How to Prepare a Psychoeducational Evaluation Report & Testify as an Expert Witness

By

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I. Introduction

Educational and school psychologists are relied upon to prepare psychoeducational evaluation reports for school-age children and must occasionally also testify as expert witnesses in educational due process proceedings. What follows are best-practice guidelines for psychoeducational evaluation report writing and the provision of expert witness testimony in educational due process proceedings.

II. Components of a Psychoeducational Evaluation

A psychoeducational evaluation consists of a set of systematic observations, which are obtained under standardized conditions. The psychoeducational evaluation is critically important to the determination of eligibility for special education services and is a key component of the comprehensive evaluation report (CER), which is ultimately crafted by the multidisciplinary team.

When a psychoeducational evaluation is well done, it can provide a virtual blueprint for the construction of the student's Individual Educational Program (IEP). In addition, test results obtained during the psychoeducational evaluation provide an indication of how the student has progressed over time and create a baseline against which to measure future educational progress.

Key ingredients of the psychoeducational evaluation include, but are not limited to the following

A. Reason for Referral

This section of the report describes why the child is being referred for testing, what problems the child has had that warrant evaluation and the purposes of the examination. This part of the report orients the reader to the report's contents and provides a framework for evaluation findings.

B. Child History and Background Information

A psychoeducational evaluation is essentially a "snapshot in time." It represents an appraisal of the child's current functioning against the backdrop of the child's past. Therefore, the psychologist needs to obtain a thorough history of the child and include all relevant historical information within the report.

For children who may be in need of special education services, it is critical that the historical section of the report include all relevant **medical history**. Information to be included consists of any pre- and perinatal factors, which may have a bearing on subsequent child development; the child's acquisition of developmental milestones in accordance with a developmental timeframe; the child's history of infection, illness and injury; and anecdotal observations regarding the child's health and preschool development.

Research has shown that various adverse pre- and perinatal factors may predispose the child to subsequent learning problems. For example, prematurity puts the child "at risk" for later problems with language and other forms of information processing. Adverse reactions to vaccines, the experience of frequent and chronic ear infections, seizure disorder, attention deficit, social and/or emotional difficulties, surgeries and strep infection, can provide important clues regarding the "risk factors" that may predispose the child to subsequent learning problems.

Historical information should also include data regarding the child's development of fine- and gross-motor skills; demonstration of facility in speech and language functions; ability to interact, play and socialize with peers; and the timeline for accomplishment of developmental milestones.

The historical section of the report should also contain a complete review of the child's **educational history**, beginning with preschool educational experiences and concluding with the child's present educational placement. Therefore, it is critical that the psychologist obtain a complete educational record for the child to include all report cards, anecdotal records, standardized test results, teacher and parent observations and the results of prior evaluations. Whenever possible, psychologists should seek to obtain actual test scores and not just written summaries from previously completed evaluations.

It is also important to include in the historical section of the report **observational data** from individuals who have had an opportunity to interact with the child over time. This includes teachers, parents and other professionals who can provide important insight into the child's functioning in a variety of settings and the child's progress (or lack of it) over time.

For the child with a prior history of evaluation, particular attention should be paid to how the child has tested over time. It is not unusual for children who receive appropriate educational programs to demonstrate growth, not only on standardized academic achievement

tests, but also on measures of cognitive functioning. In contrast, it is not unusual for children who have obtained inappropriate educational programs to demonstrate classic "*Matthew effects*" in their learning (i.e. The rich get richer and the poor get poorer).

The term *Matthew Effect* was initially coined in reference to the phenomenon of general decline on tests measuring accumulated verbal learning in children with unremediated reading disabilities. Such children, who are unable to use reading to learn new information, suffer a lack of exposure to content and their verbal IQ test scores often fall over time.

Children with limited reading skill are also often placed in low groups in regular education courses, which results in a condition of further educational deprivation. In many of such cases, the Verbal IQ scores of these children go down over time rather than remain stable as is typically found in the normative population.

The historical section of the report should take the reader from the beginning of the child's life and leave the reader right at the point where the evaluation begins. This sets the stage for the occurrence of the "snapshot in time".

C. Child Behavior during Testing

Behavioral observations of the child under standardized test conditions are critical to the compilation of the psychoeducational evaluation report. It is not only important *how* the child tests in terms of scores, but what the child does during the *process* of the evaluation. Whether the child is attentive or inattentive, hyperactive or hypoactive, has good or poor rapport with the examiner, has an impulsive or methodical response style or is motivated or unmotivated to complete the testing tasks, is crucial to interpreting the obtained test results.

Some children with special needs are extremely difficult to test. Their problems with attention, concentration, impulse control and limited frustration tolerance can create continual interferences during the testing process and may compromise the reliability and validity of the obtained test scores. If negative behaviors are observed during testing, these should be reported by the examiner and obtained test scores should be interpreted with extreme caution.

On the other hand, many children are extremely hardworking and motivated to do well during testing. They put forth an extraordinarily strong amount of effort, which contributes to the reliability and

validity of obtained test results. These behaviors also need to be noted when they are observed.

Often test scores obscure the *process* behind the child's test-taking behavior and may obscure the truth of the child's functioning rather than reveal it. For example, compare two children of average intelligence who obtain standard scores of 95 on a reading decoding test. Both children scored within the average range and both children were found to be functioning within an expected range given their measured abilities. However, the process by which each child obtained his score was dramatically different!

One child was an extremely slow and laborious reader who had to read and reread each word in order to decode it. The other child was a very fast and efficient reader who was able to easily and fluently decode. Although the scores were identical in numerical value, the *process* by which each child accomplished the task was critical to understanding how the child actually reads.

The concept of reporting qualitative data rather than just quantitative data in an evaluation is referred to as "*process assessment*." The term "process assessment" comes from the saying, "It is not whether you win or lose but how you play the game." How the child obtains test scores is just as critical, if not more critical, than the actual scores themselves. Therefore, both *qualitative* and *quantitative* information is critical to the compilation of the psychoeducational evaluation report.

D. Test Results and Analysis

In this section of the report, the psychologist presents all relevant information obtained during testing and analyzes and interprets test results. This is a critical section of the report, which gives the psychologist the opportunity to discuss and interpret both the quantitative and qualitative information obtained during the course of the evaluation.

If prior testing was accomplished or if the child has been receiving special education, this section of the report should include information as to whether the child is making a reasonable degree of educational progress and whether the child is benefiting from specially designed instruction and educational intervention.

E. Summary of Test Results and Recommendations for Intervention

The final section of the psychoeducational evaluation contains a summary of test results and the recommendations for intervention. This section should contain not only an overview of all major test findings, but also a determination of the child's eligibility for special education services and specific recommendations for the implementation of specially designed instruction. In essence, this section of the report provides a blueprint for the writing of the child's IEP.

III. Anatomy of the Psychoeducational Evaluation

Psychoeducational evaluations generally contain measures of *aptitude* and *ability* including tests of intelligence and other cognitive functions; neuro-psychological functioning; speech and language; visual-spatial perception; visual-motor integration; achievement; attention and concentration; and career/vocational aptitude for children over the age of fourteen. On such measures of *maximum performance*, the child is asked to do his *best*.

Psychoeducational evaluations also generally contain measures of *typical performance* where the child is asked to be *honest*. Examples of tests of *typical performance* include tests of social and emotional functioning; personality questionnaires; measures of career/vocational interest for children over the age of fourteen; projective tests; and self-esteem inventories.

Psychoeducational evaluations should consist of multiple assessments of a variety of constructs and provide a snapshot of the child's strengths and needs in each area of ability and suspected disability.

A. Cognitive tests

Cognitive testing is accomplished by using standardized IQ tests. However, various intelligence tests measure different constructs and different aspects of information processing, which is why IQ test scores can differ dramatically from one test to another.

Scores obtained on tests of *maximum performance*, such as IQ tests, may also be depressed by the very disorder that is adversely impacting the child's academic achievement. Therefore, it may be necessary to give a battery of cognitive or tests during the evaluation rather than only one test of IQ to obtain a valid and reliable appraisal of the child's cognitive functioning status.

The Wechsler intelligence tests for preschool and primary children, school-age children and adults are used throughout educational practice as primary tests for ascertaining cognitive ability. Wechsler test batteries provide not only excellent predictors of academic achievement but also contain rich information for *process assessment* psychologists to tease out the strengths and weaknesses of the child and ascertain the subtle variables that influence the child's learning.

Children with serious language-based learning problems may have very depressed scores on Wechsler batteries, however, and may require additional testing of cognitive functions to better understand their aptitude for learning. The Stanford Binet Intelligence Scale-Fourth Edition, Kaufman Brief Intelligence Test and The Test of Non-Verbal Intelligence-3 may also be relied upon to assess the child's intelligence, although brief measures of intelligence should never be used in isolation.

B. Other Aptitude measures

When constructing a psychoeducational evaluation, the psychologist must be aware of best practice guidelines for the measurement of aptitude and ability. Typically, the decision to classify a child as learning disabled and to provide special education intervention hinges on a determination of *severe discrepancy* between ability and achievement. In the case of reading disability, IQ test scores alone should not be used as the sole measure of aptitude.

When a child is being assessed for reading disability, recommended best practice guidelines state that a measure of *listening comprehension* should be utilized as the aptitude metric rather than an IQ score. Once the examiner has determined the child's ability to comprehend language through listening, she can then ascertain the impact of a decoding problem on the ability to comprehend read material.

C. Tests of Speech & Language Functions

Typically, the speech and language clinician performs testing of speech and language functions. However, psychologists should routinely provide assessment of receptive and expressive language, word finding ability, phonological awareness, phonological memory and rapid naming for any child suspected of having learning disabilities in reading or written language.

D. Tests of Visual-Spatial Perception and Visual-Motor Integration

Many children experience problems with handwriting, fine-motor coordination and perception of the "orthographic" aspects of print-related material. Therefore, thorough testing of these domains is a necessary and important ingredient of any psychoeducational evaluation.

Impairments of visual-spatial perception, fine-motor functioning and/or visual-motor integration may adversely affect the child's ability to learn through reading and to complete tasks requiring a written response. Tests, which may be used to assess functioning in these domains, include: the Bender Gestalt Visual-Motor Integration Test, the Developmental Test of Visual-Motor Integration, the Jordan Left-Right Reversal Test, the Motor-Free Visual Perception Test and a variety of additional neuropsychological test measures.

E. Neuropsychological Tests

Although neuropsychological testing can also be an integral part of the psychoeducational examination, many school psychologists have little to no training in the neurology of learning disabilities or the types of tests used by the neuropsychologists to diagnose learning problems. Neuro-psychological tests help to provide an understanding of the child's cognitive processes that may not be evident through traditional cognitive or intelligence testing.

Using a neuropsychological model for the determination of learning disability forms a useful basis for linking evaluation data with best practice guidelines for intervention. The purpose of neuropsychological testing is to localize areas of deficit, which may be critically important when evaluating for the presence of certain types of disabilities and syndromes, such as *Non-Verbal* or *right-hemispheric* learning disorders.
Best practice guidelines for the assessment of deficits within the right-hemispheric regions indicate that neuropsychological test measures must be used to provide an accurate diagnosis.

Additional problems related to *sensory-motor strip* functioning, which may adversely affect handwriting and pencil control, *frontal lobe* functioning, which may compromise attention and executive function, and *left-hemispheric* functioning, which may interfere with speech and language reception/expression and the processing of phonological information, can all be reliably assessed through neuropsychological test measures.

F. Achievement Tests

Present levels of academic achievement are normally ascertained through a combination of curriculum-based assessment (CBA) and the use of norm referenced achievement tests. While curriculum based assessment (CBA) is necessary to determine how the child is progressing in and responding to the curriculum, standardized norm referenced achievement tests are used to determine if the child is functioning academically, commensurate with his or her cognitive capabilities.

As is true with all psychoeducational tests, different achievement tests measure different constructs. For example, for a child suspected of having a specific reading disability such as dyslexia, it is imperative that academic testing consist not only real word identification, but also of nonsense word reading. This is because dyslexic children have difficulty phonetically decoding words, which are not in their sight vocabulary. It is only by using pseudowords, or phonetically regular nonsense words, that the psychologist can adequately establish the child's phonetic decoding capabilities.

Many academic achievement tests are *untimed*. As a result, disabled children who do relatively well when given unlimited testing time may not appear to have any difficulties by virtue of their achievement test scores. In such cases, *process assessment* is imperative in that it provides important *qualitative* data about how the child actually performed when taking the test.

Dyslexic children can often "logic out" real words and comprehend the meanings of words and sentences if given unlimited testing time. On a timed reading test, such as the Nelson-Denny Reading Test, however, many dyslexic children experience extreme difficulty because they do not have the extra time to compensate for their learning problem.

Many children with Non-Verbal Learning Disorders have difficulty with complex comprehension involving inferential thinking, the prediction of cause-and-effect and the ability to generate inferences. However reading comprehension subtests, such as those found on the Woodcock-Johnson Psycho-Educational Battery-Revised, do not tap into these higher-level comprehension skills. In fact, children with NLD who have profound comprehension problems may do relatively well on the Woodcock-Johnson Reading Comprehension subtests, which reward the child with strong knowledge the meanings of vocabulary terms.

On the other hand, the Reading Comprehension subtest from the Wechsler Individual Achievement Test is imbedded with many items that require the child to predict cause-and-effect, generate inferences, separate relevant from irrelevant detail and engage in higher-level comprehension. In addition, the WIAT battery provides a mechanism for item analysis to determine in which areas the child is having specific problems.

Children suspected of having a Non-Verbal or Right Hemispheric Learning Disorder would obtain a more accurate assessment of their academic achievement functioning on a Wechsler Individual Achievement Test on an achievement test, such as the Woodcock-Johnson.

A psychoeducational evaluation and the results obtained are only as good as the tests administered. There are strengths and weaknesses associated with all tests on the market and two concepts, which must be considered when picking and choosing tests, are the **reliability** and **validity** of test measures.

Reliability refers to the ability of the test to measure the same constructs consistently over time. If a test is unreliable, wildly disparate results may be obtained during test-retest situations.

Validity refers to the ability of the test to accurately measure what it purports to measure. Therefore, when picking and choosing academic achievement tests, as well as any other type of test, psychologists must be aware of the reliability and validity characteristics of their test instruments.

Norm referenced academic achievement tests provide important objective data about the child's present levels of academic functioning. This data can be used to determine the child's response to prior special education intervention and can form a baseline against which to determine the effectiveness of future special education initiatives.

Whenever assessing a child suspected of having specific learning disabilities, the child should be assessed in the areas of *basic reading skill*, *reading comprehension*, *math reasoning*, *math calculation*, *spelling*, *written expression*, *listening comprehension* and *speaking*.

G. Tests of Attention and Executive Function

Testing of attention and executive functions becomes rather complex because there are no single test measures that effectively ascertain functioning within these domains. Therefore, the psychologist must

create a battery of tests and checklists, which provide both anecdotal information and objective evidence of the child's ability to attend, concentrate, control impulsivity and engage higher-level executive functions.

Attention Deficit Hyperactivity Disorder (ADHD) is the most common childhood neurobehavioral disorder inherent in 4 to 12 percent of all school-age children. When evaluating for Attention Deficit Hyperactivity Disorder, direct information must be obtained from parents, classroom teachers and the student's caregivers regarding the core symptoms of ADHD in various settings. This includes the age of onset of symptoms, duration of symptoms and the degree of functional impairment that results from the symptoms.

Psychoeducational evaluation of a child suspected of having ADHD should also include assessment for co-existing conditions including learning and language problems, aggression, disruptive behavior, depression or anxiety. As many as a third of children diagnosed with ADHD also have one or more of these co-existing conditions.

Physicians also need to be involved in the assessment of Attention Deficit Disorders. The American Academy of Pediatrics recently issued guidelines for diagnosing and evaluating students from the ages of six through twelve for ADHD, which require the child's primary care physician to obtain a history and physical examination, neurological exam, family assessment and school assessment. The primary care physician should consider ADHD as a possible diagnosis in any child presenting with the following concerns:

- Cannot sit still/hyperactive
- Lack of attention/poor concentration/doesn't seem to listen/day
- Acts without thinking/impulsive
- Behavior problems
- Academic underachievement

Family assessment for ADHD includes documentation of the specific elements by interview or the use of ADHD specific checklists to rate the child in the areas of inattention, hyperactivity and impulsivity. Documentation should also include observations of the child in multiple settings, information regarding the age of onset of symptoms, the duration of symptoms and the degree of functional impairment.

School assessment for ADHD should include documentation of specific elements of inattention, hyperactivity and impulsivity which occur in the classroom. Use of teacher ADHD specific behavior checklists is also recommended.

Teacher narrative should also be included to provide information regarding the child's classroom behavior, learning patterns, classroom interventions which have been tried, degree of functional impairment, evidence of impact of ADHD on the child's school work, report cards and samples of school work.

The American Academy of Pediatrics relied upon research developed by the American Psychiatric Association and the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) to provide their newly released practice guidelines for physicians and to offer a clinical algorithm for diagnosing and evaluating children with ADHD. Psychologists also rely on guidelines from the DSM-IV to diagnose the presence of attention deficits in school-age children.

H. Tests of Social and Emotional Status

Evaluation of a child's social and emotional status can be completed through the use of teacher and parent observation forms, direct self-reports completed by the child, clinical personality inventories and projective tests.

A variety of standardized checklist forms are available on the market for parents and teachers to rate the child's social and emotional functioning across a variety of settings. Direct self-report forms include measures such as the **Piers-Harris Children's Self Concept Scale** and the **Rotter Incomplete Sentences Blank**. These tests provide a direct measure of the child's emotions and feelings as the child subjectively interprets them rather than as adults observe them.

Additional tests of social and emotional functioning may include the judicious use of clinical personality tests, such as the **Children's Personality Questionnaire**, which provides an assessment of the child's personality traits and a predictor of how the child's social, emotional and personality orientation functioning impacts upon the child's academic performances. This represents a useful tool for determining the impact of the child's personality orientation upon school performance.

There are also a variety of clinical personality tests, such as the **Millon Adolescent Personality Inventory,** which are designed to determine the nature and degree of social/emotional problem that may adversely

affect the child's performance at school and elsewhere. Typically, psychologists use a combination of data gathering instruments to form a complete picture of the child's social and emotional functioning.

When evaluating for social and emotional concerns, the psychologist must determine whether social or emotional problems represent the primary obstacle interfering with the child's educational progress or the secondary symptoms, which have developed in response to the child's frustration at school. State and Federal laws prohibit diagnosing a child with a serious emotional disturbance when the child's inability to learn can be explained by intellectual, sensory or other health factors. A student may not be determined to have a serious emotional disturbance for disciplinary reasons alone.

I. Measures of Personality Functioning

Understanding the child's personality orientation is critical to determining the variables that may affect the child's academic performances at school. Some children may have profound and serious learning problems but because of the nature of their personality, present as very hardworking youngsters who manage to accomplish a great deal against sizable odds.

Other children may experience very mild learning impairments but as a result of temperament and personality, experience a great deal of distress about their learning. Therefore, assessment of personality functioning is a critical component of the psychoeducational examination.

J. Career and Vocational Tests

For children of fourteen years of age and older, measures of career and vocational aptitude and interest should be performed as part of the psychoeducational examination. This allows for the development of a vocational transition plan (VTP), which is a critical component of a child's IEP. In this case, designing appropriate educational interventions that will allow the student to progress toward the accomplishment of career and vocational goals becomes the focus of assessment and recommended intervention.

IV. Observational Data Collection

An important component of the psychoeducational evaluation includes observational data regarding the child's functioning in the classroom, in structured and unstructured social situations and at home. While the

psychologist should directly observe the student when possible, it is most important to obtain observational data directly from individuals who have frequent and ongoing contact with the child in a variety of settings.

A. Direct classroom observation

School psychologists are often required to perform direct classroom observation of the child. While there is value to observing the child in the instructional setting, there are also some difficulties inherent in this type of procedure.

The presence of an observer in the classroom changes the typical flow of classroom functioning and will often alters the behavior of those being observed. "Observer effects" not only alter teacher behavior, but also student behavior. Therefore, while direct classroom observation is an important part of evaluation, it should not be solely relied upon to generate conclusions regarding the child's functioning within the classroom setting.

B. Input from Teachers

Teachers who work with the student day in and day out should be contributing members of the multidisciplinary team to provide information regarding their observations of the student "in the field".

Teachers can provide a wealth of information regarding the child's day-to-day functioning within the classroom setting. Typically it is advantageous to use some form of checklist to obtain observations directly from teachers. The **Pre-Referral Checklist,** developed by Hawthorne Publishers, is an excellent tool for soliciting observational data from teachers in an organized fashion.

C. Observational Information from Parents

There is no one who knows the child better than his or her parents. Parents have had the opportunity to observe the child from birth until the present time. Parents are "in the trenches" with the child from one school year to the next and have the ability to observe the child's strengths and weaknesses in a variety of settings over a lifetime. Therefore, obtaining observational data directly from parents is an important and critical part of any psychoeducational evaluation.

Parents are able to provide input to the psychologist about how the child has progressed through the grades and how the child has interacted with various teachers. Parents have the opportunity to

directly observe the child's ability to complete homework in an independent setting. Parents also are more likely to see the results of fatigue and frustration in the child at the end of the day.

Many learning disabled children hold themselves together during the school day and expend a tremendous amount of effort to meet the academic demands of school. However, those same children oftentimes come home from school exhausted, frustrated, upset and anxious when their ability to cope becomes overwhelming. Observational data from parents regarding is, therefore, critical to understanding how the child performs on a day-to-day basis and how the child returns home after the school day.

D. Observations of Allied Professionals

Other professionals who may be working with the child can also provide important input regarding the child's behavior and functioning in a variety of settings. Counselors, psychotherapists, occupational therapists, physical therapists, speech and language therapists, playground aides, cafeteria workers and school bus drivers can often provide important data regarding the child's functioning across a variety of settings. To the degree possible, it is often advantageous for the psychologist to obtain direct observational data from these individuals.

V. Interpretation of Test Results

Psychoeducational evaluation provides a wealth of information about the functioning of a child. Those psychologists, who perform their testing using a process assessment approach, look not only at the quantitative data obtained during the evaluation, but also at the qualitative data regarding the child's functioning.

Merely reporting test scores without interpreting results does not result in an accurate understanding of the child or provide a basis for specially designed instruction. Therefore, accurate and thorough interpretation of test results is critical to the formulation of an appropriate educational program for the child.

A. Reliance on Best-Practice Guidelines

Psychologists must be current with the research literature regarding learning disabilities and other types of syndromes and difficulties, which may adversely affect the child's functioning at school. For example, a psychologist who believes that the term "dyslexia" refers to

an inability to perceive the directionality of symbols is not current with the research literature and cannot provide an accurate interpretation of test results. When the professional's knowledge basis is weak or faulty or when the psychologist's belief about what constitutes dyslexia is incorrect and unsupported by research literature, inaccurate interpretation of test data and inappropriate recommendations result.

Current research indicates that dyslexia is a language-based learning disorder characterized by insufficiencies in phoneme awareness, phonological memory and rapid naming. Dyslexic children typically evidence considerable information processing strength in listening comprehension, which should be used as the metric for measuring aptitude to predict the child's ability to achieve.

Psychologists who are aware of current, best practice guidelines for assessing dyslexia know that the assessment must contain measures of phonological processing, rapid naming, phonological memory, nonsense word reading, real word reading, reading comprehension, spelling and written expression. Psychologists who are also aware of best practice guidelines for intervention with dyslexia also know that synthetic, phonetic, code emphasis instruction is recommended for children who have language-based learning disorders of the dyslexic type.

For each type of learning disability, syndrome and disorder, which may adversely impact a child's educational functioning, there exists a body or research literature and best practice guidelines for assessment and intervention. Psychologists need to remain current regarding the research literature so that they can provide meaningful assessment and offer recommendations for intervention based upon their expert knowledge.

B. Quantitative vs. Qualitative Data Interpretation

Within the interpretation of the **Test Results** section of the psychoeducational evaluation report, psychologists have the opportunity to discuss and comment upon quantitative vs. qualitative data. For example, the examiner might report that the child was able to recognize words to an average degree when reading a list of real words, but was a very slow word-by-word reader who had to read and reread material in order to correctly decode the stimulus words. Quantitative data, when accompanied by qualitative observation, provides the reader of the psychoeducational evaluation report with important information regarding the child's functioning.

C. Relating Test Findings to Standards for Special Education

When interpreting psychoeducational test results, the examiner needs to relate test findings to State and Federal Standards for Special Education. For example, does the child demonstrate a severe discrepancy between ability and achievement, which necessitates the finding of eligibility for specially designed instruction under the category of **specific learning disability?** Does the child present with indicators of speech and language dysfunction, autism, pervasive developmental disorder, mental retardation or emotional disturbance? It is important in this section of the report for psychologists to tie in evaluation data to the standards of eligibility for special education.

VI. Creating the IEP Blueprint

The psychoeducational evaluation contains a synthesis of observational data, test results, test interpretation and findings of strength and need, which are important to development of the multidisciplinary evaluation report and the construction of the child's individualized educational program (IEP).

A. Evaluation as the Kingpin of the CER

Once the evaluation has been completed, the school district needs to convene the multidisciplinary team for development of the comprehensive evaluation report (CER). This report contains a synthesis of the child's relevant medical and educational history, a review of all prior assessments and observations, the establishment of the child's present levels of functioning, the inclusion of current information regarding the child's strengths and needs and recommendations to the multidisciplinary team for the formation of an IEP. The appropriately done psychoeducational evaluation, therefore, is the kingpin of the comprehensive evaluation report (CER).

B. Logic links from Evaluation, to CER to IEP

Before the child's IEP can be created, the child must be seen for a comprehensive psychoeducational evaluation and a comprehensive evaluation report must be developed. The next step, assuming that eligibility for specially designed instruction has been established, is creating the child's IEP.

The psychoeducational evaluation generally serves as a blueprint for the creation of the child's IEP. For example, a child with a language-based learning disorder of the dyslexic type who evidences a severe discrepancy between ability and achievement in reading decoding, spelling and written expression requires specially-designed instruction to improve functional literacy skills. This instruction must be provided using a synthetic, phonetic, code emphasis approach to improve reading decoding and spelling (encoding) abilities.

The psychologist performing the evaluation should not only provide information regarding the child's diagnosis, but should also provide recommendations for intervention. For example, the psychologist may indicate the following within the psychoeducational evaluation report:

> *"This student displays a severe discrepancy between ability and achievement in the areas of basic reading skill and written expression. Comprehension problems in reading result from decoding insufficiencies, slow word-by-word reading and an inability to phonetically decode words which are not stored in sight word memory.*
>
> *"This student also demonstrates a severe discrepancy between ability and achievement in spelling. The inability to spell and to retain the correct memory of spelling words interferes with the child's ability to complete written work assignments for school. This results in low grades in all areas which require a written response.*
>
> *"This student requires a replacement reading and spelling program using a synthetic, phonetic, code emphasis approach. Examples of appropriate methodologies include the Wilson Reading System and the Project READ Reading and Written Language strands."*

This type of interpretive data and recommendations contained within a psychoeducational evaluation provide a blueprint for writing the IEP. Within the child's IEP, present levels of functioning include specific data regarding the child's reading decoding and spelling (encoding) skills and present levels of achievement as measured by psychological and educational tests.

This section of the report also includes information regarding the child's ability to read grade level textbooks. Specially-designed instruction revolves around use of a synthetic, phonetic, code emphasis approach as a replacement reading/spelling program.

If the district elects to use a method, such as the Wilson Reading System, baseline data can also be obtained using Wilson pretest materials to determine the child's present levels of functioning within that curriculum. Targeted intervention is described in the IEP to indicate how often the child will receive specially-designed instruction and in what type of setting. Progress would be tracked using curriculum-based materials provided with the Wilson program and would also be tracked objectively using a repetition of baseline norm reference measures on a less frequent basis.

For example, if the Word Identification and Word Attack subtests of the Woodcock-Johnson Psycho-Educational Battery-Revised (Form A) were used to ascertain the child's present levels of academic achievement, Form B from this test could be readministered after six months of specially-designed instruction to determine if the child is making a "reasonable degree of educational progress".

C. Using Evaluation Data as a Baseline for Measuring Progress

Present levels of functioning within a psychoeducational evaluation represent a baseline of how the child is performing academically at the present time. Once an IEP has been constructed and specially-designed instruction provided, this data can serve as an important baseline against which to objectively measure the child's progress.

Many IEP's provide evaluation criteria, which are wholly subjective rather than objective and measurable. The child's report card grades, "teacher observations" and "teacher checklists" are insufficient to objectively track the child's progress with specially designed instruction over time.

The standard for "appropriateness" of program and placement is determined by whether the child is able to make a reasonable degree of educational progress as a result of targeted intervention. One way to track that educational progress is through repeated curriculum-based measurements and a repeat of baseline tests once or twice a year.

It is useful to provide baseline testing using norm referenced achievement test measures, which have alternate forms. This eliminates problems associated with practice effect for repeated test measures.

When norm-referenced tests are given repeatedly, practice effect can distort the child's test scores and make the child appear to be doing

much better than is actually true. Therefore, whenever possible, psychologists should use standardized academic achievement tests which have alternate test forms that can be used to eliminate problems associated with practice effect.

VII. Providing Expert Witness Testimony In Educational Due Process Proceedings

A. The role of the Psychologist Expert

In the July 18, 1998, issue of Science News (Vol. 154, pg. 44-46), Bruce Bower stated in, "Seeing through Expert Eyes", the following:

> **"…Experts recognize patterns and consistencies that clarify options in complex situations…and rapidly discern helpful patterns rather than running down lists of rules and procedures…"**

Psychologist experts are able to use tests to determine how a student learns, what the student has learned, and what types of interventions will be effective to insure academic progress. Although the research literature describes these procedures as “process assessment”, it is well known that cookbook solutions can never replace expert knowledge gained through years of training and experience.

Tests used for psychological and educational purposes must be validated for the purposes for which they are used. Such ethical requirements apply to ***all*** psychologists, whether they be engaged in private practice or employed by school districts.

School districts, as well as parents, need to obtain objective evaluations, which are based upon reliable and valid test measures that are administered and interpreted by expert psychologists and educators. Evaluations that are conducted merely to support a parent or school’s position violate State and Federal regulatory standards.

It makes good sense to seek an independent educational evaluation (IEE) in any case where there is reason to question the results of either a school district’s or privately obtained evaluation. It is critical that test data is valid, reliable and expertly interpreted to facilitate an accurate understanding of the student’s strengths and needs and to generate appropriate recommendations for intervention and accommodation.

School psychologists, as well as privately employed psychologists, should be trained in conducting systematic, behavioral observations in the classroom as well as in other environments. Furthermore, all psychologists should practice only in the areas where they are competent and have attained expertise.

The American Psychological Association and the National Association of School Psychologists have published standards for school certified and private practice psychologists, which govern the use and interpretation of psychological and educational tests. It is important that all psychologists, whether employed by school districts or privately, conduct themselves in an ethical manner and within the bounds of their expertise.

B. Preparing to Testify at an Educational Due Process Hearing

Due process hearings by their very nature are at times argumentative and contentious. Educational and school psychologists who testify at due process hearings are in a unique position to provide the hearing officer with information, which is critical to determining an appropriate program and placement for the student.

To prepare for an educational due process hearing, psychologists need to insure that they follow these guidelines:

1. Psychologists need to know the law. They need to take time to understand IDEA regulations and all relevant State statutes for special education. It is impossible to provide testimony about what constitutes an appropriate program of education for a special needs student when the psychologist is unaware of the law requires.

2. Psychologists need to answer all questions directly and then provide further explanation when necessary. This is most easily done under direct examination.

3. Psychologists should not guess at their answers. Instead, they need to state what they know and what they do not know or remember in a candid and honest way.

4. The psychologist should bring all records for the student to the hearing. Attorneys are entitled to review those documents, notes, test protocols and records upon which the psychologist is relying when providing testimony.

5. The psychologist should be completely familiar with the child's educational record and history including the child's IEP and why the child's program and /or placement are being disputed.

6. The psychologist needs to be prepared for cross-examination. This requires a thorough understanding of the parents' and the school district's positions on the issues.

7. Attorneys at times behave in an intimidating fashion and may question the psychologist's credibility as an expert. The psychologist needs to be honest about his/her credentials and the ability to provide meaningful testimony and input into the haring process.

8. The professionalism of the psychologist is on trial during an educational due process hearing. Psychologists need to maintain composure and avoid becoming aggressive.

9. The appearance of the psychologist should also be professional during the hearing.

10. The hearing office may be an educator or an attorney. If the hearing officer is an attorney, the hearing may take a more legalistic approach, similar to a trial. Furthermore, if the hearing officer is not an educator, the hearing officer may need to have educational issues explained in layman terms. It is important for psychologists to testify in language that is easily understood by attorneys and the hearing officer.

11. Practicing school psychologists often take the relevance and dependability of psychometric tests for granted. As tests serve a very specific purpose in educational settings, it is often assumed that the rationale for their utilization is universally accepted and understood. The falsity of this proposition can be a rude awakening for a psychologist who is testifying in a due process hearing.

    While it is true that a good attorney can denigrate almost anyone on any issue, the defense of psychological tests can be difficult. While traditional psychometric instruments are vulnerable to attack on many fronts, it may be useful for a potential expert witness to recognize the probable areas in which the weaknesses of tests may be confronted.

12. Psychologists who are cognizant of education law are aware that the standard for determination of an **appropriate** program and

placement does not constitute the “best” program or placement. Psychologists also need to be aware that although all parents want what is best for their children, the use of the word “best” is often the “kiss of death” in educational due process. Rather the determination of what constitutes an “appropriate” program and placement should be described to the hearing officer by the testifying psychologist.

VIII. Summary

Educational and school psychologists are uniquely trained to conduct psychoeducational evaluations for school age children and to provide important information regarding the best practice guidelines for meeting the disabled child’s needs through specially-designed instruction.

Psychoeducational evaluation consists of a set of systematic observations, which are obtained under standardized conditions. Psychoeducational evaluation is critically important to the determination of eligibility for special education services and can provide a virtual blueprint for the writing, implementation and monitoring of the child’s IEP.

Educational and school psychologists are often relied upon by school districts, parents or the courts to provide expert witness opinion and testimony in educational due process proceedings. This means that the psychologist must have the education, experience, training and knowledge to render an expert opinion regarding the appropriateness of a student’s program and placement.

Psychoeducational evaluation and the ability to provide expert witness testimony are critically important to meeting the needs of children who require special education services. Psychologists who are well trained, current in their knowledge of special education research, aware of best-practice guidelines for assessment and intervention, and who conduct comprehensive, reasoned “process assessment” are invaluable to the process of obtaining appropriate educational programs and placements for special needs children.