

cognitive research and applied practice at Texas Woman's University. This publication was supported in part by the Woodcock Institute for the Advancement of Metro-Woman's University and clinical researchers at Southern State for Children Research reported in ZHIEBK' BYD' OLB' are assistant professors in the school of occupational therapy at Texas Director of the Woodcock Adult Assessment Clinic. HEVYNEK KOBEKTS' BYD' OL' and VICEBY balyrologyl. She is an associate professor of school psychology at Texas Woman's University and University. MENDI L' JONISON' BYD' is a licensed psychologist and licensed specialist in school Virginia E. Balymani is a doctoral candidate in the school psychology program at Texas Woman's

State University) given that CP is classified as a motor disability. However, CP has been Cognitive functioning is largely the focus of research studies (Zigmond, 2008).

COGNITIVE FUNCTIONING IN CEREBRAL PALSY

as the child's needs manifest differently in the educational setting. Variability in presentation may necessitate remedial or assessment data in terms of communication, behavior, and perception (Kosman, 2001). This

The manifestation of CP can change over time and may include deficits in cognitive skills before or during the educational setting.

Learning is remedial in order to understand the impact that CP may have on the child's level and similar to those of the GMFC. Knowledge of these classification and functioning in daily activities and reflects global performance. Classification

Adult Classification System (MACS; Eliason et al., 2006). The MACS assesses assigned level A. Fine motor functioning is typically assessed using the Manual of these domains; minor limitations are assigned level I and severe limitations are level II. Functioning is classified into one of five levels based on the severity of each (GMFC; Balymani et al., 2011). The GMFC assesses primarily balance and posture is typically assessed using the Gross Motor Function Classification System

CP results in bilateral impairment (Zigmond et al., 2018). Gross motor function affects fine motor skills on one side of the body while fine motor skills of the body and fine motor skills involve balance in all four limbs. Unilateral CP

often times, hemiparesis involves the loss of sensation and movement on one side symmetric balance that impacts two corresponding parts of the body, such as impairment, including hemiparesis, ataxia, and fine motor skills. Dexterity is a kind of and coordinates movement. Gross CP is further divided based on the severity of

balance. Ataxic CP is caused by damage to the cerebellum which controls balance

that require motor skills, such as block construction tasks or tasks with many small objects. Variability in presentation may necessitate remedial or assessment data in terms of communication, behavior, and perception (Kosman, 2001). This

ASSESSING COGNITIVE FUNCTIONING

in early childhood can be variable. Learning is remedial in order to understand the impact that CP may have on the child's level and similar to those of the GMFC. Knowledge of these classification and functioning in daily activities and reflects global performance. Classification

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comorbid with CP disorders that may be neurodevelopmental and when considering functioning is important. Standing cognitive

found that the rate of ID in children with motor and cognitive functioning

related to higher levels of intelligence. A motor disorder were found to be

related with intellectual functioning that motor functioning is positively

This is consistent with literature that to be favored (Eliason et al., 2008).



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