

# **Preparation of a Psycho-educational Evaluation Report**

**by**  
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**E**ducational 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. Due process hearings by their very nature are at times argumentative and contentious. The psychologist who is familiar with the law knows that using the word "best" is often the "kiss of death" in special education due process litigation.

Educational and school psychologists who testify at due process hearings are in a unique position to provide the hearing officer with critical information to determine an appropriate program and placement for the student.

What follows are best-practice guidelines for writing psychoeducational evaluation reports.

## **The Role of the Psychologist Expert**

School districts and parents need objective evaluations based upon reliable and valid test measures, administered and interpreted by expert psychologists and educators. School psychologists and privately employed psychologists should be trained to conduct systematic, behavioral observations in the classroom and other environments.

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.

## **Reasons for Referral, History and Observations**

This section of the report describes why the child was referred for testing, the problems the child is having, and the purposes of the evaluation. The next portion of the report will include the child's history and background information.

A psychoeducational evaluation is essentially a "snapshot in time" in that 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.

Research shows that various adverse prenatal and perinatal factors may predispose children to subsequent learning problems. The evaluation report should include:

- \* pre- and perinatal factors that 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.

Historical information should also include data regarding the 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 should also include a complete review of the child's educational history, beginning with preschool educational experiences and concluding with the child's present educational placement. It is critical that the psychologist obtain a complete educational record for the child, including 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, not just written summaries from previously completed evaluations.

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. The report should include observational data from teachers, parents and other professionals who have had opportunities to interact with the child over time.

For the child with prior evaluations, the psychologist should pay particular attention to previous test data. It is not unusual for children who receive appropriate educational programs to demonstrate growth on standardized academic achievement tests and on measures of cognitive functioning. In contrast, it is not unusual for children who have received inappropriate educational programs to demonstrate classic "*Matthew effects*" in their learning (i.e. The rich get richer and the poor get poorer.)

Initially, the term "Matthew Effect" was coined to describe the phenomenon of general decline on tests that measure accumulated verbal learning in children with unremediated reading disabilities. Children who cannot read to learn new information suffer from a lack of exposure to content and their verbal IQ test scores often fall over time. Children with limited reading skills are often placed in low groups in regular education classes, which leads to further educational deprivation. In many cases, the Verbal IQ scores of these children go down over time, rather than remaining stable, as is typically found in the general population.

### **Observational Data Collection: Teacher and Parent Input**

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

"Observer effects" not only alter teacher behavior, but also student behavior. Using checklists and narratives, teachers can provide a wealth of information regarding the

child's day-to-day functioning in the classroom setting. Other professionals who work with the child can also provide important information about the child's behavior and functioning in various 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.

The psychoeducational evaluation should include observational data from the child's parents. Parents have observed the child's behavior from birth to the present time. Parents are "in the trenches" with the child from one school year to the next, and observe the child's strengths and weaknesses in different settings. Parents can provide information about how the child progressed through the grades and how the child interacted with different teachers. Parents also directly observe the child's ability to complete homework in an independent setting.

Many children with learning disabilities hold themselves together during the school day, expending a tremendous amount of effort to meet the academic demands of school. When these children come home from school, they are often exhausted, frustrated, upset and anxious. Observational data from the parents is essential to understanding how the child performs on a day-to-day basis and how the child returns home after the school day.

### **Process Assessment**

Test scores may obscure the *process* behind the child's test-taking behavior and obscure the truth of the child's functioning instead of revealing 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 are functioning within the 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 each child reads.

Reporting qualitative data in addition to quantitative data in an evaluation is called "*process assessment*." How the child obtains test scores is just as critical, if not more critical, than the actual test scores themselves. Therefore, both *qualitative* and *quantitative* information is essential in the compilation of the psychoeducational evaluation report.

### **Cognitive Assessment**

Psychoeducational evaluations generally contain measures of *aptitude* and *ability*, including tests of intelligence and other cognitive functions; neuropsychological 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.

Evaluations usually include measures of *typical performance*, where the examiner asks the child 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.

Cognitive testing is accomplished with standardized IQ tests. Various intelligence tests measure different constructs and different aspects of information processing. This is one reason why IQ test scores can differ dramatically from one test to another.

Scores obtained on tests of *maximum performance*, such as IQ tests, may be depressed by the very disorder that is adversely affecting the child's academic achievement. Therefore, it may be necessary to give a battery of cognitive or tests during the evaluation, rather than 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 as primary tests to ascertain cognitive ability. Wechsler test batteries are not only excellent predictors of academic achievement, but also contain rich information for *process assessment* psychologists to tease out the child's strengths and weaknesses and to ascertain the subtle variables that influence the child's learning.

However, children with serious language-based learning problems may have very depressed scores on Wechsler batteries 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 used to assess the child's intelligence, although brief measures of intelligence should never be used in isolation.

### **Achievement Tests**

Typically, present levels of academic achievement are ascertained through a combination of curriculum-based assessment (CBA) and norm referenced achievement tests. Curriculum based assessment (CBA) determines how the child is progressing in and responding to the curriculum. Standardized norm referenced achievement tests are used to determine how the child is functioning academically in relation to his or her cognitive capabilities.

Different achievement tests measure different constructs. For example, for a child who is suspected of having a specific reading disability, such as dyslexia, academic testing must include nonsense word reading in addition to real word identification. Dyslexic children have difficulty phonetically decoding words that are not in their sight vocabulary. It is only by using pseudowords, or phonetically regular nonsense words, that the psychologist can establish the child's phonetic decoding capabilities.

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

If given unlimited testing time, dyslexic children can often "logic out" real words and comprehend the meanings of words and sentences. However, on a timed reading tests like the Nelson-Denny Reading Test or the Reading Fluency subtest of the Woodcock-Johnson Psychoeducational Battery-III, many dyslexic children experience extreme difficulty because they do not have extra time to compensate for their learning problems.

Many children with Non-Verbal Learning Disorders have difficulty with complex comprehension that involves 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-III, 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 of the meanings of vocabulary terms. On the other hand, the Reading Comprehension subtest from the Wechsler Individual Achievement Test-Second Edition 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.

Children suspected of having a Non-Verbal or Right Hemispheric Learning Disorder would obtain a more accurate assessment of their academic achievement functioning on the Wechsler Individual Achievement Test-Second Edition.

### **Reliability and Validity of Test Measures**

The results obtained in a psychoeducational evaluation are only as good as the tests administered. There are strengths and weaknesses associated with all tests on the market. Two concepts that the psychologist must consider 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.

Norm-referenced academic achievement tests provide important objective data about the child's present levels of academic functioning. This data can not only be used to determine the child's response to prior special education intervention but can serve as a baseline to measure the effectiveness of future special education initiatives.

When the psychologist assesses a child who is 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.*

### **Tests of Attention and Executive Function**

Testing of attention and executive functions is rather complex because there is no single test that effectively ascertains functioning in 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 and is found in 4 to 12 percent of all school-age children. When evaluating a child for Attention Deficit Hyperactivity Disorder, the psychologist must obtain direct information from the parents, classroom teachers, and the student's caregivers regarding the core symptoms of ADHD in various settings. This information includes the age of onset of symptoms, duration of symptoms and the degree of functional impairment that results from the symptoms.

Teacher narrative should also be included for 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 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. Psychologists should rely on guidelines from the DSM-IV to diagnose attention deficits in school-age children.

### **Tests of Social and Emotional Status, Personality Functioning**

Understanding the child's personality orientation is critical to determining the variables that may affect the child's academic performances at school. Evaluation of a child's social and emotional status may include teacher and parent observation forms, direct self-reports completed by the child, clinical personality inventories, and projective tests.

The Children's Personality Questionnaire provides an assessment of the child's personality traits and predicts how social, emotional and personality orientation functioning affects the child's academic performance. The Millon Adolescent Personality Inventory determines the nature and degree of social/emotional problem that may adversely affect the child's performance at school and elsewhere.

When evaluating social and emotional concerns, the psychologist must determine whether the child's social or emotional problems represent the primary obstacle that is interfering with the child's educational progress, or are secondary symptoms that evolved 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.

### **Other Types of Tests and Evaluations**

Typically, speech and language clinicians perform testing of speech and language functions. However, psychologists should assess 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.

Many children experience problems with handwriting, fine-motor coordination and perception of the "orthographic" aspects of print-related material. 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 that 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
- \* various other neuropsychological tests.

Career and vocational testing for the child who is fourteen years of age and older provides important information for the vocational transition plan, a critical component of a child's IEP.

### **Interpretation of Test Results**

The psychoeducational evaluation provides a wealth of information about the functioning of a child. An accurate, thorough interpretation of test results is critical to the formulation of an appropriate educational program for the child. Merely reporting test scores without interpreting results does not lead to an accurate understanding of the child nor does this provide a basis for specially designed instruction.

In quantitative versus qualitative data interpretation, the examiner may 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.

### **Test Results, Analysis, Summary and Recommendations**

In this section of the report, the psychologist presents all relevant information obtained during testing and analyzes/interprets the test results. If prior testing was accomplished or if the child has been receiving special education services, this

section of the report should include information about whether the child is making reasonable educational progress and whether the child is benefiting from specially designed instruction and educational intervention.

The final section of the psychoeducational evaluation contains a summary of test results and recommendations for intervention. In essence, this section of the report provides a blueprint for the writing of the child's IEP. A complete record of the tests, form and revision numbers, standard scores, percentile ranks, and age and grade equivalents should be included if available.

This section of the report should also contain statements addressing the criteria that have been met (or unmet) for determining the child's eligibility for special education services under the law. These statements should utilize the language contained in the statutes and regulations of the Individuals with Disabilities Education Act and should contain specific recommendations for the implementation of specially designed instruction.

### **Reliance on Best-Practice Guidelines**

Psychologists must be current with the research literature regarding learning disabilities and other syndromes and difficulties that may adversely affect the child's functioning at school.

When the professional's knowledge base is weak or faulty or when the psychologist's belief about what constitutes a particular disability, such as dyslexia, is incorrect and unsupported by research literature, inaccurate interpretation of test data and inappropriate recommendations typically result.

Current research, for example, 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 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 that may adversely affect a child's educational functioning, there exists a body or research literature and best practice guidelines for assessment and intervention.

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**About Margaret Kay**



Margaret J. Kay, Ed.D., NCSP, DABPS, has been employed as a private practice psychologist in Lancaster, Pennsylvania since 1980. Areas of specialization include:

- \* Educational and school psychology
- \* Child Neuropsychology
- \* IEP planning and implementation
- \* Vocational transition planning
- \* Psychotherapy for children & adults

Dr. Kay has been relied upon by parents, schools, physicians, colleges, educational counselors, mental health agencies and vocational rehabilitation specialists to provide comprehensive psychoeducational evaluations for children and adults.

Dr. Kay has testified as an expert witness in State and Federal educational due process hearings and is frequently retained by parents and schools to perform Independent Educational Evaluations (IEEs). Disabilities served include:

Attention Deficit Hyperactivity Disorder (ADHD)  
Asperger's Syndrome (AS)  
High Functioning Autism (HFA)  
Dysgraphia  
Dyslexia  
Non-Verbal Learning Disabilities (NLD)  
Disorders of Comprehension  
Tourette Syndrome (TS)  
Disorders of Written Expression

In addition to her work in educational psychology and child neuropsychology, Dr. Kay and her staff provide a variety of related professional psychological and educational services including:

Psychotherapy for children, adolescents & adults  
Psychotherapy for trauma victims  
Professional presentations & training programs  
Cognitive retraining for dyslexia & related learning disabilities  
Individualized tutorials for learning disabled children & adults

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