(VMI) and the Grooved Pegboard (GP). To evaluate patterns of functioning, we determined the frequencies of patients who demonstrated uneven PSI subtest performances (defined in this study as a Coding scaled score [ss] at least 3-points lower than that of Symbol Search) and/or normative weaknesses (i.e., Standard Score [SS] below 80, per recommendations from the American Academy of Clinical Neuropsychology) on motor tasks. A chi-square test of independence was used to evaluate associations between uneven PSI performance and the presence/absence of motor weaknesses. Among those with uneven PSI performance, a one-way ANOVA was used to examine whether PSI subtest difference scores varied as a function of motor performance group (No Weakness=0, VMI Weakness Only=1, GP Weakness Only=2, Weaknesses on Both=3). Results: Of the 238 participants, 28 (11.0%) displayed normative weaknesses on the VMI only, 43 (16.9%) displayed weaknesses on the dominant-GP only, and 18 (7.1%) displayed weaknesses on both tasks. On the WISC-V, 56 participants (23.5%) exhibited uneven PSI subtest performance (Coding<Symbol Search), with 21 (37.5%) of those participants displaying at least one normative motor weakness. Chisquare analyses indicated no significant association between the presence/absence of motor skill weakness and uneven PSI subtest performance,  $(X^2(3) = 5.79, p = .122)$ . Among those with uneven PSI performance, Coding/Symbol Search difference scores were not significantly associated with motor performance group (F(3,55) = 1.26, p = .297). Conclusions: These findings suggest that while patients with uneven WISC-V Coding and Symbol Search scores may also display motor task deficits, these deficits are not significantly associated with uneven performances overall. Additionally, of the participants with uneven PSI subtest scores, the majority did not exhibit normative weaknesses on motor tasks. Therefore, clinicians may be overcorrecting for a motoric cause of uneven performance and underappreciating the potential unevenness a child demonstrates in processing speed. Future studies should evaluate the role of other neurocognitive factors, such as working memory, in this score discrepancy pattern.

### Categories:

Assessment/Psychometrics/Methods (Child)

**Keyword 1:** motor function

Keyword 2: assessment

**Keyword 3:** intellectual functioning **Correspondence:** Katherine C. Paltell,

University of Illinois at Chicago, kpaltell@uic.edu

# 61 Delayed Language Development in Mexican Toddlers Following Lockdown During COVID-19: The Case of Peer Socialization

Celia I. Rodríguez-Rubio<sup>1</sup>, Cristina Aguillón-Solís<sup>1</sup>, <u>Carmen Armengol de la Miyar</u><sup>2</sup>, Judith Salvador-Cruz<sup>1</sup>

<sup>1</sup>FES Zaragoza UNAM, Mexico City, Mexico. <sup>2</sup>Northwestern University, Boston, USA

**Objective:** Socialization is a crucial factor in children's language acquisition. Lack of socialization could affect language development, causing a delay that can be spotted early by identifying neurological soft signs (NSS). This study aimed to compare NSS and language performance between two samples of children (pre and post-pandemic) since the lockdown carried out by Covid-19 restricted socialization in post-pandemic kids.

Participants and Methods: Two groups of 30 children (aged 3 to 5 years old, ten children per age group; 50% boys and 50% girls) were assessed with the NSS and language subtest from the SNB-MX battery (Salvador, Tovar, Segura, Armengol & Ledesma, 2019). The first group was selected and evaluated before the covid lockdown; the second group was selected and assessed after the lockdown. Hence the second group of children was less exposed to socialization since schools changed to digital format. We compared the language performance of both groups.

**Results:** Results include the comparison between samples pre and post-pandemic. Post-pandemic children performed lower in language skills. We also found a correlation between the language and NSS.

**Conclusions:** We conclude that socialization is an essential factor in language development. Also, identifying Neurological Soft Signs could help predict language delay. We thank project PAPIIT IN308219 for sponsoring this research.

#### Categories:

Assessment/Psychometrics/Methods (Child)

Keyword 1: language

Keyword 2: assessment

**Keyword 3:** neuropsychological assessment **Correspondence:** Carmen Armengol de la

Miyar, Northwestern University, neuroinv.lab@gmail.com

## 62 The Print Knowledge as a Predictor of Reading Acquisition in Mexican Preschoolers

Victor H. Lara-Gonzalez<sup>1</sup>, <u>Carmen Armengol de la Miyar</u><sup>2</sup>, Cristina Aguillón-Solís<sup>1</sup>, Judith Salvador-Cruz<sup>1</sup>

<sup>1</sup>FES Zaragoza UNAM, Mexico City, Mexico. <sup>2</sup>Northwestern University, Boston, USA

**Objective:** Print Knowledge in children starts with recognizing and characterizing printed figures; it is a precursor of other skills like letter knowledge and phonological awareness. The goal was to assess print knowledge components and their predictive value in emerging literacy in a sample of Mexican preschoolers.

Participants and Methods: 60 children (aged 4 to 6 years old; 50% boys and 50% girls) were tested with an analysis of the visual synthesis and the figure copy from the SNBP-MX and the Rey Complex Figure Test (children's version). Results: Children with lower performance in the SNBP-MX cannot use visual information to perform correctly at the Rey Complex Figure. They have problems in the reproduction of the figure, and they do not respect the components of the Print Knowledge: 1) figure building characteristics (size, rotation, orientation) and function (relationship with the background and with other figures).

Conclusions: Early visual perception skills impairments are related to the execution of elements from the Print Knowledge. Therefore, it is expected that children with low performance at visoperception and spatial tasks will have difficulties with early literacy. Since visual information is needed for the copy and learning of writing figures, print knowledge could be categorized as a predictor of the early word and letter recognition skills. We thank project PAPIIT IN308219 for sponsoring this research.

### Categories:

Assessment/Psychometrics/Methods (Child)

**Keyword 1:** academic skills **Keyword 2:** visuospatial functions

Keyword 3: writing

### 63 Comparison of Measures for Identification of Social Difficulties in Early Childhood for Children with Neurofibromatosis Type 1

Danielle M Glad<sup>1</sup>, Brianna D Yund<sup>2</sup>, Kristin Lee<sup>3</sup>, Christina L Casnar<sup>4</sup>, Bonita P Klein-Tasman<sup>1</sup> <sup>1</sup>University of Wisconsin-Milwaukee, Milwaukee, WI, USA. <sup>2</sup>University of Minnesota, Minneapolis, MN, USA. <sup>3</sup>Texas Children's Hospital, Houston, TX, USA. <sup>4</sup>Medical College of Wisconsin, Milwaukee, WI, USA

Objective: Social functioning patterns vary across measures in children with neurofibromatosis type 1 (NF1; Glad et al., 2021) with broad psychosocial screening measures having shown no impairment (Klein-Tasman et al., 2014; Martin et al., 2012; Sangster et al., 2011) while a more specific social functioning measure indicated poorer social skills (Barton & North, 2004; Huijbregts & de Sonneville, 2011; Loitfelder et al., 2015). The current aims were to characterize caregiver-reported social skills using three different measures and determine which measure appears to best capture social difficulties for young children with NF1.

Participants and Methods: Fifty children with NF1 (31 males; *M*=3.96, *SD*=1.05) and 20 unaffected siblings (11 males; M=4.34, SD=0.88) in early childhood (ages 3-6) were rated by a caregiver on one social functioning measure (the Social Skills scale on the Social Skills Rating System (SSRS)) and two broader functioning measures that include assessment of social functioning (the Social Skills scale on the Behavior Assessment System for Children-Second Edition (BASC-2), Social Interaction and Communication domain on the Scales of Independent Behavior-Revised (SIB-R)). Results: For children with NF1, the SSRS mean standard score was significantly lower than the BASC-2 and SIB-R (*t*=-5.11, *p*<.001; *t*=-4.63, p<.001) while there was no significant difference between the BASC-2 and SIB-R. No significant differences emerged between measures for unaffected siblings. No significant group differences in mean standard score were found for the SSRS, BASC-2 or SIB-R. Fisher's exact tests revealed the NF1 group had significantly