only does when he is extremely stressed.

You are not aware of previous issues with bullying. You have approached the class teacher who tends to be a bit dismissive of your concerns. Whilst noting that one particular child, Sam, has been calling Alex hurtful names like 'spastic', 'retard', 'idiot', 'jerk' and doing things like putting Alex's lunch in the bin, laughing at him and screaming if he happens to be touched by Alex, the teacher said that the class is just a difficult group and such behaviour is just a fact of life. You have heard from other parents that the school can be a bit reluctant to get involved when there are complaints of bullying, and someone told you about their experience of the school being inconsistent with applying their own bullying policy.

You are aware that Alex has a friend called Peter at school. You think they are both a 'bit like two outcasts'. He has shown little interest in developing further friendships.

If you are asked, you are aware that Alex has been comprehensively evaluated, including:

- the diagnosis of autism has been definitely established;
- his growth is within normal limits and he is neither over nor underweight;
- he does not have an unusual physical appearance (called dysmorphic);
- he does not have floppy muscle tone (hypotonic);
- all examinations checking his vision, hearing and touch sensations (sensory) have been normal.

#### 4.2 How to play the role:

You are a concerned and sensible parent, well-educated in regard to autism. You are well read and knowledgeable about your son's condition.

You are interested in what the candidate has to say and want to get some useful advice from the candidate.

#### 4.3 Opening statement:

*'I would like to spend some time talking about some worries that I have about my son, Alex.'*

#### 4.4 What to expect from the candidate:

The context of the interview is that you have spoken to your doctor before about Alex and the doctor is aware that he has mild autism.

The candidate should start with focussing their discussion on your concerns about your son, offer the description of how Alex is affected by autism readily with minimal prompting.

You should expect to be asked in detail about the changes in Alex's behaviour and emotional state, and specifically you should be asked about depression and anxiety. Provide information as prompted by the candidate's questions.

#### 4.5 Responses you MUST make:

There are no specific responses you must make during the interview.

#### 4.6 Responses you MIGHT make:

The candidate may not engage in your concerns.

1. They may suggest that this is not a legitimate issue for discussion with your treating doctor.

Response:

*'Being a good parent is really important to me and I would like to discuss it with you because you know me well.'*

2. They may seek to refer you to the school or others involved in Alex's care.

Response:

Remind the candidate that the teacher said that the class is just a difficult group and such behaviour is just a fact of life. You have heard from other parents that the school can be a bit reluctant to get involved when there are complaints of bullying and someone told you about their experience of the school being inconsistent with applying their own bullying policy.

## STATION 8 – MARKING DOMAINS

### The Main Assessment Aims are:

- To test the candidate's knowledge regarding the common mental health issues caused by bullying through an interview situation that requires the candidate to elicit and establish the range and severity of parental concerns in relation to an ASD child who is being bullied.
- To test the candidate's capacity to advise and suggest options for action to the parent that includes addressing the care needs of the child and the school context in which the bullying occurs.

### Level of Observed Competence:

#### 1.0 MEDICAL EXPERT

#### 1.2 Did the candidate take appropriately detailed and focussed history? (Proportionate value - 40%)

##### **Surpasses the Standard (scores 5) if:**

clearly achieves the overall standard with a superior performance in a range of areas; demonstrates prioritisation and sophistication.

##### **Achieves the Standard by:**

demonstrating use of a tailored biopsychosocial approach to obtain a baseline of Alex's usual behaviour and emotional state, and his risk factors for being a target of bullying; conducting a detailed but targeted assessment that clearly relates the recent changes to Alex's usual baseline state; completing a risk assessment; demonstrating phenomenology; eliciting the key contextual issues, including, for example, the attitude of the school and the teacher; clarifying important positive and negative features.

To achieve the standard (**scores 3**) the candidate **MUST:**

- Elicit the history of recent changes in the emotional and behavioural state of Alex.
- Specifically assess for symptoms of possible depression and anxiety and possible recent self-harm.

**A score of 4** may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most or all correct elements.

##### **Below the Standard (scores 2 or 1):**

scores 2 if the candidate does not meet (a) or (b) above, or has omissions that would detract from the overall quality response; significant omissions affecting quality scores 1.

##### **Does Not Achieve the Standard (scores 0) if:**

omissions adversely impact on the obtained content; significant deficiencies such as substantial omissions in history.

1.2. Category: ASSESSMENT – Data Gathering Content	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

#### 1.13 Did the candidate formulate and describe a relevant initial management plan? (Proportionate value - 40%)

##### **Surpasses the Standard (scores 5) if:**

provides a sophisticated link between the plan and key issues identified; clearly addresses difficulties in the application of the plan; may mention specialised programs for children with ASD who are being bullied; identifies the complexities/appropriateness of notification to child protection services.

##### **Achieves the Standard by:**

elaborating on the candidate's role in effective treatment (provides a rationale for either remaining involved or not); identification of potential barriers; considering specific treatments for Alex if a diagnosis of depression or anxiety is confirmed; planning for risk management of possible recent self-harm; skilful engagement of appropriate treatment resources/support.

To achieve the standard (**scores 3**) the candidate **MUST:**

- Prioritise individual care needs that includes referral for more specialised assessment with a child and adolescent specialist.
- Consider the school environment and the importance of action by the school to address the issues.

**A score of 4** may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most or all correct elements.

##### **Below the Standard (scores 2 or 1):**

scores 2 if the candidate does not meet (a) or (b) above, or has omissions that would detract from the overall quality response; significant omissions affecting quality scores 1.

##### **Does Not Achieve the Standard (scores 0) if:**

adamant that a referral to child protection services is necessary at this time.

1.13. Category: MANAGEMENT - Initial Plan	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**2.0 COMMUNICATOR**

**2.5 Did the candidate appropriately and adequately manage the communication? (Proportionate value - 20%)**

**Surpasses the Standard (scores 5) if:**

demonstrates sustained sophistication throughout the interview.

**Achieves the Standard by:**

providing accurate and structured verbal feedback in suitable language; prioritising and synthesising information with appropriate detail and sensitivity; adapting communication style to the setting; reflecting realistic limitations to understanding of the issues.

To achieve the standard (scores 3) the candidate **MUST:**

- a. Be accurate in relation to the potential seriousness of bullying of Alex.
- b. Demonstrate sensitivity to the dilemma that Alex is positively engaged with the school which may not be consistent or proactive in its approach to complaints of bullying.

**A score of 4** may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most or all correct elements.

**Below the Standard (scores 2 or 1):**

scores 2 if the candidate does not meet (a) or (b) above, or has omissions that would detract from the overall quality response; significant omissions affecting quality scores 1.

**Does Not Achieve the Standard (scores 0) if:**

dismissive of parent's concerns or adamant that changing Alex's school is indicated at this stage.

2.5. Category: SYNTHESIS	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**GLOBAL PROFICIENCY RATING**

Did the candidate demonstrate adequate overall knowledge and performance at the defined tasks?

<b>Circle One Grade to Score</b>	<b>Definite Pass</b>	<b>Marginal Performance</b>	<b>Definite Fail</b>
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