



Ontario

Ontario Secondary School Diploma Diplôme d'études secondaires de l'Ontario

This Diploma is granted to
Ce diplôme est décerné à

Akheenu Antione Shelley

a student of
élève de

Notre Dame Secondary School

who has fulfilled the requirements for the Ontario Secondary School Diploma
in accordance with the provisions of the Ministry of Education, Ontario.

qui a rempli les exigences prescrites pour l'obtention du diplôme d'études secondaires de l'Ontario,
en vertu des dispositions du ministère de l'Éducation de l'Ontario.

Dated at
Délivré à

Brampton

the
ce

27th

day of
jour de

June 2025

Minister of Education / Ministre de l'Éducation

Principal of School / Directeur ou directrice de l'école

Your Application to Humber

1 message

Humber Polytechnic <noreply@admissions.humber.ca>

To: akheenus@gmail.com

18 November 2024 at 10:26



Humber Number:

Program: Social Service Worker

Campus: Lakeshore Campus

Term: September 2025

Semester: 1

Hi Akheenu,

Thank you for your application to Humber's **Social Service Worker** program. We are now processing your application. Congratulations on taking this very important first step!

You can now access Humber's student portal, MyHumber to check your admission status, pay your tuition deposit and fees, register for classes and much more. You should receive a separate email with your login credentials. If you have previously applied to Humber, your login credentials are still valid.

Be sure to check your email regularly. We will be sending you important updates and text messages to the email address and phone number you provided on your application. Remember to add noreply@humbermessages.ca to your email safe sender list to ensure important messages from Humber are not marked as spam or junk mail.

We're committed to supporting you through the admissions process. If you have any questions, we're here to help! Contact us at enquiry@humber.ca or call 416-675-5000. For Contact Centre hours of operation, please visit humber.ca/contact-us/.

Thanks again for choosing Humber!

Regards,

Admissions - Office of the Registrar
Humber College Institute of Technology & Advanced Learning

[Click here](#) if you don't wish to receive these messages in the future.

Pour être valide, ce passeport doit être signé ci-dessus par le titulaire, sauf si le titulaire est un enfant âgé de moins de 16 ans.

P045002QS4CAN0705291M3309254<<<<<<<<<<<<<08

August 23, 2012

DR. ASHRAF M. BANDALI
26-380 BOVAIRD DRIVE EAST
BRAMPTON, ON L6Z2S8Name: SHELLEY, AKHEENU
MRN: 2482372
DOB: 2007/05/29
Sex: M
Type of Episode: CLINIC
Date In: 2012/08/23
Registration #: A2507870
Responsible Physician: TAM, EMILYnurse Lynn
416 813-7355
[copy stamp]
Aug 22, 2012
A 10:00
A Do Home visit

Dear Dr. Bandali:

Thank you for referring Akheenu Shelley to the Paediatric Neurology Clinic at The Hospital for Sick Children. I had the opportunity to meet with Akheenu, his mom and dad and Dr. Tam on August 23rd, 2012. As you know, Akheenu is a five year old boy referred by the orthopedic clinic for assessment of left upper and lower extremity weakness.

History of Present Illness:

Akheenu has been having gross motor developmental concerns throughout his childhood with respect to his left arm as well as left leg. Initially, mom noticed that when Akheenu started crawling, he would drag his left arm and left leg behind him. When he started walking, he would walk on his toes bilaterally and eventually he developed left-sided toe-walking with resolution on the right. This was brought to the attention of his primary care physician but was subtle enough not to warrant further investigation. On further questioning, mom noticed early right-sided hand preference but did not think this was significant, attributing it to a normal developmental milestone. More recently, mom noted that Akheenu develop a "limp" with his left leg appearing shorter than his right. As a result, he was referred to an Orthopaedic Clinic, where lower extremity x-rays of both legs were done, revealing no significant leg-length discrepancy, with the right femur measuring 29.6 cm while the left 29.8 cm. However, at the clinic there was note of extensor muscle weakness in his upper extremity and flexor muscle weakness in his lower extremity and as a result he was referred to us for further evaluation.

Pregnancy and Birth History:

Akheenu was born to a sixteen year old G1P0A0 mother via C/S at approximately 42 weeks gestation for cephalo-pelvic disproportion at Brampton Civic Hospital. His birth weight was 8 pounds and 3 ounces and he did not require any resuscitation. He went home shortly with mother. His neonatal course was unremarkable, and he did not have any history of seizures, jaundice or infections.

Akheenu's mother had normal prenatal care. She denies any drug or alcohol use during her pregnancy. There was no history of infections, gestational diabetes or preeclampsia. She did have an episode in her first trimester where she fell but there was no vaginal bleeding or cramping following this incident.

Developmental History:

Akheenu never exhibited developmental regression. In terms of his gross motor development, he was able to sit up at about three to four months unsupported. He started cruising around eleven months of age and walking at eighteen months. When he did start walking, mom noticed that he was toe walking on his left more than his right foot. As stated previously, when crawling, he would drag his left leg as well as his left arm behind him. In terms of his fine motor development, mom remembers that he was reaching more with his right hand than his left before a year of age. When he was being fed, he was always using his right hand

to reach with a pincer grasp. Currently he is able to feed himself using a spoon and he is able to pull up on his zipper with his right hand once its initiated. He is able to brush his teeth and put on his clothes by pulling them up with his right hand. However, he has trouble doing and undoing buttons and is not able to tie shoelaces. In terms of his language, Akheenu said his first words at almost two years of age. His language since then has been developing fine. He is able to name body parts, colours and follows three step commands. His speech is 90% intelligible. In terms of his social cognitive development, he is doing well in junior kindergarten. He has normal interaction with his peers and plays with his toys functionally. He has a close friend in kindergarten named Shannon who he frequently plays with. He likes to play video games but does not participate in any sports right now, in part due to his physical limitations. His favorite activity is playing tag with Shannon.

Past Medical History:

Unremarkable.

Medications:

None.

Allergies:

None.

Family History:

Akheenu is the product of non-consanguineous parents of Jamaican origin. The mother is healthy and has four older healthy brothers. The father is also healthy and has two older sisters and a brother. There is no family history of neurodevelopmental disorders, seizures or childhood stroke. There is no family history of recurrent miscarriages or hematological disorders on either side of the family.

Review of Systems:

On review of systems, Akheenu has not had any seizures, trouble with speech or swallowing, difficulties with articulation or drooling. His hearing and vision are intact. There is no history of head injury or infections. He has not required any hospitalizations in the past and has not had any surgeries.

Physical Examination:

On physical examination today, Akheenu's height was 118 cm, placing him between the 97th and 85th percentile, his weight was 23 kg, placing him between the 97th and 85th percentile, and his head circumference was 50.5 cm, although he did have braids in his hair, placing him slightly below the 50th percentile.

Mental status examination revealed an alert, happy and interactive young boy. He responded appropriately to 2-3 step commands throughout the examination and was task oriented in terms of copying a cross and a square on paper. His language was normal both receptively and expressively.

Cranial nerve examination revealed pupils that were equal and reactive to light bilaterally. He had normal extraocular movements with no nystagmus. Visual fields were intact bilaterally. He has normal sensation. Examination of his facial symmetry revealed an asymmetrical left sided smile, with the corner of his mouth more pronounced on the right than the left. It was also noted by his mother that his left cheek was smaller in bulk compared to his right. The forehead was spared. His hearing was grossly intact bilaterally. Tongue, uvula and palate were midline. There was normal power in his sternocleidomastoid bilaterally however, trapezius muscle did reveal decreased power on the left, with resisted shoulder shrug of 4-/5.

Motor examination revealed decreased muscle bulk and spastic tone over his left upper and lower extremities. There was evidence of muscle atrophy with his left limbs smaller compared to his right. There were no abnormal movements. Upper extremity revealed 4/5 strength in extensor muscles including triceps, wrist extensors and supinator. In the left lower extremity, he had 4/5 strength in his flexor muscles including hip and knee flexors.. He was unable to dorsiflex his foot on the left against resistance with 3/5 on power testing. His right upper and lower extremities had normal 5/5 power in all muscle groups.

Reflexes were 2+ on his right side in the upper and lower extremities however, they were asymmetrical and increased 3+ on his left side. His toe was downgoing on the right and upgoing on the left.

Sensory examination revealed grossly intact sensation to light touch and vibration in the upper and lower extremities. However, on repeated testing, his left lower extremity appeared to have decreased vibration compared to his right lower extremity. He had a negative Romberg.

Coordination examination revealed normal finger to nose with no dysmetria.

Gait was wide based with toe walking on the left and inability of his left heel to touch the ground. He was unable to heel walk or tandem walk on examination due to his left-sided spasticity. He was able to hop on his right foot with some added support five times. He was able to balance on his left toes with support. When asked to run, he would hold his left arm in a flexed, adducted and pronated fashion.

Examination of his skin revealed no obvious skin markings.

Impression:

In summary, Akheenu is a five year and three month old boy with no significant past medical history who comes into Clinic today for work up of left sided weakness. His upper extremity extensor weakness combined with lower extremity flexor weakness is in keeping with a right upper motor neuron injury. He fits the classic pattern of a left-sided spastic hemiplegic cerebral palsy. At today's Clinic, we discussed with his parents that this is a static disorder of motor control. We also touched on some of the common causes of this likely being a perinatal stroke. Other causes for this could be an infectious, traumatic or metabolic etiology but unlikely given his mother's uneventful pregnancy and his relatively unremarkable past medical history. As a result, our plan for Akheenu involves the following:

1. We ordered an MRI brain for Akheenu to look for the possibility of a remote perinatal stroke.
2. We have initiated a CCAC referral for occupational and physiotherapy to maximize his functional potential. The school has requested that we make a referral on his behalf to a physical and occupational therapist and we would be happy to do so for the reasons outlined in the body of this letter. Akheenu requires an AFO in his left ankle to help him with his gait as he is unable to dorsiflex. Later he might be a candidate for Botox injections into his spastic muscles.
3. Once the parents are notified of their MRI date, we will follow up with Akheenu in my Continuity Clinic with his neuroimaging studies and at that time will initiate any other additional tests to look for the underlying etiology.

Thank you for referring this wonderful five year old boy to our Clinic. It was a pleasure taking care of him today. Should the parents or yourself have any questions or concerns, please do not hesitate to contact us.

Yours sincerely,

Electronic Signature 2012/08/28 20:37
Liza Kouzmitcheva, M.D.

for

Electronic Signature 2012/08/31 16:31
Emily Tam, M.D.
Staff Paediatric Neurologist

EK/lc
D: 2012/08/23 11:44:00
T: 2012/08/27 09:06:49

MRN: 2482372
Patient Last Name: SHELLEY
Patient First Name: AKHEENU

Job_No: 763581
Doc.type: C100
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cc: Ms. Loraine Dinham 50 Judith Crescent, Brampton, Ontario, L6S 3J4

Please use our new automated referral system (ARMs) at SickKids- <http://www.sickkids.ca/referralsystem>
The benefit to you and your patient is timeliness due to improved access, processing, tracking and communication of referral status.

A teen boy, a boy with Cerebral Palsy who was born into a society full of normal people. Growing up in a supportive home surrounded by my loving family where I was constantly reminded that my disability made me no less of a person. At home, I was uplifted, empowered, and seen for who I truly was. But when I entered the third grade of elementary school. That sense of safety shifted.

In school, the comments did not stop; they just became quieter, more judgmental stares and whispered side conversations. Some students were bold enough to mock the way I moved, while others simply ignored me as if acknowledging my difference would make them uncomfortable. I remember constantly being questioned often “why do you walk like that” or “why I wore that thing on my left leg”. That thing on my left leg was a foot brace to help strengthen my leg and build proper walking habits. It became something I eventually stopped wearing by the time I got into high school not because I did not need it but because I understood how cruel children my age could be. Some days other students and teachers would ask if my leg was okay and normally I would say my leg was hurting knowing that was not the case. I never really explained to no one why I actually walked like that. I felt a sense of isolation. I felt that I would be misunderstood, judged and often left out not because I lacked the ability, but because the world around me was not built to embrace my difference.

Those experiences did not break me, they shaped me. They became lessons in resilience, identity, and compassion. In time I came to understand the disability that I was given is what sets me apart from the rest of my pairs. Despite being an individual with Cerebral Palsy it came with day to day challenges, but I refused to let it define or limit me. Throughout high school, I actively participated in extracurricular activities and pushed myself academically, ultimately achieving my goal of becoming an honour roll student. My disability did not hold me back, it fueled my drive to prove what I’m capable of.

I joined BSACA (Black Student African Caribbean Alliance), organizing cultural events that celebrated Black excellence. This commitment earned me the honor of representing my school at a Black History Month Award Show, where I accepted an award on behalf of the City of Brampton. I was also chosen by my principal to speak with Mayor Patrick Brown of Brampton and his council, sharing reflections on Black History Month and advocating for greater awareness. I joined The Edge Program, a leadership initiative for young Black youth, where I earned the "Beau of the Year" title and a Commitment to Excellence Award. I further embraced leadership through Young Bosses in Business, a nonprofit nurturing young entrepreneurs. Here, I gained hands-on training, mentorship, and the skills to turn ideas into thriving ventures. Connecting with social professionals and engaging in transformative conversations solidified my path toward becoming a mental health therapist. My dream is to create a wellness center, a safe space where young people can find mentorship, support, and belonging. From an early age, I saw too many Black boys and girls silently struggle with emotional isolation, often due to absent or uninvolved parents. This lit a flame in me which led me to join my school's Mental Health Club, where I led initiatives to support student

well-being, promote open dialogue, and provide mental health resources. Experiencing these extra curricular lit a brighter flame of wanting to become a mental health therapist.

This September, I'm starting at Humber College to pursue my dream of becoming a Mental Health Therapist. I will begin with the Social Service Worker program, then bridge into the Mental Health program.

I want to help create a more inclusive and understanding world especially for youth who feel unseen or misunderstood because of their differences. I want to be the voice for those in need, and support for those still learning to stand strong in who they are.