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**Review Questions for Understanding Assessment in Special Education**
Chapter 1 - Overview of Assessment

An assessment in special education is the process used to determine a child’s specific learning strengths and needs, and to determine whether or not a child is eligible for special education services. Assessment in special education is a process that involves collecting information about a student for the purpose of making decisions. Assessment, also known as evaluation, can be seen as a problem-solving process (Swanson & Watson) that involves many ways of collecting information about the student. According to Gearheart and Gearheart (cited in Pierangelo and Giuliani), assessment is “a process that involves the systematic collection and interpretation of a wide variety of information on which to base instructional/intervention decisions and, when appropriate, classification and placement decisions. Assessment is primarily a problem-solving process”.

Importance of Assessment

The importance of assessment should never be underestimated. In special education, you will work with many professionals from different fields. You are part of a team, often referred to as a multidisciplinary team, that tries to determine what, if any, disability is present in a student. The team’s role is crucial because it helps determine the extent and direction of a child’s personal journey through the special education experience (Pierangelo and Giuliani). Consequently, the skills you must possess in order to offer a child the most global, accurate, and practical evaluation should be fully understood. The development of these skills should include a good working knowledge of the following components of the assessment process in order to determine the presence of a suspected disability:

- **Collection**: The process of tracing and gathering information from the many sources of background information on a child such as school records, observation, parent intakes, and teacher reports
- **Analysis**: The processing and understanding of patterns in a child’s educational, social, developmental, environmental, medical, and emotional history
- **Evaluation**: The evaluation of a child’s academic, intellectual, psychological, emotional, perceptual, language, cognitive, and medical development in order to determine areas of strength and weakness
- **Determination**: The determination of the presence of a suspected disability and the knowledge of the criteria that constitute each category
- **Recommendation**: The recommendations concerning educational placement and program that need to be made to the school, teachers, and parents

Purpose of Assessment

Assessment in educational settings serves five primary purposes:

- **screening and identification**: to screen children and identify those who may be experiencing delays or learning problems
- **eligibility and diagnosis**: to determine whether a child has a disability and is eligible for special education services, and to diagnose the specific nature of the student's problems or disability
**IEP development and placement:** to provide detailed information so that an Individualized Education Program (IEP) may be developed and appropriate decisions may be made about the child's educational placement

**instructional planning:** to develop and plan instruction appropriate to the child's special needs

**evaluation:** to evaluate student progress. (Pierangelo and Giuliani, 2006)

### The Difference between Testing and Assessment

There is sometimes confusion regarding the terms "assessment" and "testing." While they are related, they are not synonymous. Testing is the administration of specifically designed and often standardized educational and psychological measures of behavior and is a part of the assessment process. Testing is just one piece of the assessment process. Assessment encompasses many different methods of evaluation, one of which is using tests.

### Role of the Education Professional in the Special Education Process

The professional involved in special education in today’s schools plays a very critical role in the overall education of students with all types of disabilities. The special educator’s position is unique in that he or she can play many different roles in the educational environment. Whatever their role, special educators encounter a variety of situations that require practical decisions and relevant suggestions. No matter which type of professional you become in the field of special education, it is always necessary to fully understand the assessment process and to be able to clearly communicate vital information to professionals, parents, and students (Pierangelo and Giuliani).

### Assessment and Federal Law

The Individuals with Disabilities Education Act (IDEA), Public Law 108-446, lists 13 separate categories of disabilities under which children may be eligible for special education and related services. These are:

- **autism:** a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3
- **deafness:** a hearing impairment that is so severe that the child is impaired in processing linguistic information, with or without amplification
- **deaf-blindness:** simultaneous hearing and visual impairments
- **hearing impairment:** an impairment in hearing, whether permanent or fluctuating
- **intellectual disability:** significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior
- **multiple disabilities:** the manifestation of two or more disabilities (such as intellectual disability-blindness), the combination of which requires special accommodation for maximal learning
- **orthopedic impairment:** physical disabilities, including congenital impairments, impairments caused by disease, and impairments from other causes
- **other health impairment:** having limited strength, vitality, or alertness due to chronic or acute health problems
• **serious emotional disturbance**: a disability where a child of typical intelligence has difficulty, over time and to a marked degree, building satisfactory interpersonal relationships; responds inappropriately behaviorally or emotionally under normal circumstances; demonstrates a pervasive mood of unhappiness; or has a tendency to develop physical symptoms or fears;

• **specific learning disability**: a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations

• **speech or language impairment**: a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment

• **traumatic brain injury**: an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment

• **visual impairment**: a visual difficulty (including blindness) that, even with correction, adversely affects a child educational performance

**Conclusion**

To determine if a child is eligible for classification under one of the 13 areas of exceptionality, an individualized evaluation, or assessment, of the child must be conducted.
Identification of High Risk Students

A. Meaning of a “High Risk” Student

The determination of who will receive a comprehensive assessment for a suspected disability is a process that normally begins with the local school. In most states, each school will have a committee called the Child Study Team (Pupil Personnel Team, School Based Support Team etc.) which reviews children who are considered high risk. A **high risk child** is any child who is experiencing social, academic, emotional, medical, language, perceptual, or environmental turmoil that prevent him/her from performing up to his/her ability in school. As a result of this intense turmoil, many symptoms are generated in a dynamic attempt to alleviate the anxiety. They can show up in many different behavior patterns. Some of the more common ones that can be exhibited by either elementary or secondary students while in school are:

- A history of adequate or high first quarter grades followed by a downward trend leading to failures in the final quarter.
- A history of excessive absences.
- A history of excessive lateness.
- Frequently cannot separate from parent at the start of the school day. While this can be normal behavior in very young children, it becomes a more serious symptom after age 6 or 7.
- High achievement scores and high school abilities index with a history of low academic performance.
- Consistent failure in two or more quarters of at least two subjects.
- A history of parent "coverage" for inappropriate behavior, poor work performance, poor attitude, failures, or absences.
- Students wandering the halls after school with no direction or purpose.
- A history of constant projection onto others as a reason for a lack of performance, handing in work, failures, or cutting.
- A history of feeling powerless in the student's approach to problems.
- Recent stress related experiences i.e. divorce, separation, death of a parent or parent's loss of employment.
- A history of constant visits to the nurse.
- Social withdrawal from peers with an emphasis on developing relationships with adult
B. High Risk Students: Severity of the Problem

While many symptoms may indicate a problem, certain guidelines should be used to determine the severity of the situation:

1. Determine the frequency of the symptoms--Consider how often the symptoms occur. In general, the greater the frequency, the greater chance of a serious problem
2. Determine the duration of the symptoms--Consider how long the symptoms last. In general, the longer the duration the more serious the problem.
3. Determine the intensity of the symptoms----Consider how serious the reactions are at the time of occurrence. In general, the more intense a symptom, the more serious the problem.

C. How Tension Affects High Risk Students

Dynamic problems (e.g., conflicts, fears, insecurities) create tension. Normally, the more serious the problem, or the greater number of problems experienced by a child, the greater the level of tension. When tension is present, behavior is used to relieve the tension. When serious problems exist, the behavior required to relieve this tension becomes more immediate. As a result, the behavior may be inappropriate and impulsive rather than well though out.

When tension is very high it may require a variety of behaviors to relive the dynamic stress. These behaviors then become symptoms of the seriousness of the problem. That is why the frequency and intensity of the symptomatic behavior reflects the seriousness of the underlying problem/s.

As the child becomes more confident or learns to work out his problems i.e. through therapy, the underlying problems become smaller. As a result, they generate less tension and consequently less inappropriate, impulsive or self-destructive behavior patterns.
Symptomatic Behavior Possibly Indicating More Serious Problems in Students

Examples of typical symptomatic behavior that may be indicative of more serious concerns may include the following:

- impulsivity
- frequently hands in incomplete work
- give excuses for inappropriate behavior
- constantly blames others for problems
- panics easily
- distractible
- short attention span
- over-reactive
- physical with others
- intrusive
- unable to focus on task
- procrastinates
- squints
- turns head while listening
- disorganization
- inflexibility
- irresponsibility
- poor judgment
- denial
- daydreaming
- unwillingness to venture a guess
- unwillingness to reason
- social withdrawal
- constant use of self criticism
- bullies other children
- needs constant reassurance
- poor reader
- argumentative
- lies constantly
- awkward
- fearful of adults
- fearful of new situations
- verbally hesitant
- hypoactive
- hyperactive
- fears criticism
- rarely takes chances
- moody
- defies authority
- anxious
- not able to generalize
- insecure
- trouble starting work
- tires easily
- controlling
- overly critical
- forgetfulness
- painfully shy
- overly social
- slow starter
- argumentative
- destroys property
- lazy
- inconsistency
- poor spelling

D. Common Avoidance Behavior Patterns Exhibited By High Risk Children

Avoidance behaviors are common “tools” utilized by children who are experiencing problems in learning. Children will often exhibit these symptoms at home and at school to avoid loss of parental approval, peer humiliation or fear of failure. Examples include:
Selective forgetting: The selectivity of the forgetfulness usually centers on areas of learning that may be creating frustration.

Forgets to write down assignments day after day: The avoidance of a perceived failure experience is accomplished through the use of this behavior.

Takes hours to complete homework: This symptom also occurs if a child is under tension and cannot concentrate for long periods of time. He/she will tend to "burn out" quickly and day dream the night away.

Finishes homework very quickly: In this type of symptom the child's major objective is to get the ego-threatening situation (homework) over as quickly as possible. Every attempt is made to "rush" through the assignments with little if any care or patience.

Can't seem to get started with homework: When a child’s anxiety level is very high it makes it very difficult to "start the engine." They may spend a great deal of time getting "ready" for the homework by arranging their books, sharpening pencils, getting the paper out, opening the textbooks, getting a glass of water, going to the bathroom and so on, but never really starting their assignments.

Frequently brings home unfinished class work: Students for several reasons frequently exhibit this symptom:
  o One reason is a low energy level and therefore problems dealing with tasks involving sustained concentration.
  o The second reason may involve the concept of learned helplessness and may arise when a parent constantly sits next to a child when he/she is doing homework. The child becomes conditioned to this assistance and is helpless without it.
  o The third reason may involve the child's need for attention. Bringing home-unfinished class work necessitates some parent's need to sit with them and complete the work. This "captive audience" of parent attention is reinforced when a parent tries to leave.

Consistently leaves long term assignments until the last minute: Avoidance of school related tasks, especially long-term ones, is a frequent symptom of children with low energy levels.

Complaints of headaches, stomachaches and other physical ailments before or after school: Very high-tension levels over an extended period of time may result in somatic (bodily) complaints. These complaints, while real to the child, may indicate an avoidance of an uncomfortable or ego deflating situation. When a child has a pattern of these types of complaints, then the teacher needs to see this "signal" as a symptom of a more serious problem.

Exhibits "spot light "behaviors: "Spot light " behaviors are any behaviors that bring the focus of attention to the child i.e. calling out, laughing out loud, getting up out of seat, annoying other children. When this occurs it is usually a release of tension.
  o Some children use "spot light " behaviors to alleviate the tension of academic inadequacy and may even hope to get into trouble to leave the room.
  o Another reason for "spot light " behaviors is control. However, keep in mind that the more controlling a child is, the more out of control they feel.
  o The third reason for "spot light " behaviors is for the sole purpose of gaining the teachers attention. However in this way the child is determining when he/she gets attention, not the teacher.
Chapter 3 - Referral to the Child Study Team

A - The special educator’s role in the referral process

Once you have determined that a student in your class exhibits high risk factors you will need further assistance from your local school team usually known as the Child Study Team (CST). This team (sometimes referred in other states for instance as the Pupil Personnel Team, School Based Support Team). While the name may be different, the members and responsibilities are usually the same. Keep in mind that this is a local school committee and therefore there is no parent member on the team. Normally, when teachers in regular education are having difficulty with a student in their class, they may attempt several strategies to see if the problem can be resolved within the classroom. These strategies may include meeting with the child, extra help, simplified assignments, parent conferences, peer tutoring, and so on. If there is no progress within a realistic amount of time, the teacher may decide to refer the student to the CST for a more in-depth discussion.

A referral to the Child Study Team (CST) will involve you filing out a referral form. These can usually be obtained in the main office. The form will usually ask you several questions depending on the format. For example, the form may ask:

- Why are you referring the child?
- What have you tried that has worked?
- What have you tried that has not worked?
- What areas do you see as the child’s strengths?
- What areas do you see as the child’s weaknesses?
- Are there attendance problems?
- Has the parent been notified of your concerns?

The information asked should not be a problem if you have maintained anecdotal records along the way. Answer the questions fully always keeping in mind that you should only present factual information in behavioral terms, not judgments or assumptions. Examples of behavioral facts include:

- John is having moderate academic problems in math. He has not handed in his homework 10 times and has failed three tests with grades of 50, 45, and 61.
- Mary is having problems with her peers. She hits them when she gets frustrated usually slapping the girls on the arm.
- Benjamin is having trouble staying in his seat during class discussion. In the last month he has gotten up to walk around 6 times and refused to return to his seat 4 times.
Avoid the following types of statements:

- It is obvious to me that William get away with a great deal at home considering how out of control he is in the classroom
- Mary makes noises and acts like an animal in class. She is totally out of control and does what she wants. She cares for no one and is very selfish and dangerous to the others.

Once you have filled out this form, hand it in to the head of the Child Study Team. At that point the child’s name will be placed on the agenda. You will be notified of the time and date of the discussion. You will also want to bring several things with you to this meeting:

- Work samples
- Samples of handwriting
- Any group test results
- Any informal test results that you may have administered in class (i.e. informal reading inventories)
- Attendance records
- Anecdotal records
- Comments from other teachers who the child has during the day

B- Membership of the Child Study Team (CST)

Once the referral is made you will want to find out who the members are of this Child Study Team. This will give you an awareness of the disciplines involved and the types of questions that may be important to each team member. For instance the nurse teacher, a regular member of the team, may want to know about any medical symptoms of concerns that you have observed in the classroom. The speech and language therapist will want to hear from you about the child’s receptive and expressive language ability, as well as the child’s vocabulary, and usage. Depending on the type of referral, this team may be drawn from the following staff members:

- Child’s classroom teacher
- Principal
- School psychologist
- Special education teacher
- School nurse
- Social worker
- Speech/language clinician
- Guidance counselor (secondary level)

The members of the CST (the prereferral team) usually meet on a regular basis, once or twice a week depending on the caseload. Normally, there is a chairperson on the CST whom the entire faculty and staff can make a referral to during the week for the agenda at the next meeting.
C-The Child Study Team meeting

Once your referral is placed on the agenda and sent to the members of the team, the personnel involved will gather as much available information prior to the meeting in order to better understand the child and his or her educational patterns. This information which will come from a variety of sources, and the presentation of this information at the meeting is crucial in the determination of the most appropriate direction to proceed. You will be very surprised about the wealth of information that exists on every student if you know where to look. The meeting is a very informal one since only staff members from the same school attend. The parent is not invited but is involved through a parent intake to gather more information if the team feels that this will shed more light on the student’s issues. If that is the case a members of the CST, not you, will do this intake. At this meeting the team will discuss your referral, ask you for your impressions and then go over all existing material that is available on the student.

D- Various sources of information available on a student

The information gathered by the team on a student is vital to the understanding of what may actually be happening to the child at this time. Since this information is already part of the school records, a parent release is not necessary. However, if information from outside sources i.e. medical records, prior school records, therapist’s input, is deemed necessary, then a parent release is required. Some sources of information available within a school building include but are not limited to:

**Permanent Record Folder:** This folder can be a rich source of information about the student and his or her background. For instance, the number of times the student has changed schools may be of interest. Frequent school changes can be disruptive emotionally, as well as academically, and may be a factor in the problems that have resulted in the student’s being referred to the CST. Further information on the family, number and ages of siblings, parent’s vocation etc. can be found in this folder, as well as prior reports from screening (a short assessment used to determine basic information not available through other source.

**Prior Academic Achievement.** The student’s past history of grades is usually of interest to the CST. Is the student’s current performance in a particular subject typical of the student or is the problem being observed something new? Are patterns noticeable in the student’s grades?

**Prior Test Scores.** Test scores are also important to review. Comparing these scores to a student’s current classroom performance can indicate that the student’s difficulties are new ones, perhaps resulting from some environmental change that needs to be more fully investigated.

**Group Standardized Achievement Test Results.** If these results are available on a student, you may want to explore the various existing patterns. It is helpful to have several years of results to analyze. Over time this type of pattern can be more reliable for interpretation.
Attendance Records. Attendance records can provide the CST with a great deal of important information, especially if team members know what they are looking for. Many patterns are symptomatic of more serious concerns, and being able to recognize these patterns early can only facilitate the recognition of a potential high-risk student.

Prior Teacher Reports. Comments written on report cards or in permanent record folders can provide the CST with a different perspective on the child under a different style of teaching.

Group IQ Test Information. This information is usually found in the permanent record folder. Many schools administer a group IQ type of test (e.g., Otis Lennon—7) in grades three, six, and nine. It is important to be aware that the term School Abilities Index has replaced the term IQ or intelligence quotient on many group IQ tests.

Prior Teacher Referrals. The CST should investigate school records for prior referrals from teachers. There could have been a time when a teacher referred but no action was taken due to time of year, parent resistance, delay in procedures, and so on.

Medical History in the School Nurse’s Office. The CST should also investigate school medical records for indications of visual or hearing difficulties, prescribed medication that may have an effect on the child’s behavior (e.g., antihistamines), or medical conditions in need of attention or that could be contributing to the child’s present difficulties.

E- Options of the Child Study Team

After analyzing all of the information presented at the meeting, the CST, with your input, will consider a variety of options that may facilitate the resolution of this problem. However, if this is the first time a student is being reviewed by the team, then the CST is very likely to recommend prereferral strategies to the teacher. These are techniques and suggestions to attempt to resolve the child’s issues without the need for a more comprehensive assessment. Examples of prereferral strategies may include:

Parent Interviews. A parent interview as a prereferral procedure involves meeting with the parent(s) to discuss what motivates this child along with finding out any family information that may be contributing to the child’s behavior in the classroom (e.g., recent separation, death of a loved one).

Medical Exam. The CST should try to rule out any possibility of a medical condition causing or contributing to the existing problems. If the teacher or any other professional who works with the child feels that there is any possibility of such a condition, and the need for a complete medical workup is evident, then a recommendation for a medical exam should be made.

Hearing Test. A hearing test should be one of the first prereferral procedures recommended if one has not been administered to the student within the last six months to one year. Be aware of inconsistencies in test patterns from year to year that might indicate a chronic pattern.
**Vision Test.** As with the hearing exam, this evaluation should be one of the first prereferral procedures recommended. Again, if a vision test has not been done within six months to a year, then request this immediately.

**Classroom management techniques:** These are strategies developed to help handle various problems and conflicts within a classroom. An administrator, psychologist, or any realistic and diplomatic team member who feels comfortable with this type of situation may offer these practical suggestions to the teacher. There are many classroom techniques and modifications that should be tried before taking more serious steps. These include the following:

- Display daily class schedule with times so that the student has a structured idea of the day ahead
- Change seating
- Seat the student with good role models
- Use peer tutors when appropriate
- Limit number of directions
- Simplify complex directions
- Give verbal as well as written directions
- Provide extra work time
- Shorten assignments
- Modify curriculum but change content only as a last resort
- Identify and address preferred learning styles
- Provide manipulative materials
- Provide examples of what is expected
- Use color coding of materials to foster organizational skills
- Develop a homework plan with parental support
- Develop a behavior modification plan if necessary
- Uses lots of positive reinforcement
- Use technology as an aid

**Help Classes.** Certain children may require only a temporary support system to get them through a difficult academic period. Some schools provide extra nonspecial-education services, such as help classes that may be held during lunch or before or after school. These classes can clarify academic confusion that could lead to more serious problems if not addressed.

**Remedial Reading or Math Services.** Remedial reading or math services are academic programs within a school designed to help the student with reading or math by going slower in the curriculum or placing him or her with a smaller number of students in the classroom for extra attention.

**In-School Counseling.** In-school counseling is normally done by the school psychologist, social worker, or guidance counselor, and is designed to help the child deal with the issues that are currently problematic for him or her.

**Progress Reports.** A progress report is a synopsis of the child’s work and behavior in the classroom sent home to the parents in order to keep them updated on the child’s strengths and weaknesses over a period of time (e.g., every day, each week, biweekly, or once a month).
**Disciplinary Action.** This recommendation is usually made when the child in question needs a structured boundary set involving inappropriate behavior.

**Change of Program.** A change of program involves examining the child’s program and making adjustments to his or her schedule based on the presenting problem.

**Consolidation of Program.** There are times when reducing a student’s course load is necessary. Consolidation of a program involves taking the student’s program and modifying it so that the workload is decreased.

**Referral to Child Protective Services.** Child Protective Services is a state agency designed to investigate cases of possible neglect and abuse of children. A referral to Child Protective Services (CPS) is mandated for all educators if there is a suspicion of abuse or neglect.

**Conclusion**

The purpose of the Child Study Team is to continuously monitor the possibility of high risk students and find viable alternatives which may resolve the issues. Your role on this team will be crucial and your preparation will provide important information in the resolution of the situation. If all the available options of the Child Study Team do not resolve or improve the student’s situation then the team may determine that a suspected disability may exist. If this is the case then the decision for a more formal comprehensive evaluation for possible special education services will take place.
**Chapter 4 - Parental Informed Consent for Assessment**

There are many times when the school district must notify a parent in writing of its proposed action and ask for written consent (permission) to carry out this action. One of those times is when the initial evaluation for a suspected disability and eligibility for special education is requested. In general, informed written consent means that the parents have been given all the information that is needed to make a knowledgeable decision about a proposed activity by the school district regarding their child’s education and that they agree in writing to that proposed activity. Parents have the right not to give their consent. They also have the right to revoke their consent at any time.

**Under IDEA 2004, consent means:**

1. That the parent has been fully informed, in his or her native language or other mode of communication, of all information relevant to the activity for which consent is sought.
2. The parent understands and agrees in writing (the parent's signature) to the carrying out of the activity for which the parent's consent is sought.
3. The consent describes that activity and lists any records that will be released and to whom.
4. The parent understands that the granting of consent is voluntary and may be revoked prior to the action requiring consent transpiring.

**Note:** Parental Consent is not required:

- before reviewing existing data (information) as part of an initial evaluation or a reevaluation.
- administering (giving) a test or other evaluation that is given to all students (unless parents of all students must give consent before the test is given).
- to conduct a reevaluation if the school district can show that it has taken reasonable measures to get a parent’s consent, and the parent did not respond.

It is important to understand that written consent to evaluate a child for the first time is not the same as the consent that places a child into special education and gives him/her related services. A separate written consent is required to begin a child’s special education program. Parental consent for evaluation should not be construed as consent for placement or receipt of special education and related services.

If a parent refuses consent for an initial evaluation, the child cannot be evaluated. If a parent refuses permission for the school district to conduct either an initial evaluation, the school district may request mediation or a due process hearing. If the mediation results in parental consent to evaluate, or a hearing officer decision indicates that testing is appropriate and the parent does not appeal, then the child may be evaluated.
If a refuse written consent for any proposed activity for which written consent is required, the child’s current educational placement will not change unless the parent and the school district reach agreement on a different course of action or until due process procedures have been completed.

If the parent refuses consent for services, the LEA will not be considered to have failed to provide a FAPE to the child and shall not be required to convene IEP meetings about the child. The LEA may not use due process to seek to provide services if parents have failed to provide consent (20 USC 1414 a 1 D ii I).

Giving written consent is voluntary. Parents can withdraw written consent at any time by notifying the school district in writing. A parent who has provided consent for an initial evaluation may revoke that consent any time prior to the evaluation occurring. However, once the evaluation has been completed, a parent may not revoke consent to revert the child to a previous status, or to have the evaluation disregarded.

The following parental consents are required as initial steps in the evaluation process:

1. The parents' signature indicating consent to conduct the initial evaluation must be received before any evaluation can be conducted. Only a parent, a guardian, a person acting as a parent, or a surrogate parent can provide consent for initial evaluations.

Note: When a child is determined eligible for special education services, the IEP must be implemented within 45 school days of receiving parental consent for the initial evaluation. The 45 school days timeframe shall not apply in 2 situations:

A. If a child moves to a new school district after consent for evaluation has been obtained but before the evaluation can be completed, as long as the new district is making sufficient progress to complete the evaluation and the parent and LEA agree to a specific time when the evaluation shall be completed.

B. If the parent repeatedly fails or refuses to produce the child for an evaluation.

2. The parent's signature indicating consent to release information must be received in order for non-educational agencies to release information.

In conclusion, parental consent is necessary when any assessment instrument is administered as part of an evaluation. However, districts are not required to obtain parental consent for teacher and related service provider observations, on-going classroom evaluation, or the administration of, or review of, the results of adapted or modified assessments that are administered to all children in a class, grade, or school.
CONSENT FOR EVALUATION

PURPOSE: A school district is required to obtain parental consent for an initial evaluation or a reevaluation of a child.

This form asks your consent for the evaluation activities described below. If you have questions regarding this request, please contact the district's director of special education.

Student’s Legal Name: __________________________________________

Birth Date: __________
(Last/First/Middle) (mm/dd/yyyy)

To: __________________________________________________________

Date: ____________________
(mm/dd/yyyy)

Type of Evaluation: [ ] Initial [ ] Reevaluation [ ] Other______________

Proposed Actions Include the Following:

[ ] EDUCATIONAL

[ ] Reading [ ] Writing [ ] Math
To assess the level at which a student is achieving in the areas of reading, mathematics, and written expression; curriculum based assessments and standardized academic achievement tests may be used.

[ ] VISION
To assess visual acuity.

[ ] COGNITIVE
To assess general aptitude for school-based learning; standardized intelligence tests may be used.

[ ] READINESS
To assess pre-academic school readiness skills such as prereading, pre-math and other areas as appropriate.

[ ] COMMUNICATION
[ ] Speech [ ] Language
To assess how the student verbally communicates and understands language; standardized and informal measures of articulation, language, voice and fluency may be used.

[ ] BEHAVIORAL, SOCIAL, EMOTIONAL
To assess social/emotional development, school and home behavior; standardized and informal assessments may used.
[ ] MOTOR SKILLS
[ ] Fine [ ] Gross
To assess fine motor skills, writing skills, functional motor skills, mobility, and/or positioning for accessing and participating in the school environment and curriculum.

[ ] ADAPTIVE
To assess the student's independent functioning at home, at school and in the community.

[ ] HEARING
To document hearing sensitivity and discrimination of speech (e.g., pure tone audiometry, speech discrimination, aided thresholds).

[ ] VOCATIONAL EVALUATION
Age-appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills.

[ ] OTHER
______________________________________________________________________________
______________________________________________________________________________

I consent to the action(s) checked above. The attached Prior Written Notice explains the action(s) to be taken.

Parent Signature Date (mm/dd/yy) Date (mm/dd/yy)
Chapter 5 - Requirements of an Evaluation for a Suspected Disability

A variety of assessment tools and strategies are used to gather relevant functional, academic and developmental information about the child, including information provided by the parent. This information will be used to determine whether the child has a disability, the child's present levels of academic achievement and functional performance, and if eligible for special education and related services, the content of the child's IEP.

Under IDEA 2004, all evaluations must abide by the following requirements:

1. A child must be evaluated in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional functioning, general intelligence, academic performance, communicative status, and motor abilities. In addition, the evaluation must be sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not they are commonly linked to the disability category in which the child is classified.

2. No single assessment procedure may be used as the sole criterion for determining whether a child has a disability and for determining an appropriate educational program for the child.

3. Evaluation materials must be technically sound and may assess the relative contribution of cognitive and behavioral factors, in addition to physical and developmental factors.

4. Evaluation materials and procedures must be appropriate to determine the nature and extent of a learning impairment and directly assist in identifying areas of educational need.

5. Evaluation materials and procedures must be validated for the specific purpose for which they are to be used

6. Evaluation of a child who may have limited English proficiency should assess the child's proficiency in English as well as the child's native language to distinguish language proficiency from disability needs.

7. Evaluation materials and procedures used to assess a child with limited English proficiency must be selected and administered in accordance with #9 of this sub-section to ensure they measure a potential disability and need for special education, rather than English language skills.

8. Evaluation materials and procedures must be provided in the language that most likely will yield accurate information on what the child knows and can do academically and functionally.

   A. The native language of the child is that language normally used by the child in the home/learning environment.

   B. For individuals with deafness/blindness/no written language, it is the mode of communication normally used, e.g., sign language, Braille, or oral communication.
C. A determination of "not feasible" is made when an individual after reasonable effort cannot be located who is capable and willing at a reasonable cost to: (1) Communicate in the child's primary language; or (2) Communicate in the child's most frequent mode of communication.

D. If a district determines that it is "not feasible" to conduct the evaluation in the child's primary language or other mode of communication, the District must document its reasons and describe the alternatives used. Even in situations where it is not feasible to assess the child in his or her native language or mode of communication, the group of qualified professionals and a parent of the child must still obtain and consider accurate and reliable information that will enable them to make an informed decision as to whether the child has a disability and the effects of the disability on the child's educational achievement.

9. Evaluation materials and procedures must be administered in adherence with the developer's instructions and by appropriately trained personnel. If an assessment is not conducted under standard conditions (e.g., qualifications of test administrator or method of test administration), this must be noted in the evaluation report.

10. All materials and procedures used for assessing and identifying child with disabilities must be selected and administered so as not to be biased in terms of race, gender, culture or socioeconomic status.

11. Tests must be selected and administered so as best to ensure that when a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure).

12. Tests and other evaluation materials include those tailored to assess specific areas of educational need (including current classroom-based assessments and observations of the teacher and related service providers, physical condition, social or cultural background, information provided by the parents, and adaptive behavior), and not merely those that are designed to provide a single general intelligence quotient.

13. Information obtained from all of these sources, including evaluations and information provided by the parent, must be documented and carefully considered.

14. A child shall not be determined to have a disability if the determinant factor is a lack of explicit and systematic instruction in essential components of reading (phonemic awareness, phonics, vocabulary development, reading fluency, including oral reading skills, and reading comprehension strategies) or a lack of instruction in math; or limited English proficiency.

Note: The presence of a disability is not sufficient to establish eligibility for special education. The disability must result in an educational deficit that requires specially designed instruction (i.e., special education).
Chapter 6 - The Multidisciplinary Team and the Comprehensive Assessment

A- The responsibilities of the Team that is assigned to do the comprehensive assessment: The Multidisciplinary Team (MDT)

Now that the Child Study Team has exhausted all its options and the student is still exhibiting high risk symptoms, a more formal comprehensive evaluation will take place to determine if the child has an educational disability that is causing the lack of educational performance. However, you should understand that other people other than the CST have the right under due process to initiate a formal referral for a child with a suspected disability. Depending on state regulations, these could include:

- The child’s parent and advocate or person in parental relationship
- Any classroom teacher
- An officer of the court
- Any professional staff member of the public or private school district
- A student on his or her own behalf if he/she is 18 years of age or older, or an emancipated minor- a person under the age of 18 years of age who has been given “certain adult rights” by the court.
- The Chief School Officer of the State or his designee responsible for welfare, education or health of children.

This referral from the CST, sometimes called the Initial Referral to the Multidisciplinary Team from the School Staff, will include a great deal of information to assist the MDT in their assessment. Along with this referral, the CST will attach documentation as to why a possible disability exists, descriptions of attempts to remediate the child's behaviors (pre-referral strategies) or performance prior to the referral.

Prior to any assessment, the MDT must secure an agreement by the parent to allow the members of the team to evaluate the child. This release is part of the assessment plan and should, according to IDEA 2004) do the following:

- Be in a language easily understood by the general public
- Be provided in the primary language of the parent or other mode of communication used by the parent, unless to do so is clearly unfeasible
- Explains the types of assessments to be conducted
- State that no individualized educational program (IEP) will result from the assessment without the consent of the parent
- No assessment shall be conducted unless the written consent of the parent is obtained prior to the assessment. The parent shall have at least 15 days (may vary from state to state) from the receipt of the proposed assessment plan to arrive at a decision. Assessment may begin immediately upon receipt of the consent.
- The copy of the notice of parent rights shall include the right to electronically record the proceedings of the eligibility committee meetings
• The assessment shall be conducted by persons competent to perform the assessment, as determined by the school district, county office, or special education local plan area
• Any psychological assessment of pupils must be conducted by a qualified school psychologist
• Any health assessment of pupils shall be conducted only by a credentialed school nurse or physician who is trained and prepared to assess cultural and ethnic factors appropriate to the pupil being assessed.

B- Membership of the Multidisciplinary Team (MDT)

According to Pierangelo & Giuliani, while specific state regulations may differ on the membership of the MDT, the members are usually drawn from individuals and professionals within the school and community:

School Psychologist: The role of the school psychologist on the MDT involves the administration of individual intelligence tests, projective tests, personality inventories, and the observation of the student in a variety of settings.

School Nurse: The role of the school nurse is to review all medical records, screen for vision and hearing, consults with outside physicians, and may refer to outside physicians if necessary.

Classroom Teacher: Works with the local school based Child Study Team to implement pre-referral strategies, plans and implements, along with the special education team, classroom strategies that create an appropriate working environment for the student.

School Social Worker: The social worker’s role on the MDT is to gather and provide information concerning the family system. This may be accomplished through interviews, observations, conferences etc.

Special Education Teacher: The role of this individual includes consultation to parents and classroom teachers about pre-referral recommendations, administers educational and perceptual tests, may be called upon to observe the student in a variety of settings, may be involved in the screening of students with suspected disabilities, writes IEP’s including goals and objectives and recommends intervention strategies to teachers and parents.

Educational diagnostician: Administers a series of evaluations including norm-referenced and criterion referenced tests, observes the student in a variety of settings, makes educational recommendations that get applied to the IEP as goals and objectives.

Special education supervisor

Physical Therapist: The physical therapist is called upon to evaluate a child who may be experiencing problems in gross motor functioning, living and self help skills, and vocational skills necessary for the student to be able to function in certain settings. This professional may be used to screen, evaluate, provide direct services or consult with the teacher, parent or school.

Behavioral consultant: This individual works closely with the team in providing direct services or consultation on issues involving behavioral and classroom management techniques and programs.

Speech/Language clinician: This professional will be involved in screening for speech and language developmental problems, be asked to provide a full evaluation on a suspected language disability, provide direct services, and consult with staff and parents.
- Audiologist: This professional will be called upon to evaluate a student’s hearing for possible impairments and as a result of the findings may refer the student for medical consultation or treatment. The audiologist may also assist in helping students and parents obtain equipment i.e. hearing aids that may impact on the child’s ability to function in school.
- Occupational Therapist: The occupational therapist is called upon to evaluate a child who may be experiencing problems in fine motors skills and living and self help skills, This professional may be used to screen, evaluate, provide direct services, consult with the teacher, parent or school and assist in obtaining the appropriate assistive technology or equipment for the student.
- Guidance Counselor: This individual may be involved in providing aptitude test information, provide counseling services, work with the team on consolidating, changing, or developing a student’s class schedule, and assist the Child Study Team in developing pre-referral strategies.
- Parents: The parents plays an extremely important role on the MDT in providing input for the IEP, working closely with members of the team, and carry out, assist, or initiate academic or management programs within the child’s home.

C-Referral to the Multidisciplinary Team for a Comprehensive Assessment

When a suspected disability is determined, the CST team may fill out a form like the one below.

---

Initial Referral to the MDT from the School Staff

To: Chairperson of the MDT

From: John Cara  School: ABC Middle School  Date: 3/7/14

Name/Title: Chairperson of the Child Study Team

The following student is being referred to the CSE for suspicion of a disability:

Student Name: Laura Naga  Sex: F  Grade: 8  Ethnicity: Caucasian

Parent/Guardian Name: Martha/Cole

Address: 17 Livingston Avenue

City: Weathon  State: Indiana  Zip: 34687

Telephone: 604-678-0987  Age: 13-1  Date of Birth: 3/2/01

Current Program Placement: General Education
Reasons for Referral: Describe the specific reason and/or needs that indicate the suspicion of a disability. Specify reason why referral is considered appropriate and necessary.

Laura is being referred for a comprehensive assessment as the result of a long history of severe learning problems dating back to kindergarten. Laura has struggled in school since kindergarten and has received years of remedial services.

Describe recent attempts to remediate the pupil’s performance prior to referral, including regular education interventions such as remedial reading and math, teaching modifications, behavior modifications, speech improvement, parent conferences, etc. and the results of those interventions.

The CST in collaboration with her teachers have attempted to consolidate her program, shorten assignments, present material in easier terms, changed her seat, asked for an updated vision and hearing examination, and placed her in easier classes.

Do you have a signed Parent Assessment Plan? __X__yes____no (If yes send copy attached)

Is there an attendance problem?   Yes__X__No____

Language Spoken at home? English

Did student repeat a grade? Yes___No___X__If yes, when?

Is an interpreter needed? Yes___No_X__Deaf:

Is a bilingual assessment needed? Yes___no___X__ If yes, what language

Language spoken at home: English

Is student eligible to receive ESL (English as a Second Language) services?yes____no____X_

If yes, how many years receiving ESL services? __NA__ If yes, determine how student’s educational, cultural and experiential background were considered to determine if these factors are contributing to the student’s learning or behavior problems

TEST SCORES WITHIN LAST YEAR
(i.e. Standardized Achievement, Regents Competency etc)

<table>
<thead>
<tr>
<th>TEST NAME</th>
<th>AREA MEASURED</th>
<th>PERCENTILE SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Wechsler Ind. Achievement Test</td>
<td>Basic Reading</td>
<td>8 Screening</td>
</tr>
<tr>
<td>2- Wechsler Ind. Achievement Test</td>
<td>Reading Comp.</td>
<td>8 Screening</td>
</tr>
<tr>
<td>3- Wechsler Ind. Achievement Test</td>
<td>Numerical Operations</td>
<td>14 Screening</td>
</tr>
</tbody>
</table>
4. Wechsler Ind. Achievement Test  Oral Expression  17  Screening
5. Wechsler Ind. Achievement Test  Written Expression  5  Screening
6. KBIT-Kauffman Brief Intelligence Test Intelligence  57

Has school staff informed parent/guardian of referral to CSE? Yes_X__No___
By whom? School Psychologist
What was the reaction of the parent/guardian to the referral? Positive

To be Completed by School Nurse-Medical Report Summary
Any medication? Yes___No_X___If yes, specify:
Health Problems? Yes___No_X___If Yes Specify:
Scoliosis Screening: Positive____Negative__X__
Date of Last: Physical: 8/13 Vision results: Normal   Hearing Results: Normal
Relevant Medical information: None
Nurse Teacher signature:
Principal’s signature:

To Be Completed By the Appropriate Administrator
Date received:   Signature:
   Chairperson:
Date Notice and Consent Sent to Parent/Guardian:
Parent Consent for Initial Evaluation Rec’d:
Date Agreement to withdraw Referral Received:
Projected Eligibility Meeting Date:
If eligible, projected date of implementation of services:
Projected Eligibility Board of education meeting date:

Once this form is filled in by the Child Study Team it is forwarded to the chairperson of the IEP
Committee (also known as the Committee on Special Education or the Eligibility Committee). At
this point, the chairperson becomes aware that a student with a suspected disability may be
coming to the IEP team for a review and also sends out a letter to the parent indicating that a
comprehensive evaluation will take place as per their written consent. The letter will also include
the parent’s rights and any other legal information necessary according to due process.

If a release for testing (assessment plan) is not secured at a separate meeting, usually at the
initial parent intake, the chairperson of the MDT will mail one to the parent along with the letter
indicating that a referral has been made. However, no formal evaluations may begin until the
district has received signed permission from the parent or guardian. Keep in mind that this
referral for a comprehensive assessment can also emanate from the parent. This form is
sometimes called the Initial Referral to the Multidisciplinary Team from the Parent.

Once all the paper work is received, and the proper legal papers are signed by the parents the
team can begin the comprehensive evaluation which includes formal (standardized) and informal
(nonstandarized ) forms of assessment.
Chapter 7 - Methods of Assessment
Options Available to the Multidisciplinary Team

A-What is a comprehensive assessment?

The assessment of a student for a suspected disability should be considered a very serious process. This is a process that will determine the educational direction of a student and there-by change many factors in his/her life. The purpose of a multidisciplinary approach is to make sure that the student is provided with the most comprehensive assessment by a variety of professionals who will evaluate the child on many levels. Once the team has all the paperwork, as previously mentioned, they will begin this process. The team must by law, keep in mind the required components of a comprehensive assessment.

Under Federal law (Amendments to IDEA, 2004), no single procedure is used as the sole criterion for determining an appropriate educational program for a child. Further, the child must be assessed in all areas related to the suspected disability, including where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

According to Pierangelo & Giuliani, In light of the above mandates, a comprehensive assessment should normally include many the following:

- An individual psychological evaluation including general intelligence, instructional needs, learning strengths and weaknesses, and social emotional dynamics
- A thorough social history based upon interviews with parents and student
- A thorough academic history with interviews or reports from past teachers
- A physical examination including specific assessments that relate to vision, hearing, and health
- A classroom observation of the student in his or her current educational setting
- An appropriate educational evaluation specifically pinpointing the areas of deficit or suspected disability including, but not limited to, educational achievement, academic needs, learning strengths and weaknesses, and vocational assessments
- A functional behavioral assessment to describe the relationship between a skill or performance problem and variables that contribute to its occurrence. The purpose of a functional behavioral assessment is to gather broad and specific information in order to better understand the specific reasons for the student’s problem behavior
- A bilingual assessment for student's with limited English proficiency
- Auditory and visual discrimination tests
- Assessment of classroom performance
- Speech and language evaluations when appropriate
- Physical and/or occupational evaluations when indicated
- Interviewing the student and significant others in his or her life
- Examining school records and past evaluation results
• Using information from checklists completed by parents, teachers, or the student
• Evaluating curriculum requirements and options
• Evaluating the student's type and rate of learning during trial teaching periods
• Evaluating which skills have been and not been mastered, and in what order unmastered skills need to be taught
• Collecting ratings on teacher attitude towards students with disabilities, peer acceptance, and classroom climate.

B- Norm-referenced testing

The team has a variety of methods of assessment from which to choose when doing a comprehensive assessment. While these may change from case to case, the available methods may include:

Norm-Referenced Tests: Norm-referenced tests compare a person's score against the scores of a group of people who have already taken the same exam, called the "norming group." When you see scores in the paper which report a school's scores as a percentage -- "the Marshall school ranked at the 49th percentile" -- or when you see your child's score reported that way -- "Jane scored at the 63rd percentile" -- the test is usually a norm-referenced tests. Norm-referenced tests are designed to "rank-order" test takers -- that is, to compare students' scores.

All norm-referenced tests include standardized procedures. Standardization refers to structuring test materials, administration procedures, scoring methods, and techniques for interpreting results (Venn). Standardized tests have detailed procedures for administration, timing, and scoring, and interpretation procedures that must be followed precisely to obtain valid and reliable results. Standardized tests are very much a part of the education scene. Most of us have taken many such tests in our lifetime. There is a wide variety of standardized tests available to assess different skill areas. In the field of special education, these include intelligence tests, math, reading, spelling and writing tests, perceptual tests and many others. The fact is, standardized tests are a tremendous source of information when assessing a child.

C- Informal Assessment Methods Available to the MDT?

"Informal" is used here to indicate techniques that can easily be incorporated into classroom routines and learning activities. Informal assessment techniques can be used at anytime without interfering with instructional time. Their results are indicative of the student's performance on the skill or subject of interest. Unlike standardized tests, they are not intended to provide a comparison to a broader group beyond the students in the local project. Several types of informal assessment methods include:

D-Criterion-Referenced Tests

Criterion-Referenced Tests: Criterion referenced tests (CRTs) are scored according to some standard, or criterion, that the teacher, school, or test publisher decides represents an acceptable level of mastery. An example of a criterion-referenced test might be a teacher-made reading test where there are 20 words to be read and where the teacher has defined an "acceptable level of mastery" as 16 correct (or 80%). These tests, sometimes called content-referenced tests, are
concerned with the mastery of specific, defined skills; the student's performance on the test indicates whether or not he or she has mastered those skills. Examples of criterion referenced questions would be:

- Does Mary correctly read the word “family?”
- Does Benjamin do 6th grade math computation problems with 85% accuracy?
- Did John get 90% of the questions correct on the science exam?

**E-Ecological Assessment: Ecological assessment**

This type of assessment involves directly observing and assessing the child in the many environments in which he or she routinely operates. This is usually accomplished by the psychologist, social worker, or special education teacher. The purpose of conducting such an assessment is to evaluate how the different environments influence the student and his or her school performance. Critical questions to ask in an ecological assessment include:

- Is there a difference as to how the child functions in a structured (classroom) versus a non-structured setting (playground)?
- What behavioral characteristics does the child exhibit in a variety of settings?
- What is the child’s social interaction and level of social skills?
- What differences exist in the environments where the student manifests the greatest and the least difficulty?

According to Overton, when doing an ecological assessment it analyzes a “student’s total learning environment.” A thorough ecological assessment should include the following:

1. Interaction between students, teachers, and others in the classroom and in other school environments
2. Presentation of materials and ideas
3. Selection and use of materials for instruction
4. Physical arrangement and environment of the classroom or target setting
5. Students’ interactions in other environments

For the professionals doing the Ecological assessment, many variables must be taken into consideration since these factors could affect the observer’s decision on normal versus abnormal behavior. These can include:

1. The culture and beliefs of the child
2. The teacher’s teaching style
3. The way time is used in the classroom
4. Academic, behavioral, and social expectations within the learning environment
5. The overall tone of the class (Bigge & Stump).

An ecological assessment involves numerous aspects of the student’s life to get a detailed picture of his or her situation.
F-Curriculum Based Assessment (CBA) and Measurement (CBM)

Direct assessment of academic skills is one alternative that has recently gained in popularity. While there are a number of direct assessment models that exist (Shapiro), they are similar in that they all suggest that assessment needs to be directly tied to instructional curriculum.

Curriculum-based assessment (CBA) is one type of direct evaluation. CBA is defined as a data collection procedure that is a direct measure of a student’s progress within a curriculum, with the data serving as a basis for confirmation of adequate and expected progress as well as determination that effective teaching and learning is occurring (King-Sears).

"Tests" of performance in this case come directly from the curriculum. For example, a child may be asked to read from his or her reading book for one minute. Information about the accuracy and the speed of reading can then be obtained and compared with other students in the class, building, or district. CBA is quick and offers specific information about how a student may differ from his or her peers.

Curriculum Based Measurement: (CBM) is an assessment method which involves timing tasks and then charting performance. CBM is most concerned with fluency. This means that we are looking at the rate at which a student is able to perform a given task. After assessing the speed at which the student performs the task, we then chart performance over time so that we can clearly see on a graph the student’s progress (or decline) from the initial performance to the goal point. An example of curriculum based measurement would be to examine the number of words correctly read from a book in five minutes and then continually charting the student’s progress over the course of the school year with the goal being set at a predetermined number of 150 words.

G-Portfolio Assessment

Perhaps the most important type of assessment for the classroom teacher is the portfolio assessment. According to Paulson, Paulson and Meyer, a portfolio is “a purposeful collection of student works that exhibits the student’s efforts, progress, and achievement in one or more areas.” The collection must include student participation in selecting contents, the criteria for selection, the criteria for judging merit, and evidence of student self-reflection. A portfolio collection contains work samples, permanent products and test results from a variety of instruments and measures.

Batzle (cited in Bigge & Stump) identifies three general types of portfolios:

1. **Working portfolio**-Teacher, student, and parents all contribute to the portfolio. Both works-in-progress and final product pieces are included
2. **Showcase portfolio**-The portfolio houses only the student’s best work and generally does not include works-in-progress. The student manages the portfolio and decides what to place in it.
3. **Record keeping or teacher portfolio**-The portfolio houses student test papers and work samples maintained by the teacher. It contains work not selected by the student for inclusion in the showcase portfolio.
When portfolios are used in the classroom, they allow teachers to assess student progress more closely over time, aid teachers and parents in communicating about student’s performance, assist in program evaluation efforts, and provide a means through which students can actively participate with their teachers in the assessment process (Hart).

**H-Authentic/Naturalistic/Performance-Based Assessment**

Another technique that falls under informal assessments is *authentic assessment*. This is a performance based assessment technique that involves the application of knowledge to real life activities, real world settings or a simulation of such a setting using real life, real world activities (Taylor). For example, when an individual is being assessed in the area of artistic ability, typically he or she presents art work and is evaluated according to various criteria; it is not simply the person’s knowledge of art, the materials, artists or the history.

Authentic assessment is sometimes referred to as naturalistic *based assessment or performance based assessment*. The terms can be used interchangeably. In each of these assessment methods there are common characteristics. These include (Herman et al.cited in Bigge & Stump):

- Ask students to perform, create, produce or do something
- Tap higher-level thinking and problem solving skills
- Use tasks that represent meaningful instructional activities
- Invoke real-world applications
- People, not machines, do the scoring, using human judgment
- Require new instructional and assessment roles for teachers

This category of assessment is up and coming, and as such, an agreement on the appropriate terminology to describe this new type of assessment is still to come.

**I-Task Analysis: Task analysis**

Task Analysis is a very detailed process; it involves breaking down a particular task into the basic sequential steps, component parts, or skills necessary to accomplish the task. The degree to which a task is broken down into steps depends upon the student in question; "it is only necessary to break the task down finely enough so that the student can succeed at each step" (Wallace, Larsen, & Elksnin).

There are many advantages for the teacher when using this approach. For one, the process identifies what is necessary for accomplishing a particular task. It also tells the teacher whether or not the student can do the task, which part or skill causes the student to falter, and the order in which skills must be taught to help the student learn to perform the task.

According to Bigge, task analysis is a process that can be used to guide the decisions made regarding:

- What to teach next
• Where students encounter problems when they are attempting but are not able to complete a task
• The steps necessary to complete an entire task
• What adaptations can be made to help the student accomplish a task
• Options for those students for whom learning a task is not a possible goal

J-Outcome-Based Assessment

Outcome-based assessment involves considering, teaching, and evaluating the skills that are important in real-life situations. Learning such skills will result in the student becoming an effective adult. Assessment, from this point of view, starts by identifying what outcomes are desired for the student (e.g., being able to use public transportation). In steps similar to what is used with task analysis, the team then determines what competencies are necessary for the outcomes to take place (e.g., the steps or subskills the student needs to have mastered in order to achieve the outcome desired) and identifies which subskills the student has mastered and which he or she still needs to learn. The instruction that is needed can then be pinpointed and undertaken.

K-Learning Styles Assessment

Learning styles theory is another widely used informal assessment method. It suggests that all students learn better under different variables, called learning styles. This specific learning style, when present, allows them to perform better in the classroom. He or she may learn and problem solve in different ways and that some ways are more natural for them than others. When a student is taken out of their preferred learning style they may perform less well. A learning style assessment, then, would attempt to determine those elements that impact on a child's learning and "ought to be an integral part of the individualized prescriptive process all special education teachers use for instructing pupils" (Berdine & Meyer).

Some of the common elements that may be included here would be:

• the way in which material is typically presented (visually, auditorily, tactiley) in the classroom
• the time of day the material is presented
• the type or method or response i.e. vocal, motoric
• the environmental conditions of the classroom (hot, cold, noisy, light, dark), the child's personality characteristics
• the expectations for success that are held by the child and others, the response the child receives while engaging in the learning process (e.g., praise or criticism)
• the type of thinking the child generally utilizes in solving problems (e.g., trial and error, analyzing).

Identifying the factors that positively impact the child's learning may be very valuable in developing effective intervention strategies.
Concluding Remarks

Try to remember that assessment is a very complex process that needs to be conducted by a multi-disciplinary team of trained professionals and involve both formal and informal methods of collecting information about the student. While the multidisciplinary team may choose to administer a series of tests to the student, by law, assessment must involve much more than standardized tests. Interviews of all key participants in the student's education and observations of student behaviors in the classroom or in other sites should be included as well.

A thorough and comprehensive assessment of a child can greatly enhance his or her educational experience. The assessment process has many steps and needs to be appropriately done. Furthermore, no one individual makes all of the decisions for a child’s classification, it is done by a multidisciplinary team.
Chapter 8- Basic Statistics and Scoring Terminology Used in Assessment

As an educator, you will need to understand the scores that the various professionals of the multidisciplinary team report when they do their evaluations of children for a suspected disability. You may even be required to administer certain educational tests for a student. Therefore, it is essential that no matter what your role in the assessment process, you understand basic statistics and scoring terminology found in test manuals and used in assessment.

This section will provide you with the most frequently used terms used in assessment regarding test administration, statistics and scoring terminology.

The terms and corresponding examples will be presented in alphabetical order

A-Age Equivalent

An age equivalent is a very general score that is used to compare the performance of children at the same age with one another. It is the estimated age level that corresponds to a given score. Age equivalent scores are almost always given in years and months. For example, a child who gets an age equivalent score of 11-5 is performing as well as the average 11 year, 5 month old child.

B-Alternate Forms Reliability

Most standardized tests provide equivalent forms that can be used interchangeably. These alternate forms are typically matched in terms of content and difficulty. The correlation of scores on pairs of alternate forms for the same examinees provides another measure of consistency or reliability. Even with the best test and item specifications, each test would contain slightly different content and, as with test-retest reliability, maturation and learning may confound the results. However, the use of different items in the two forms conforms to our goal of including the extent to which item sets contribute to random errors in estimating test reliability.

C-Concurrent Validity

Concurrent validity is the extent to which a procedure correlates with the current behavior of subjects. It refers to how precisely a person’s present performance (e.g., a test score) estimates that person’s performance on the criterion measure administered at approximately the same time. In order to do a concurrent validity study, both measures must be given in close proximity. Normally, the administration of each of the two measures should not exceed more than two weeks. The procedure consists of administering the first instrument (i.e., the instrument to be validated) and very shortly thereafter, administering the criterion measure. Correlating the data from the two instruments then determines the concurrent validity (Overton).
D-Construct Validity

Construct validity seeks agreement between a theoretical concept and a specific measuring device or procedure. A classic question of construct validity involves intelligence tests, which determine intelligence by measuring subjects in areas such as vocabulary or problem-solving ability. The question of whether intelligence is being measured by these particular variables is an assessment of the test’s construct validity.

Construct validity can be broken down into two sub-categories: Convergent validity and discriminate validity. Convergent validity is the actual general agreement among ratings, gathered independently of one another, where measures should be theoretically related. Discriminate validity is the lack of a relationship among measures which theoretically should not be related.

E-Content Validity

Content validity refers to whether the individual items of a test represent what you actually want to assess. When we evaluate content validity, we are asking, “Does the content of our measure fairly and accurately reflect the content desired to be measured?” Thus, when we are measuring academic achievement with a new achievement test, we ask, “Is the score that we obtain truthfully measuring the actual academic achievement of the student?” Overall, content validity describes how well a test’s items reflect the area of learning to be assessed (Venn).

F-Correlation

A correlation is the amount of positive or negative relationship existing between two measures. For example, if the height and weight of a set of individuals were measured, it could be said that there is a positive correlation between height and weight if the data showed that larger weights tended to be paired with larger heights and smaller weights tended to be paired with smaller heights. The stronger those tendencies, the larger the measure of correlation.

G-Criterion Related Validity

Criterion related validity, also referred to as instrumental validity, is used to demonstrate the accuracy of a measure or procedure by comparing it with another measure or procedure which has been demonstrated to be valid. For example, imagine a hands-on driving test has been shown to be an accurate test of driving skills. By comparing the scores on the written driving test with the scores from the hands-on driving test, the written test can be validated by using a criterion related strategy in which the hands-on driving test is compared to the written test.
H-Grade Equivalent

This score represents the grade and month in school of students in the norm group whose test performance is equivalent to the test performance of a given student. For example, if a third-grade student obtains a grade equivalent of 4.8 on a mathematics test, it does not mean that the student has mastered all the mathematics that is taught in the school district during the first eight months of Grade 4. It means only that the student’s performance on this test is theoretically equivalent to the typical performance of students in the norm group who have completed eight months of Grade 4.

I-Interrater Reliability

Interrater reliability is the extent to which two or more individuals (coders or raters) agree. Interrater reliability addresses the consistency of the implementation of a rating system. Interrater reliability involves having two raters independently observe and record specified behaviors, such as hitting, crying, yelling, and getting out of the seat, during the same time period. For example, suppose two observers are to determine each time they see a certain child tap his pencil during a math lecture. Tapping the pencil during the math lecture is considered the target behavior. A target behavior is a specific behavior the observer is looking to record. After each observer determines the total number of times the target behavior occurs, the scores are compared, and an estimate of the percentage of agreement between the two observations is done (Venn, 2000). The reliability coefficient obtained in this case correlates the observations of two independent observers.

J-Mean

The mean is the arithmetic average of a set of numerical data. Statistically, the mean is represented by the symbol M. So, when we say that the mean on a test was 80%, we are stating that the “average” was 80%. The mean is simply calculated by adding up all the scores and then dividing the scores by the number of people taking the test.

Note: The mean is greatly affected by extreme scores. For example, suppose four students take an exam and receive scores of 90%, 95%, 100%, and 7%. The mean of the distribution is 73%. Notice though that three students did extremely well, but the one student who got a 7% took the mean from an A average to a C average.

K-Median

The median is defined as the score below which 50% of the cases fall. The median and the 50th percentile are the same. It is the middle score in a distribution. It is the point at which half the scores fall above and half the scores fall below. For example, the median value of the set {5, 8, 9, 10, 11, 11, 13} is 10.
L-Mode

The mode is the most frequently occurring score in a distribution. For example, the mode of the set \{13, 5, 9, 11, 11, 8, 10\} is 11. When you have two modes in a distribution, it is referred to as a bimodal distribution. If you have three or more modes in your distribution, it is referred to as a multimodal distribution.

M-Range

The range is the numerical difference between the largest and smallest values in a set of data. For example, the range of the set \{13, 5, 9, 11, 11, 8, 10\} is 8 \((13-5 = 8)\).

Note: The range tells you nothing about the scores in between the high and low scores. And, if there is one extreme score, it can greatly affect the range. Suppose the distribution was 7, 9, 5, 9, 8, and 500. The range would be 495 \((500 – 5 = 495)\). Yet, only one score is even close to 495 the 500.

N-Percentile Rank

A percentile is a value on a scale that indicates the percent of a distribution that is equal to it or below it. For example, a score at the 95th percentile is equal to or better than 95 percent of the scores. It is a score indicating the percentage of people or scores that occur at or below a given score. For example, if you have a percentile rank of 75 in a class, this means that you did as well as or better than 75% of the students in the class. A percentile rank of 16 means that you scored as well as or better than only 16% of the population. Percentile ranks range from the lowest (1st percentile) to the highest (99th percentile). A percentile rank of 83 means that a student has scored as well as or better than 83 percent of his peers on a test. Notice, however, it does not mean that she got a test score of 83%. The percentage correct on a test is not the same as the percentage of people scoring below a given score, the percentile rank. The 50th percentile normally signifies the average ranking or average performance.

There are two other types of percentiles used in assessment: quartiles and deciles. Quartiles divide scores into four units: 1–25, 26–50, 51–75, and 76–99. The first quartile (1–25) marks the lower quarter (Bottom 25%) or bottom fourth of all scores, whereas the fourth quartile represents the upper quarter (Top 25%). Deciles divide scores into tenths or 10 equal units. For example, the sixth decile is the point at which 60% of the scores fall below, whereas the ninth decile is the point at which 90% of the scores fall below.

In assessment, percentile ranks are very important because they indicate how well a child did when compared to the norms on a test. Knowing that a child had a percentile rank of 97 on a test would tell you that he is exceptional in this testing area, yet, knowing that he got a percentile rank of 7 would tell you that this is an area of weakness.
**O-Predictive Validity**

Predictive validity is the extent to which a procedure allows accurate predictions about a subject’s future behavior. It is a measure of a specific instrument’s ability to predict future performance on some other measure or criterion at a later date (Overton). For example, many colleges believe that the SAT has predictive validity with respect to how well a student will do in college. Similarly, the Graduate Record Exam is often required by admissions committees for graduate school because it is believed to have high predictive validity for future academic performance in graduate school.

**P-Raw Scores**

A student’s observed score on a test, i.e., the number correct. While raw scores do have some usefulness, they should not be used to make comparisons between performance on different tests, unless other information about the characteristics of the test is known.

When you administer any test, the first step in scoring almost always will be to calculate the number of correct items the student obtained. For example, if a student took a 20-question spelling test in your class, the first thing you would do is determine how many words the student spelled correctly. This score is known as the raw score. The raw score normally indicates the number of items correctly answered on a given test. In almost all cases, it is the first score a teacher obtains when interpreting data. A raw score is a test score that has not been weighted, transformed, or statistically manipulated.

In general, raw scores by themselves mean very little. For example, suppose the student in your class got 18 out of 20 correct on the spelling test. The number 18 has no real meaning. What is important is what you do with the 18. For example, most teachers would say the student got 18 out of 20 and turn it into a percentage indicating that the student got 90% (18/20 is 90%) on this test.

**Q-Reliability**

Reliability refers to the consistency of measurements. If a test lacks reliability, it is not stable, reproducible, predictable, dependable, meaningful, or accurate. In assessment, reliability relates to the confidence in an instrument to give the same score for a student if the test were given more than once. A reliable test produces similar scores across various conditions and situations, including different evaluators and testing environments (Venn).

**R-Reliability Coefficients**

The statistic for expressing reliability is the reliability coefficient. The reliability coefficient expresses the degree of consistency in the measurement of test scores. The symbol used to denote a reliability coefficient is the letter r with two identical subscripts (rxx). Reliability coefficients can range in value from 0.00 to 1.00. A reliability coefficient of rxx = 0.00 indicates absence of reliability, whereas a reliability coefficient of rxx = 1.00 demonstrates perfect reliability.
Acceptable reliability coefficients should never be below $r_{xx} = .90$. A coefficient below $r_{xx} = .90$ normally indicates inadequate reliability. A test should not be trusted if its reliability coefficient is low. High reliabilities are especially needed for tests used in individual assessment (Sattler). A reliability coefficient of $r_{xx} = .95$ on a test means that 95% of a test score is accurate while only 5% consists of unexplained error. However, a test with a reliability coefficient of $r_{xx} = .60$ does not have acceptable reliability because approximately 40% of the test score may be due to error (Venn).

**S-Scaled Scores**

Many tests used for assessment of children have subtests that comprise the entire test. For each subtest, a student receives a raw score. This raw score is often transformed into a scaled score. Scaled scores are very specific subtest scores. In many cases, scaled scores range from 1 to 19 with a mean of 10. They follow the following classification format:

<table>
<thead>
<tr>
<th>Scaled Score</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–3</td>
<td>Developmentally Delay</td>
</tr>
<tr>
<td>4–5</td>
<td>Well Below Average</td>
</tr>
<tr>
<td>6–7</td>
<td>Low Average</td>
</tr>
<tr>
<td>8–12</td>
<td>Average</td>
</tr>
<tr>
<td>13–14</td>
<td>High Average</td>
</tr>
<tr>
<td>15–16</td>
<td>Superior</td>
</tr>
<tr>
<td>17–19</td>
<td>Very Superior</td>
</tr>
</tbody>
</table>

For example, if a student gets only a scaled score of 7 on a Reading subtest but a 13 on a Math subtest, this indicates a much greater strength with respect to math than with reading as compared to the norms of his or her age group.

**T-Split-Half Reliability or Internal Consistency**

As the name suggests, split-half reliability is a coefficient obtained by dividing a test into halves, correlating the scores on each half, and then correcting for length (longer tests tend to be more reliable). The split can be based on odd versus even numbered items, randomly selecting items, or manually balancing content and difficulty. This approach has an advantage in that it only requires a single test administration. Its weakness is that the resultant coefficient will vary as a function of how the test was split. It is also not appropriate on tests in which speed is a factor (that is, where students' scores are influenced by how many items they reached in the allotted time).

**U-Standard Deviation**

The standard deviation is a statistic that indicates the amount of variability in a group of scores. When scores are normally distributed (i.e., when they are part of a bell-shaped, “normal” curve), about two-thirds of the scores are within one SD above and below the average (mean) score, and about 95% of scores are within 2 SDs of the mean. In almost any shaped distribution, all scores will be within 5 SDs of the mean score.
V-Standard Error of Measurement

Test manuals report a statistic called the standard error of measurement (SEM). It gives the margin of error that you should expect in an individual test score because of imperfect reliability of the test. The SEM represents the degree of confidence that a person’s “true” score lies within a particular range of scores. For example, an SEM of “2” indicates that a test taker’s “true” score probably lies within 2 points in either direction of the score he or she receives on the test. This means that if an individual receives a 91 on the test, there is a good chance that the person’s “true” score lies somewhere between 89 and 93 (America’s Learning Exchange, 2000, p.2). The SEM is a useful measure of the accuracy of individual test scores. The smaller the SEM, the more accurate the measurements. When evaluating the reliability coefficients of a test, it is important to review the explanations provided in the manual for the following:

W-Standard Scores

A standard score is a score that has been transformed to fit a normal curve, with a mean and standard deviation that remain the same across ages. Often, when doing assessment, you will have to tell parents and administrators the standard scores the child received on the given test and the appropriate classification that they represent. For some tests with a mean of 100 and a standard deviation of 15, the general classification system may appear as follows:

<table>
<thead>
<tr>
<th>Standard Score</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 70</td>
<td>Developmentally Delayed</td>
</tr>
<tr>
<td>70–79</td>
<td>Well Below Average or Borderline</td>
</tr>
<tr>
<td>80–89</td>
<td>Low Average</td>
</tr>
<tr>
<td>90–109</td>
<td>Average</td>
</tr>
<tr>
<td>110–119</td>
<td>High Average</td>
</tr>
<tr>
<td>120–129</td>
<td>Superior</td>
</tr>
<tr>
<td>130 and higher</td>
<td>Very Superior</td>
</tr>
</tbody>
</table>

Important Point: The above classification system is only one form of representing standard scores. Different tests may use different ranges and terminology.

X-Stanine

A stanine, an abbreviation for standard nines, is a type of standard score that has a mean of 5 and a standard deviation of 2. Stanine scores can range from 1 to 9. A stanine of 7 is 1 standard deviation above the mean (5 + 2). A stanine of 9 is 2 standard deviations above the mean (5 + 2 + 2). Conversely, a stanine of 3 is 1 standard deviation below the mean (5 – 2) and a stanine of 1 is two standard deviations below the mean (5 – 2 – 2).
Y-Test–Retest Reliability

A test-retest reliability coefficient is obtained by administering the same test twice and correlating the scores. In concept, it is an excellent measure of score consistency because it allows the direct measurement of consistency from administration to administration. This coefficient is not recommended in practice, however, because of its problems and limitations. It requires two administrations of the same test with the same group of individuals. This is expensive and not a good use of people's time. If the time interval is short, people may be overly consistent because they remember some of the questions and their responses. If the interval is long, then the results are confounded with learning and maturation, that is, changes in the persons themselves.

Z-T Score

A T score is another way to express test performance. T scores have a mean of 50 with a standard deviation of 10. Therefore, if you have a T score of 40 you are 1 standard deviation below the mean, whereas a T score of 60 would be 1 standard deviation above the mean.

AA-Validity

Validity refers to the issue of whether the test measures what it is intending to measure. Does a test of, say, mathematics ability measure that ability, or is reading comprehension a part of what is measured by the test? The validity of a test is constrained by its reliability. If a test does not consistently measure a construct or domain then it cannot expect to have high validity coefficients. The greater the validity of a test, the greater our confidence that it measures what it is designed to measure. Questions about validity are of ultimate importance for special educators because they address whether an instrument fulfills the function for which it was created. Accordingly, effort must be put into determining the validity of any measuring instrument that is to be used in a study. This section covers the most important and often utilized types of validity seen in special education assessment.

BB-z Scores

A z score indicates how many standard deviations a score is above or below the mean. A z score is a standard score distribution with a mean of zero and a standard deviation of one. For example, if a student has a z score of +1.0, this means that he scored 1 standard deviation above the mean on the test. If a student has a z score of –1.7, this means that he scored 1.7 standard deviations below the mean.
Chapter 9 - Students' Behavior During the Assessment Process

A very important part of the assessment process is the observation of the student during the assessment process. These observations can provide valuable insight into the student’s learning style, areas of struggle, academic approach, stronger and weaker modalities (avenues through which information comes to us i.e. visual modality, auditory modality), self esteem, frustration levels, resiliency, communication skills and much more. It should also be noted that the way a child approaches different types of evaluations may be very similar to the style he/she uses in the classroom. There are many behaviors that should be observed when administering tests. That is why it is very important for the evaluator to write down these observations which will also facilitate report writing (next step).

A- Possible affects of Examiner variables

The evaluator will need to make sure that any conditions that may affect test outcome that are directly related to the examiner i.e. examiner style, gender, examiner tension, examiner expectations etc.) be considered. These types of variable can greatly affect a student’s performance since the child may be preoccupied with the examiner’s presence.

B- Observing overt signs of tension

Many students will exhibit signs of tension in many ways. Some internalize it and some externalize it. Overt tension are observable behaviors indicative of underlying tension that may affect the outcome of the test results. According to Pierangelo & Giuliani, some overt signs of behavior often manifested by children include:

- Oppositional behaviors (behaviors that test the limits and guidelines of the examiner)
- constant leg motion
- little or no eye contact with the examiner
- consistent finger or pencil tapping
- singing or making noises while being tested
- keeping jacket on or a hat almost covering his/her face etc.

If this type of tension is extreme you may want to explore the possibility that the results may be minimal indications of ability.

C- Behaviors that are observed in the Initial Adjustment to the Assessment Process

How students adjust to the testing situation can vary greatly depending on the student’s personality, age, level of struggle in school and at times gender. Several factors need to be considered when the student first encounters the testing situation with the evaluator. The evaluator will need to look at:
1. How the student initially adjusts to the testing situation: The key to any adjustment period is not necessarily the initial reactions but the duration of the period of maladjustment. Children are usually initially nervous and uptight but relax as time goes on with the reassurance of the evaluator. The evaluator will want to note the extent and duration of any discomfort throughout the sessions. This may indicate that the student may be harboring more serious problems that need to be explored.

**D- Behaviors that are observed in the student’s verbal interactions with the evaluator**

The evaluator will want to specifically make note of how the student verbally interacts with him/her during this process. The evaluator will want to be aware of: the following:

1. A student who is verbally hesitant may be so because of certain speech or language factors like immature speech patterns, and expressive language problems.
2. A student who is verbally hesitant may be so due to low intellectual ability.
3. However, on the other hand, some children with high levels of anxiety may tend to vent this through constant verbalizations. This behavior pattern will interfere with the process and the evaluator may have to constantly remind the student to focus on the task at hand.

**E- Behaviors that are observed in the student’s attempt to adapt to the requirements of the assessment process**

The evaluator will gain a great deal of insight into the student by observing his or her ability to adapt or shift from one task to another. This will be an important factor in determining learning style and may be one predictor for successful outcome of a task. Other factors that the evaluator will want to know include:

1. A child who loses interest quickly may be immature, overwhelmed or preoccupied. Some of these reactions may be normal for the early ages.
2. The ability of an individual to sustain interest or focus on a task may be the result of available psychic energy. This energy may be drained by emotional turmoil thereby leaving very little for sustained concentration. As a result this lack of energy will affect the child’s ability to adapt and shift from task to task.

**F- Behaviors that are observed in the amount and type of effort shown during the assessment process**

A student who tries hard to succeed may do so for several reasons. He/she may enjoy success and find the tasks challenging. This type of student is normally not thrown by a mistake and can easily shift to the next task without difficulty.

However, a child who is oppositional or uncooperative may be a child who needs to be in control. The more controlling a child is, the more out of control they actually feel and controlling everything makes life more predictable. If they can control a situation or person they know what
to expect. If they cannot they do not adapt well and are easily thrown by new situations or people.

G- Behaviors that are observed in the student’s handling of time factors during the assessment process

The rate in which a student answers questions on a test can indicate several things.

1. The student who hesitates, blocks or delays may be a child who is afraid of reaction or criticism and uses these techniques to ward off what he/she perceives as a failure or deflating situation.
2. The child who impulsively answers incorrectly without thinking may be a child with high levels of anxiety which interfere with his/her ability to delay and concentrate.

H- Behaviors that are observed by the types of responses made during the assessment process

The types of response a child gives during an evaluation may indicate the following:

1. A student who continuously asks to have questions repeated may have hearing difficulties and should always be ruled out first along with visual acuity prior to a testing situation. In fact, the evaluator will want to make sure that these tests were done prior to beginning the assessment process.
2. The child who asks to have questions repeated may be having problems processing information and may need more time to understand what is being asked.

I- Behaviors that provide insight into the student’s organizational abilities during the assessment process

A student’s organizational approach to the testing situation will provide a great deal of insight on how he/she attacks a task in the classroom. Organizational ability allows an individual to organize a pattern of approach that leads to a successful outcome.

Students with chaotic internal organization may appear as if they know what they are doing but the overall outcome of a task indicates a great deal of energy input with very low production. It's almost like "spinning wheels" and the energy output is a cover for not knowing what to do.

Some children may become less organized under the stress of a time constraint. The factor of style under time restrictions is one aspect in determining the child's overall learning style. The evaluator will also want to observe the child for the possibility of symptoms of Attention Deficit/Hyperactive Disorder which may also contribute to a confused sense of organization.

In conclusion, always keep in mind that all behavior is a message and the way a child interacts with the examiner may be clues to learning style or problem areas. If you can "hear" a child's behavior by being aware of significant signs, you may come to a better understanding of the child's needs.
Chapter 10 - Components of a Professional Evaluation Report

Most, if not all, professionals on the Multidisciplinary Team will be required to write a professional report summarizing their findings and making recommendations. Whether you have to write a report or just review various ones, it is essential that you understand the language that is used and the different sections found in most of them. This next section will present the most practical guidelines for writing a professional report, as well as the most common components of professional reports in special education.

A-Practical Guidelines for Writing a Professional Report

When writing a report, always write it in the “Third Person.” Reports are never written in the first person. A professional report will never use the word “I”. Phrases that can be used include:

- According to the examiner
- It was felt that
- There seems to be
- It is the professional opinion of this evaluator that

Never write “I think” or “If it were up to me” Remember that professional reports are not a term paper. The professional approach is to remain in the third person.

When writing a report, single space it to condense the length.

Reports for parents should be written so as not be overwhelming in length. In general, try to keep what you write to 3 to 5 pages, unless it is essential to be longer.

When writing a report, use the past tense as often as possible. The assessment of the student has already been done. Therefore, the reporting of information should reflect the data that were found. Since the data were already collected, the use of the past tense is most appropriate. For example:

- On the Reading subtest, Billy scored in the 95th percentile.
- During testing, Sally exhibited shyness.
- Throughout the interview, Tommy showed no signs of hyperactivity.
- Sally appeared to lack confidence when doing tasks that required hand–eye coordination.

When writing a report, bold or italicize new sections, as well as separate them by skipping two lines. This is done simply for purposes of clarity.
When writing a report, be sure to check for spelling and grammar

The reports you write are a reflection of your competence. A report should flow smoothly, never reading like a telegram. Complete sentences are always used. Always check spelling and grammar to make sure there are no errors. Nothing is more unprofessional than a report that looks sloppy and has many mistakes.

B- Sections found within the report

1-Identifying Data

Identifying Data presents the necessary basic demographic information about the child. This section is important to the reader, especially if further contact is required. It allows the reader to have all the basic information in one place. The parts of this section include:

Name: Parents’ Names:
Address: Teacher:
Phone: Referred By:
Date of Birth: Date/s of Testing:
Grade: Date of Report:
School: Examiner:
Chronological Age at Time of Testing (CA):

2-Reason for Referral

The Reason for Referral explains to the reader who made the referral and the rationale for this evaluation. It should not be longer than two to three sentences, but should be comprehensive enough to clarify the purpose. The following are some examples of this section:

- Jarmel was referred by his teacher for an evaluation as a result of inconsistent academic performance and poor social skills.
- Sally was referred by the child study team in order to determine his present intellectual, academic, and perceptual levels.

The Reason for Referral should be short and right to the point.

3-Background History

The Background History of a report contains detailed information on the following areas of the student:

- Family history-- provides the reader with a general understanding of the family structure, siblings, parental perceptions, and so on
- Developmental history—provides the reader with relevant background history pertaining to developmental milestones.
- Academic history--provides the reader with relevant academic performance during the child’s school years
- Social history-- provides the reader with an understanding of the child in his social world.
Background History is very comprehensive and establishes a foundation for what will follow. If you suspect a disability that may have historical features, then you need to present the development of this disability and its interfering factors in depth. The reader should come away from the section seeing the substantiation for a suspected disability. Certain areas should always be covered in the Background History section. These include:

4-Behavioral Observations

Behavioral Observations and includes a description of the child’s behavior during the testing sessions. This can be a very important section because it may reinforce what is seen in the class or be very different, in which case the structure of the testing environment should be explored for clues to learning style. Examples of sentences that would appear in this section include the following:

- Sally approached the testing situation in a reluctant and hesitant manner.
- During testing, it was evident that Sally was frustrated with many of the reading tasks.
- Throughout the assessment, Sally appeared anxious and nervous, as she was biting her nails and always asking whether her answers were correct.

5-Tests and Procedures Administered

Tests and Procedures Administered is a list of the individual tests included in the test battery and any procedures used to enhance the report, such as classroom observation, review of records, and parent intake.

- Wechsler Individual Achievement Test—2nd Edition (WIAT-2)
- Detroit Tests of Learning Aptitudes—4th Edition (DTLA-4)
- Gray Oral Reading Test—4rd Edition (GORT-4)
- Classroom observation
- Interview with child

6-Test Results

Test Results is perhaps the most important section of a report. It analyzes the results of each test and looks at the child’s individual performance on each measure.

a- Writing Test Results: Write out the Name of the Test

*Wechsler Individualized Achievement Test, 2nd edition*

Writing Test Results: Create a Table (Standard Score, Classification, and Percentile)

<table>
<thead>
<tr>
<th>Name of Subtest</th>
<th>Standard Score</th>
<th>Classification</th>
<th>Percentile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Word Reading</td>
<td>85</td>
<td>Low Average</td>
<td>16</td>
</tr>
<tr>
<td>Numerical Operations</td>
<td>135</td>
<td>Very Superior</td>
<td>99</td>
</tr>
<tr>
<td>Subtest</td>
<td>Standard Score</td>
<td>Classification</td>
<td>Percentile</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------</td>
<td>-------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Spelling</td>
<td>110</td>
<td>High Average</td>
<td>75</td>
</tr>
<tr>
<td>Reading Comprehension</td>
<td>70</td>
<td>Well Below Average</td>
<td>2</td>
</tr>
</tbody>
</table>

**Writing Test Results:** Write a brief 1-2 sentence statement about what each subtest measures (This is obtained through the Examiner’s Manual)

- The Word Reading subtest of the WIAT-II presents a series of pictures and printed words for assessing decoding and word-reading ability. Only the accuracy of the pronunciation is scored; not comprehension.
- The Numerical Operations subtest of the WIAT-II consists of a series of problems with pencil and paper for assessing the ability to reason mathematically.
- The Spelling subtest of the WIAT-II requires the student to spell a target word based on its meaning in a sentence.
- The Reading Comprehension subtest of the WIAT-II presents stories for the student to read. The student is then asked a question about the story orally, to which she must orally respond with an answer.

**Writing Test Results:** Report the student’s standard score, classification, and percentile for each subtest. You are reiterating what is stated on the table.

- The Word Reading subtest of the WIAT-II presents a series of pictures and printed words for assessing decoding and word-reading ability. Only the accuracy of the pronunciation is scored; not comprehension.
- On this subtest, Sally performance was in the Low Average range, earning a standard score of 85. As indicated by her percentile rank of 16, Sally performed as well or better than 16 percent of all students when compared to the norms for her age.
- The Numerical Operations subtest of the WIAT-II consists of a series of problems with pencil and paper for assessing the ability to reason mathematically. On this subtest, Sally performance was in the Very Superior range, earning a standard score of 135. As indicated by her percentile rank of 99, Sally performed as well or better than 99 percent of all students when compared to the norms for her age.
- The Spelling subtest of the WIAT-II requires the student to spell a target word based on its meaning in a sentence. On this subtest, Sally performance was in the High Average range, earning a standard score of 110. As indicated by her percentile rank of 75, Sally performed as well or better than 75 percent of all students when compared to the norms for her age.
- The Reading Comprehension subtest of the WIAT-II presents stories for the student to read. The student is then asked a question about the story orally, to which she must orally respond with an answer. On this subtest, Sally performance was in the Well Below Average range, earning a standard score of 70. As indicated by her percentile rank of 2, Sally performed as well or better than 2 percent of all students when compared to the norms for her age.
Writing Test Results:  Finally, make a statement regarding something to note about the student’s performance on each subtest. This could include statements such as:

The Word Reading subtest of the WIAT-II presents a series of pictures and printed words for assessing decoding and word-reading ability. Only the accuracy of the pronunciation is scored; not comprehension. On this subtest, Sally performance was in the Low Average range, earning a standard score of 85. As indicated by her percentile rank of 16, Sally performed as well or better than 16 percent of all students when compared to the norms for her age. An analysis of Sally’s errors indicated that she often added and omitted syllables when reading words. Her reading speed was slow, and self-corrected herself on five different words. An analysis of Sally’s errors indicated that she often added and omitted syllables when reading words. Her reading speed was slow and she self-corrected herself on five different words.

The Numerical Operations subtest of the WIAT-II consists of a series of problems with pencil and paper for assessing the ability to reason mathematically. On this subtest, Sally performance was in the Very Superior range, earning a standard score of 135. As indicated by her percentile rank of 99, Sally performed as well or better than 99 percent of all students when compared to the norms for her age. Sally’s shows a strong ability with mathematical problems. On the only two division errors that she made, her errors were due to simple miscalculations that had more to do with carelessness and rushing rather than anything else. Her scores represent a normative strength for her.

The Spelling subtest of the WIAT-II requires the student to spell a target word based on its meaning in a sentence. On this subtest, Sally performance was in the High Average range, earning a standard score of 110. As indicated by her percentile rank of 75, Sally performed as well or better than 75 percent of all students when compared to the norms for her age. Analysis of Sally’s errors reveals that she most often either added a single letter or omitted a single letter when misspelling words. The majority of errors were made toward the end of the subtest as the items increased in level of difficulty.

The Reading Comprehension subtest of the WIAT-II presents stories for the student to read. The student is then asked a question about the story orally, to which she must orally respond with an answer. On this subtest, Sally performance was in the Well Below Average range, earning a standard score of 70. As indicated by her percentile rank of 2, Sally performed as well or better than 2 percent of all students when compared to the norms for her age. Sally made numerous errors on items that involved the skill of drawing conclusions and making inferences. She had difficulty recognizing stated detail, predicting events and outcomes, and identifying the main ideas of passages. As compared to Sally’s achievement on other subtests on the WIAT-II, her standard score of 70 on the Reading Comprehension subtest represents a relative weakness for her.
Chapter 11 - Presentation to the IEP Committee

Once the assessment process is completed, and the report is written, the results will be shared with the IEP Committee, the district wide committee responsible to determine whether a student has a documented disability, what type of educational setting will best suit his or her needs and the student’s Individual Educational Program (IEP). As a result, the evaluator will need to prepare for this presentation of results. There are several things that the evaluator will need to take into consideration. These include:

A. Prior to the IEP Committee meeting, the examiner, along with other members of the MDT prepares a packet of materials that will be shared with the parent and members of the IEP Committee. This packet should include all the information that will allow the members of the IEP Committee to determine the presence of a disability. Such materials may include but are not limited to:

- A copy of the educational report
- A copy of the psychological report
- Copies of any outside reports done by other professionals i.e. psychiatric report, neurological report
- A copy of the child’s report cards
- A copy of the child’s group achievement test results
- Copies of teachers reports providing insight into the child’s daily functioning at school
- A copy of a medical report from the school nurse or pediatrician
- A copy of the Assessment Plan signed by the parent
- A copy of the Initial Referral to the MDT from the School Staff or the parent
- A copy of the original referral from the individual who first referred the case to the CST

B. The evaluator will want to make sure that the report is complete and typed at least one week to ten days prior to the IEP Committee meeting. In some districts, the IEP Committee requires that the entire packet be forwarded a week in advance.

C. Prior to the meeting, the evaluators will outline the important points of the report that will be presented to the IEP Committee. For the evaluator, preparation will make him/her look more professional. The evaluator will want to focus on history and patterns of strengths as well as weaknesses. It will very important for the evaluator to paint a picture of a significant impairment affecting educational performance, over time since this is the basis for a classification by the IEP Committee in certain conditions.

D. The evaluator will keep in mind that there is a limited amount of time to present these findings. Even though everyone should have copies of the report in front of them, the length of the report may make it impossible for them to filter out the crucial sections in the time allotted for the meeting. Therefore in many cases evaluators will develop a one page summary sheet which clearly outlines what he/she will be presenting. This would be handed out as the presentation begins.
E. Remember that this is not a parent conference to review the entire report. You should have done that earlier, so keep it brief and highlight the important issues. There are several individuals who may need to report results or speak and the Eligibility Committee may have several meetings that day.

F. One factor that the evaluator and other members of the MDT will have to consider is the fact that the nature of a specific case may require more time than that normally set aside by the IEP Committee for a review. This will necessitate a call to the chairperson and make a request for a longer meeting time. It is very uncomfortable when crucial meetings have to be ended because of time constraints.

G. The evaluator will need to be fully prepared to be questioned about his/her findings or some aspect of the report by either a parent, committee member, lawyer (sometimes brought by the parent), advocate and others.

**Concluding Thoughts**

In summary, the process of assessment in special education involves many important steps. As you can see, each step is crucial and provides the evaluator, parent, and IEP Committee with valuable information that will assist in making the best decisions for a child with a disability. The specific type of educational program, the appropriateness of the educational setting, and the expected progress of a student with a disability can be greatly enhanced by a meaningful comprehensive assessment.

The job of an evaluator on the MDT is a very responsible position. It should never be taken lightly and any evaluator will need to be as professional, educated, and prepared as possible. This is what every student who is evaluated for special education deserves.
Review Questions for Understanding Assessment in Special Education

1. Assessment in special education is a process that involves collecting information about a student for the purpose of making decisions.
   a. True
   b. False

2. The process of tracing and gathering information from the many sources of background information on a child such as school records, observation, parent intakes, and teacher reports is called:
   a. Collection
   b. Analysis
   c. Evaluation
   d. Determination
   e. Recommendation

3. The processing and understanding of patterns in the child's educational, social, developmental, environmental, medical, and emotional history is called:
   a. Collection
   b. Analysis
   c. Evaluation
   d. Determination
   e. Recommendation

4. The assessment of a child's academic, intellectual, psychological, emotional, perceptual, language, cognitive, and medical development in order to determine areas of strength and weakness is called:
   a. Collection
   b. Analysis
   c. Evaluation
   d. Determination
   e. Recommendation

5. The measurement of the presence of a suspected disability and the knowledge of the criteria that constitute each category is called:
   a. Collection
   b. Analysis
   c. Evaluation
   d. Determination
   e. Recommendation
6. The final thoughts and ideas concerning educational placement and program that need to be made to the school, teachers and parents is called:
   a. Collection
   b. Analysis
   c. Evaluation
   d. Determination
   e. Recommendation

7. Valuable information about the student’s skills and needs can come from:
   a. Parents
   b. Teachers
   c. Specialists
   d. All of the above can give valuable information about a student’s skills and needs

8. Which of the following is the primary purpose of assessment
   a. Screening and identification
   b. Evaluation
   c. Eligibility and diagnosis
   d. IEP development and instructional planning.
   e. All of the above serve as primary purposes of assessment

9. IDEA is Public Law Number:
   a. 101-543
   b. 108-446
   c. 112-43
   d. 154-76

10. The federal law that protects those in special education is:
    a. ADIE
    b. CPDE
    c. IDEA
    d. HERS

11. A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3 years is called
    a. Autism
    b. Learning disability
    c. Emotional disturbance
    d. Speech and language disorder
    e. Intellectual disability

12. Significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior is called:
    a. Autism
    b. Learning disability
    c. Emotional disturbance
    d. Speech and language disorder
    e. Intellectual disability
13. A disability where a child of typical intelligence has difficulty, over time and to a marked degree, building satisfactory interpersonal relationships; responds inappropriately behaviorally or emotionally under normal circumstances; demonstrates a pervasive mood of unhappiness; or has a tendency to develop physical symptoms or fears is called:
   a. Autism
   b. Learning disability
   c. Emotional disturbance
   d. Speech and language disorder
   e. Intellectual disability

14. A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations is called:
   a. Autism
   b. Learning disability
   c. Emotional disturbance
   d. Speech and language disorder
   e. Intellectual disability

15. A communication disorder such as stuttering, impaired articulation, a language impairment or a voice impairment is called:
   a. Autism
   b. Learning disability
   c. Emotional disturbance
   d. Speech and language disorder
   e. Intellectual disability

16. Asthma, epilepsy, lead poisoning and diabetes are examples of disorders which would most likely receive a classification of:
   a. Autism
   b. Learning disability
   c. Emotional disturbance
   d. Speech and language disorder
   e. Other Health Impaired

17. An acquired injury to the brain caused by an external physical force, resulting in total or partial functioning disability or psychosocial impairment or both is called:
   a. Autism
   b. Traumatic Brain Injury
   c. Emotional disturbance
   d. Speech and language disorder
   e. Intellectual disability
18___________ is any child who is experiencing social, academic, emotional, medical, language, perceptual, or environmental turmoil that prevent him/her from performing up to his/her ability in school.

a. A high risk child  
b. An autistic  
c. A learning disabled child  
d. none of the above

19. A high risk student may exhibit which of the following:

a. A history of adequate or high first quarter grades followed by a downward trend leading to failures in the final quarter.  
b. A history of excessive absences.  
c. A history of excessive lateness  
d. All of the above

20. In order to determine the seriousness of a problem you should look at the _____________ of the symptoms:

a. frequency, intensity and type  
b. frequency, duration, and intensity  
c. frequency, verbal outbursts or behavior  
d. All of the above

21. Selective forgetting, Forgetting to write down assignments day after day and taking hours to do homework are examples of:

a. avoidance symptoms  
b. forgetfulness  
c. aphasia  
d. none of the above

22. Spotlight " behaviors are any behaviors that:

a. result from the teacher calling on the child too often  
b. bring the focus of attention to the child  
c. problems resulting from visual disorders  
d. all of the above

23. The role of the CST is to:

a. Work as a single unit in determining the possible cause, contributing behavioral factors, educational status, prognosis, and recommendations for a student.  
b. Bring together many disciplines and professional perspectives to help work on a case is the major objective of the CST so that a single person is not required to determine and assimilate all of the factors impacting a particular child.  
c. Gather all the necessary information on a child in order to determine the most effective and practical direction for him or her.  
d. All of the above
24. Which of the following is normally a member of the CST?
   a. Administrator-Normally the School Principal
   b. School Psychologist
   c. School Nurse
   d. All of the above

25. Which of the following is normally a member of the CST?
   a. Special Education Teacher
   b. Guidance Counselor
   c. Speech and Language Teacher
   d. All of the above

26. The members of the CST usually meet:
   a. On a regular basis, once or twice a week depending upon the caseload
   b. Once a month
   c. Every year
   d. Every 3 years

27. The Child Study Team does not and is not legally required to have a parent member.
   a. True
   b. False

28. School records are important for the CST to review because:
   a. They can be a rich source of information about the student and his or her background.
   b. The number of times the student has changed schools may be of interest
   c. Frequent school changes can be disruptive emotionally as well as academically
   d. All of the above

29. In many cases, examining a child’s attendance records is an important area for the CST to assess
   a. True
   b. False

30. When examining a student’s attendance records the CST should look at:
   a. The number of days absent in the student’s profile
   b. The patterns of days absent
   c. Both a and b
   d. Neither a nor b

31. Single day absences may indicate the presence of possible:
   a. School avoidance
   b. Phobia
   c. Dysfunctional or chaotic home environment
   d. All of the above
33. Comments written on report cards or in permanent record folders can provide:
   a. A different perspective on the child under a different style of teaching.
   b. A clue to the child's learning style and the conditions under which the child responds best.
   c. Information important to understanding the child's patterns and history.
   d. All of the above

34. A decreasing grade pattern is exhibited by:
   a. Higher first quarter grades followed by a decent into very poor grades by the last marking period
   b. Lower first quarter grades followed by an ascent into very high grades by the last marking period.
   c. Higher first quarter grades followed by even higher grades by the last marking period.
   d. Low first quarter grades followed by a decent into even lower grades by the last marking period.

35. Which of the following should the CST examine?
   a. Number of Schools Attended by a student
   b. Prior Teacher Referrals
   c. Medical History in the School Nurse’s Office
   d. All of the above

36. Even if a teacher or any other professional who works with a child feels that there is any possibility of a medical condition and the need for a complete medical work-up is evident, a recommendation for a medical examination should never be made as a pre-referral procedure.
   a. True
   b. False

37. Which symptom might indicate that an updated vision examination may be necessary for a child?
   a. Child turns head when looking at board or objects
   b. Child squints excessively
   c. Child rubs eyes frequently
   d. Child holds books and materials close to the face or at unusual angles
   e. All of the above might indicate that an updated vision examination may be necessary for a child

38. Help classes are classes that provide a student with “extra help” in a given subject outside of the normal school day.
   a. True
   b. False

39. Remedial math and/or reading services are academic programs within a school are designed to:
   a. Help the student with math or reading by going slower in the curriculum
   b. Help the student by placing him or her with a smaller number of students in the classroom for extra attention.
   c. Help students when reading or math is the specific area of concern.
   d. All of the above
40. Which of the following professionals would most likely NOT do serious in-school counseling for a student?
   a. School psychologist
   b. School social worker
   c. The student’s classroom teacher
   d. All of the above would do serious in school counseling for a student

41. A referral to Child Protective Services (CPS) is mandated for all educators if there is a suspicion of
   a. Abuse
   b. Neglect
   c. Both a and b
   d. Neither a nor b

42. There are many times when the school district must notify a parent in writing of its proposed action and ask for written consent (permission) to carry out this action. One of those times is when:
   a. a school administers a group achievement test to all its students
   b. the initial evaluation for a suspected disability and eligibility for special education is requested
   c. when a teacher performs a written spelling test for the first time
   d. all of the above

43. What is true about parent’s rights in the assessment process:
   a. They do not have any right to stop the process once the school has decided to test
   b. They have the option of signing a release for testing
   c. Parents have the right not to give their consent. They also have the right to revoke their consent at any time
   d. all of the above

44. Parental Consent is not required:
   a. before reviewing existing data (information) as part of an initial evaluation or a reevaluation.
   b. administering (giving) a test or other evaluation that is given to all students (unless parents of all students must give consent before the test is given).
   c. to conduct a reevaluation if the school district can show that it has taken reasonable measures to get a parent’s consent, and the parent did not respond
   d. all of the above

45. If a parent refuses written consent for any proposed activity for which written consent is required, the child’s current educational placement:
   a. will not change unless the parent and the school district reach agreement on a different course of action or until due process procedures have been completed
   b. can change while the process takes place
   c. will be automatically placed on instruction at home until the issue is decided
   d. none of the above
46. Which of the following is true of a comprehensive evaluation for a suspected disability:
   a. Evaluation of a child who may have limited English proficiency should assess the child's proficiency in English as well as the child's native language to distinguish language proficiency from disability needs.
   b. Evaluation materials and procedures used to assess a child with limited English proficiency must be selected and administered to ensure they measure a potential disability and need for special education, rather than English language skills.
   c. Evaluation materials and procedures must be provided in the language that most likely will yield accurate information on what the child knows and can do academically and functionally.
   d. All of the above

47. Evaluation materials and procedures must be:
   a. administered in adherence with the developer's instructions
   b. administered by appropriately trained personnel.
   c. any variation from the standards set forth by the publisher must be noted in the report
   d. all of the above

48. Many schools are moving towards a more global approach to the identification of potential high-risk students through the development of a school based team that, depending on the state in which the student resides, may be referred to as:
   a. The Multidisciplinary Team (MDT)
   b. School Based Support Team (SBST)
   c. Multifactor Team (MFT)
   d. All of the above

49. The MDT is responsible for gathering all the necessary information on a child in order to determine the most effective and practical direction for him or her in education:
   a. True
   b. False

50. The MDT should always use only one single procedure as criteria for determining an appropriate educational program for an individual with special needs:
   a. True
   b. False

51. The professional most often responsible for doing a comprehensive achievement battery to determine where the child’s strengths and weaknesses are with respect to academics when compared to national norms, doing classroom observations, making recommendations for the child’s future educational program (IEP) and monitoring the student’s progress over time is the
   a. Physical therapist
   b. Special education evaluator
   c. Speech and language pathologist
   d. Occupational therapist
52. The regular education teacher will normally be the professional to:
   a. Inform other professionals within the school that a problem appears to be arising with a given child.
   b. Explain what the presenting concerns are and when she sees them occurring most often.
   c. Implement any pre-referral recommendations or implement the goals which are set forth by the Committee on Special Education for a child
   d. All of the above could be responsibilities of the regular education teacher

53. The professional most often responsible for diagnosing intelligence, visual motor coordination, and emotional behavior of children is the
   a. School psychologist
   b. Guidance counselor
   c. Physical therapist
   d. Regular education teacher

54. A person under the age of 18 years of age who has been given certain adult rights by the court is an emancipated minor:
   a. True
   b. False

55. All of the following symptoms might suggest the recommendation for an academic evaluation EXCEPT:
   a. Consistently low test scores on group achievement tests
   b. Indications of delayed processing when faced with academic skills
   c. Labored handwriting after grade 3
   d. Excellent word recall

56. All of the following symptoms might suggest the recommendation for a speech and language evaluation EXCEPT:
   a. Difficulty pronouncing words through grade 3
   b. Immature or delayed speech patterns
   c. Difficulty labeling thoughts or objects
   d. Difficulty putting thoughts into words
   e. All of the above would warrant a recommendation for a speech and language evaluation

57. All of the following symptoms might suggest the recommendation for a psychological evaluation EXCEPT:
   a. High levels of tension and anxiety exhibited in behavior
   b. Aggressive behavior
   c. High motivation
   d. Patterns of denial

58. Parents have the ability to play a very important role in the assessment process.
   a. True
   b. False
59. Reassuring parents of confidentiality in assessment is very important part of the parent intake.
   a. True
   b. False

60. Which of the following is NOT TRUE?
   a. Parents may initiate the evaluation process by requesting that the school system evaluate their child for the presence of a disability and the need for special education.
   b. Parents must be notified by the school, and give their consent, before any initial evaluation of the child may be conducted.
   c. Parents may wish to talk with the person responsible for conducting the evaluation to find out what the evaluation will involve.
   d. All of the above are true

61. Which of the following is NOT TRUE?
   a. Parents may find it very useful to become informed about assessment issues in general and any specific issues relevant to their child (e.g., assessment of minority children, use of specific tests or assessment techniques with a specific disability).
   b. Parents should advocate for a comprehensive evaluation of their child
   c. Parents may not suggest specific questions they would like to see addressed through the evaluation.
   d. Parents should inform the school of any accommodations the child will need

62. Of the following rights guaranteed to parents during the evaluation phase of the assessment process, which one is NOT true?
   a. The parent should receive a notice regarding the evaluation and their due process rights.
   b. The parent does not have to consent to the evaluation
   c. The parent may give consent for evaluation or withhold consent, or request a conference regarding an initial evaluation.
   d. It is the parents’ guarantee that more than one evaluation should be involved in assessing their child’s suspected disability.

63. Of the following rights guaranteed to parents during the evaluation phase of the assessment process, which one is NOT true?
   a. Evaluations should be administered in the child's dominant language.
   b. The child will undergo a complete evaluation and a recommendation will be made within 120 school days from the time of the parent’s consent
   c. The parent will be provided a list of resources where independent evaluations can be obtained.
   d. If the parents’ dominant language is other than English, all information provided to the parent must be in the dominant language.

64. Of the following rights guaranteed to parents during the evaluation phase of the assessment process, which one is NOT true?
   a. The child must be observed in his or her classroom by only the classroom teacher
   b. The parent should be given a description of the proposed evaluation and its intended purpose prior to testing.
   c. The parents are entitled to receive information on their child’s areas of educational need.
65. ______ compare(s) a person’s score against the scores of a group of people who have already taken the same exam:
   a. Norm-referenced tests
   b. Curriculum based tests
   c. Task analysis
   d. Dynamic assessment

66. Standardized achievement tests generally rely heavily on:
   a. True false items
   b. Multiple choice
   c. Essays
   d. Fill in the Blanks

67. Which of the following is NOT a criticism of standardized tests?
   a. It puts too much value on recall and rote learning
   b. It turns students into passive learners
   c. It trivializes content and skills development
   d. All of the above are criticisms of standardized tests

68. The phrase “acceptable level of mastery” normally applies to:
   a. Norm-referenced tests
   b. Criterion-referenced tests
   c. Both a and b
   d. Neither a nor b

69. __________ involves directly observing and assessing a child in the many environments in which he or she operates
   a. Ecological assessment
   b. Dynamic assessment
   c. Task analysis
   d. Learning styles assessment

70. A thorough ecological assessment should include:
   a. Interaction between students, teachers and others in the classroom
   b. Presentation of materials and ideas
   c. Selection and use of materials for instruction
   d. All of the above

71. Curriculum Based Measurement is most concerned with
   a. Fluency
   b. Norms
   c. Neither a nor b
   d. Both a and b
72. Which of the following involves a test-train-retest approach?
   a. Ecological assessment
   b. Dynamic assessment
   c. Task analysis
   d. Learning styles assessment

73. Which type of portfolio involves the student, teacher, and parents contributing to it?
   a. Working portfolio
   b. Showcase portfolio
   c. Teacher portfolio
   d. None of the above

74. Which type of portfolio houses only the student’s best work and generally does not include works in progress?
   a. Working portfolio
   b. Showcase portfolio
   c. Teacher portfolio
   d. None of the above

75. Breaking down a particular task into the basic sequential steps, component parts or skills necessary to accomplish the task is called:
   a. Ecological assessment
   b. Dynamic assessment
   c. Task analysis
   d. Learning styles assessment

76. The _______ is the mathematical average of the distribution of numbers.
   a. Mean
   b. Median
   c. Mode
   d. Range

77. The _______ is greatly affected by extreme scores.
   a. Mean
   b. Median
   c. Mode
   d. All of the above are greatly affected by extreme scores

78. The _______ is the middle score in a distribution.
   a. Mean
   b. Median
   c. Mode
   d. Range
79. The ______ is less affected by extreme scores than the ______.
   a. Mean/median  
   b. Median/mean  
   c. Mean/mode  
   d. Median/mode

80. The ______ is the number in the distribution that occurs most frequently.
   a. Mean  
   b. Median  
   c. Mode  
   d. Range

81. The ______ of a distribution is the difference between the high score and the low score in the distribution.
   a. Mean  
   b. Median  
   c. Mode  
   d. Range

82. Correlations ______ indicate a cause and effect.
   a. Always  
   b. Sometimes  
   c. Almost never  
   d. Never

83. ______ refers to the extent to which a test measures what it is supposed to measure.
   a. Validity  
   b. Reliability  
   c. Both validity and reliability  
   d. None of the above

84. ______ is a method for assessing the validity of an instrument by comparing its scores with another criteria known to already be a measure of the same trait or skill.
   a. Criterion related validity  
   b. Construct validity  
   c. Content validity  
   d. Reliability

85. Criterion related validity is usually expressed as a ______ between the test in question and the criterion measure.
   a. Mean  
   b. Standard deviation  
   c. Correlation  
   d. Median
86. ______ is/are an example(s) of a type of criterion related validity:
   a. Concurrent validity
   b. Predictive validity.
   c. Concurrent and predictive validity
   d. Neither concurrent nor predictive validity

87. ______ refers to how precisely a person’s present performance (for example, a test score) estimates that person’s performance on the criterion measure at approximately the same time.
   a. Concurrent validity
   b. Construct validity
   c. Content validity
   d. Predictive validity

88. Many colleges believe that the SAT has ______ with respect to how well a student will do in college.
   a. Concurrent validity
   b. Construct validity
   c. Content validity
   d. Predictive validity

89. If the reliability of a test is ______ then the validity will also be _____.
   a. Low/low
   b. Low/high
   c. High/low
   d. High/high

90. ______ refers to the consistency of measurements.
   a. Criterion related validity
   b. Construct validity
   c. Content validity
   d. Reliability

91. If a test lacks reliability, it is not:
   a. Stable
   b. Reproducible
   c. Predictable
   d. Dependable
   e. All of the above

92. ______ is a procedure for determining accuracy that involves correlating two halves of the same test.
   a. Test-retest reliability
   b. Alternate forms reliability
   c. Inter-rater reliability
   d. Split-half reliability
93. All of the following are practical guidelines to follow when writing an educational report EXCEPT:
   a. Write the report in the third person
   b. Single space the report to condense the length
   c. Write reports using complete sentences
   d. Write all reports in the future tense

94. Which phrase should NOT be used when writing an educational report?
   a. According to the examiner...
   b. It was felt that...
   c. There seems to be....
   d. I believe that....
   e. It is the professional opinion of this evaluator that...

95. Reports should be written in the:
   a. Past tense
   b. Present tense
   c. Future tense

96. The first section is called ________ and contains all the necessary basic information about the child.
   a. Identifying Data
   b. Reason for Referral
   c. Background History
   d. Observations
   e. Tests Administered

97. Which section of the report explains to the reader the specific reasons why this evaluation is taking place?
   a. Identifying Data
   b. Reason for Referral
   c. Background History
   d. Observations
   e. Tests Administered

98. Which section of a report contains a very thorough description of the child's Family History, Developmental History, Academic History and Social History?
   a. Identifying Data
   b. Reason for Referral
   c. Background History
   d. Observations
   e. Tests Administered
99. According to IDEA, every public school district is required to have a Committee on Special Education.
   a. True
   b. False

100. The CSE is usually made up of mandated members and assigned members whom the board of education deems necessary. Most states require that certain professionals and individuals be core members. These usually include all of the following EXCEPT:
   a. An administrator or director of pupil personnel services or director of special education
   b. School psychologist
   c. Medical doctor (does not need to be in attendance at every meeting but should be present anytime medical issues are involved i.e. health related classifications, issues involving medication etc.)
   d. The siblings of the student
   e. Parent of a child with a disability residing within the district