[redacted]

Memory Health Screener Report

[redacted]

Report Last Updated: 06-04-2026 06:33 AM

Disclaimer

This screener is not meant to diagnose memory health. The sole function of this tool is to assist in identifying possible characteristics of memory health in a structured manner. Each item on the screener has been validated against a globally well-researched indicator/symptom of memory health. All responses selected as 'Always' and 'Often' must be paid attention to, as it can help establish the specific protocol for comprehensive assessment and remedial support.

Email | support@mymemorymentor.com

[redacted]

ID: [redacted] **Date:** Feb 2, 2026
Gender: Female **Email:** [redacted]
Age: 12 Years **Academic level:**

41 (Moderate)

Minimal Severe

Interpretation of total score

Less than 30: Minimal signs of memory health
31 to 60: Moderate signs of memory health
More than 60: Severe signs of memory health

Screener Completed By:
[redacted] **(Parent,** [redacted]

Overall Memory Health Score

[redacted] has an overall score of 41 signifying moderate symptoms of Memory Health issues. This warrants closer observation, additional assessment and reaching out to a specialist to understand the causes and remediation of the specific memory challeges.

MAR: Memory and Recall
LAC: Language and Communication
EFJ: Executive Function and Judgment

Detailed findings

[redacted] showed SEVERE risk indicators consistent with memory health type difficulties based on MAR . This is critical and requires urgent attention and remediation.

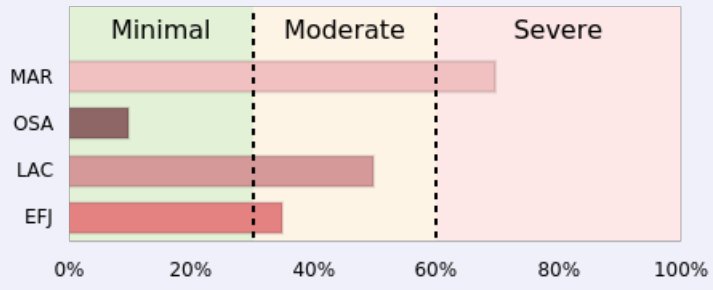
[redacted] also has MODERATE risk indicators consistent with memory health type difficulties on LAC and EFJ Individual responses should be reviewed for specific support to be provided.

[redacted] showed No issues with OSA.

The bar graph below indicates the severity levels by types of memory health based on the responses.

Memory Health Types Performance

All the scores above the line of significance indicate areas of reported difficulties.



MAR: Memory and Recall
OSA: Orientation and Spatial Awareness
LAC: Language and Communication
EFJ: Executive Function and Judgment

[redacted] *ndividual responses indicating issues*

View Responses

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Interpretation of Scores

1. Memory and Recall (Severe): [redacted] appears to have significant challenges with remembering recent events, such as what she had for lunch, and frequently misplaces everyday objects. She shows particular difficulty recalling significant past events and sometimes forgets names of familiar people. At age 11, these memory challenges may indicate developing difficulties with working memory and episodic memory formation that could impact her academic learning and daily functioning.
2. Language and Communication (Moderate): [redacted] often struggles to find the right words when speaking and has difficulty naming common objects. She sometimes makes grammatical errors in writing and may repeat questions or stories within short periods. These language processing challenges suggest she may need additional support in verbal expression and word retrieval skills, which are important for classroom participation and written assignments.
3. Executive Function and Judgment (Moderate): [redacted] shows concerning patterns in judgment and safety awareness, often forgetting important tasks like turning off appliances or locking doors. She sometimes has difficulty making even simple decisions about daily choices. While her planning and problem-solving skills appear more intact, these executive functioning challenges may affect her independence and safety awareness as she grows older.

Recommendations

1. Consult with a pediatric neuropsychologist or developmental pediatrician for comprehensive evaluation, as these memory and cognitive concerns are atypical for an 11-year-old and require professional assessment to determine underlying causes.
2. Implement memory support strategies such as visual schedules, reminder systems, and structured routines to help with daily tasks and academic responsibilities.
3. Work with school personnel to develop accommodations including extended time for assignments, written instructions rather than verbal-only directions, and memory aids for classroom activities.
4. Establish safety protocols and supervision for activities requiring judgment, such as using appliances or being alone, until executive functioning skills improve.
5. Consider speech-language therapy evaluation to address word finding difficulties and support language processing skills that impact communication and academic performance.
6. Monitor for potential co-occurring conditions such as attention disorders, learning disabilities, or medical conditions that may be contributing to these cognitive challenges, as memory difficulties at this age may indicate underlying neurological or developmental concerns requiring medical evaluation.

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Notes:

Clinical comments-

[redacted] profile presents a pattern that warrants both clinical attention and interpretive caution. Memory and Recall (MAR) registers Severe, Language and Communication (LAC) and Executive Function and Judgment (EFJ) are Moderate, while Orientation and Spatial Awareness (OSA) shows no issues. The intact OSA is clinically reassuring as it rules out the kind of global disorientation that would signal acute neurological concern. What remains is a selective memory retrieval and language processing vulnerability that is significant for a 12-year-old but must be interpreted carefully.

Severe MAR rating should be interpreted as directional signal, not definitive severity. The parent completion (by [redacted] adds valuable observational data, though a parallel self-report and teacher perspective would strengthen the clinical picture.

The MAR-LAC co-elevation is the clinically meaningful finding. Word retrieval difficulty alongside memory recall weakness in a 12-year-old frequently points to underlying working memory or language processing deficits rather than a primary memory disorder. This profile is more consistent with a learning disability or attentional difficulty than with a neurodegenerative process.

What should happen now (..before a formal diagnostic assessment is completed)

At home, implement structured routines with visual supports e.g., a consistent homework sequence, a designated belongings station, and verbal rehearsal strategies (saying instructions aloud before executing). These compensate for retrieval weaknesses without waiting for diagnosis.

At school, provide written instructions alongside verbal delivery, allow processing time before expecting responses, and use recognition-based assessments (multiple choice) alongside recall-based ones to distinguish what [redacted] *knows* from what she can *retrieve*.

Pursue comprehensive neuropsychological evaluation prioritising working memory, phonological processing, and attention. Screen for ADHD-Inattentive type and language processing disorder. The memory signal is real. The underlying mechanism needs identification.

[redacted] [redacted] [redacted]

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[redacted] Responses

The following items were indicated as 'ALWAYS', 'OFTEN', and 'SOMETIMES' and should be reviewed individually to come up with a targeted remediation plan for [redacted]

Memory and Recall : Severe

[redacted]

Language and Communication : Moderate

[redacted]

Executive Function and Judgment : Moderate

[redacted]

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