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Multilevel Assessment and Nondiscriminatory Use of Results in Planning Individual Education Placements and Plans for Learners with Disabilities

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Title: Multilevel Assessment and Nondiscriminatory Use of Results in Planning Individual Education Placements and Plans for Learners with Disabilities.

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Abstract

A multilevel approach to fair and accurate assessment and diagnosis of a learner's disabilities and the use of this information for determining Individualized Educational Placements and the creation of effective Individualized Education Programs for children based upon diagnosis and assessment data will be presented. These assessment levels address the various areas of child ability, the individual's performance across various situations and environments, and the use of multiple measures that vary in degree of formality, construct/content, and style of administration. Examples of this multilevel approach and their use will be provided for later discussion.

Nondiscriminatory methods for interpretation and use of assessment results and exercise of good clinical judgment as to the effects of the individual's particular disability upon performance will be discussed in relation to formulation of relevant education goals, objectives, and services. The degree of adaptation and modification to assessment procedures allowed by publishers and school authorities in the USA and required for the effective administration of assessment instruments to the individual will also be suggested for discussion.

While some diagnostic data used to diagnosis the child's area of specific disability will be discussed, this topic/paper will focus on the careful planning, administration, scoring and interpreting of diagnostic and assessment instruments for effective education program planning as well. Issues of use of formal standardized measures with individuals not represented in the normative sample, and the use of results in placement and planning will be suggested for discussion.

Multiple Levels of Assessment:

All assessment of children with disabilities must begin with a holistic study of the child. In order to be fair and accurate, all aspects of the child and his/her environments of life must be considered. Multiple levels of

instruments and approaches to assessment must be employed. These may include observation, screening, cross domain assessments more global in design, and domain specific measures which tap one area of development or subject matter more in depth. The use of multiple measures, methods, and data sources facilitates nondiscriminatory assessment of children. Essential to this process is gathering ethnographic data on the children and their activities across environments in which they live, play and work.

Observation Report Formats take many forms, based upon the purpose for which the observation is conducted. Observation for assessment is a particular type of observation process and is the initial part of assessment. As observation is assessment, parental permission must be secured prior to observing. Initial stages of child study must include a thorough statement of background information on the child. This should include review of all available records. Parental permission must be obtained prior to this review. Next, interviews of the child, parent/important other, and current and prior teachers and therapists should be conducted.

A format for observation for assessment can be found in Appendix A. This format provides a structure for gathering information that informs setting up the assessment process. A background statement on the child based upon a thorough review of the records sets the introduction to the child. Interviews with the child, teachers, parents, and significant others provides a family and individual history. The results of previous evaluations provide prior results of testing and current levels of performance.

There are various levels of observation; one specifically related to gathering insight into setting up the assessment setting is essential. Some of the salient characteristics to observe include (Sattler, 2002): physical appearance, reaction to testing sessions and to the examiner, language style, response styles to successes, failures, encouragement, activity levels, attitudes towards self, examiner, and the testing environment, visual-motor ability, unusual habits or mannerisms, and the examiner's reactions to the student (p. 278).

Observing the child across the various environments in which he/she must live and perform is also essential. Prior education experience, medical history, family history (including information on other family members who might be experiencing the same difficulty or disability), school attendance patterns, hobbies, personal interests and family structure and predispositions provide great insight into the individual and their abilities. These observations may include information and perceptions from observers, inter-rater reliability of perceptions by multiple observers, impressions of teacher, peers, and parents (McConnell, S. R.; Odom, S. L. (1999).

Observation of the child across several settings (resource room, general education placement, home, community, recess, etc.) provides information about how the child performs, interacts, and works. Information from these various settings helps to deduce if behaviors are situation specific or a tendency on the part of the child across environments. Based upon review of this Observation for Assessment, decisions can be made about

structuring the assessment sessions for the best possible performance for the child. Considerations include number of sessions, duration of each session, lighting, special devices or equipment, and whether or not there is a need for a caretaker to be present. This observation report can also inform the identification of the domains of behavior to be evaluated, and the selection of instruments and subtests/sections that should be administered, and age-level for point of entry into the instrument,

Screening instruments given after observation inform the later more formal assessment process by helping to obtain a rough estimate of child performance within areas of ability or across domains of skills. These are quick and easy administrations that provide rough estimates of performance levels. They yield a dichotomous decision, yes there is need for further assessment in this area, or no, the overall performance indicates ability within normal ranges for that child's age and grade level. Screens can be in many areas including sensory (vision and hearing), motor abilities, academic abilities, social emotional skills, and daily living skills. These quick estimates assist in finding the "point of entry" for beginning testing using a more formal and elaborate instrument. Screening scores are not predictive, but give us a snapshot of child ability at the time they are given. Screening measures typically have fewer items per developmental bracket (say 3 items per ability area per 3 month age bracket).

Cross-domain assessment provides more in-depth information about the student's performance across ability areas. There are more items per bracket, therefore providing more information about the performance and ability levels of the students. These instruments are available in many formats and address many areas of performance. Some address child development including items in related domains of behavior such as cognitive, language, fine and gross motor, social/emotional, self-help, and other abilities. Examples include the Early Learning Accomplishment Profile for Young Children (ELAP), and the Hawaii Early Learning Profile (HELP), and the Preschool Evaluation Scale (PES). These instruments provide essential information about the impact of a disability or impairment upon developmental patterns so that education plans can be targeted to child needs.

Instruments related to academic achievement cover many areas of learning skills indicating grade level performance across curriculum areas such as math and reading and are the most frequently administered instruments in our schools today (Salvia & Ysseldyke, 2001). The learning abilities addressed may include oral language, story recall, vocabulary, spelling, written language, mathematical computation and problem solving. Examples include the Woodcock Johnson III Tests of Achievement, and the Wechsler Individual Achievement Test III. (WAIT). These instruments are very standardized in their administration and have many more items at each level in order to assist identification of specific skill areas to be targeted in education plans.

Domain specific assessment should be selected after analyzing the results of the cross-domain assessments and determining those areas of performance, which need further and more in-depth diagnosis.

This assessment might be in an area of developmental ability such as the Beery Developmental Test of Visual-Motor Integration (VMI), the Oral and Written Language Scales (OWLS), the Developmental Test of Visual Perception (DAP), the Scales of Independent Behavior Revised (SIB-R), and the Vineland Adaptive Behavior Scales (VABS).

Domain specific assessments may also address individual performance in subject areas such as the Key Math Revised, the Peabody Picture Vocabulary Test (PPTV), and the Gray Oral Reading Scales., the Receptive One Word Picture Vocabulary Test-Revised (ROWPTV-R), and the Expressive One Word Picture Vocabulary Test-Revised (EOWPTV-R). These instruments are more intense than achievement tests as they focus on one particular developmental skill or area of the curriculum and have many items per skill/performance area. These domain specific instruments assist in finer definition of skills within a sequence, and facilitate identification of specific skills to be addressed by long term goals and benchmarks in the IEP. Instrument relating to life and daily living skills usually cover the skill areas of communication, motor ability, living skills, and social emotional adaptation.

Special populations may have instruments written to address their specific group or disability. These instruments have been helpful in assessing students who bring many special needs to both the education and assessment process. While helpful, their use and interpretation is often problematic given the low incidence and great heterogeneity of the population upon which they are normed. For example, finding a nationally representative group of students with deaf-blindness is very difficult if not impossible. These instruments raise the consideration of the aims and definition of that for which we are assessing the student. Do we wish to know the performance of an individual in relation to age-mates without disabilities, or do we wish to know how the child is performing in relation to peers with similar performance and ability challenges? Instruments in this group might include the Hiskey Nebraska, the Callier Azusa, and Perkins Binet, and the Leiter International Performance Scale-Revised (Leiter-R), a nonverbal measure of intelligence. The Angler Nonverbal Ability Test also provides a measure of general ability and claims to predict education achievement.

Rating Scales have been developed for the assessment of Attention Deficit Disorders (ADD) and Attention Deficit Disorder/Hyperactivity Disorder (ADD/HD). There are checklists and inventories for teachers, parents, students, and peers. Rating scales provide only a “picture” or an impression of someone’s perception of a child’s behavior that is why it is important to gather these impressions from as many sources close to the individual as possible. While rating scales do not *diagnose* the presence of ADD/HD, they *provide indications*, which may assist parents and teachers in referring a child for services, or to the family physician for assessment according to DSM-V standards. Examples of these instruments include the Conners’ Rating Scales (CRS) including the Conners’ Teacher Rating Scales (CTRS), the Conners’ Parent Rating Scale (CPRS), and the Conners’

Abbreviated Symptoms Questionnaire (ASQ). Other ADD/HD measures include the Children's Attention and Adjustment Survey Profile (CASS), and the ACTeRS PROFILE- Girls' form, and the ACTeRS PROFILE-Boys' Form.

Levels of Assessment Instruments

The level of formality, manner of administration, and other characteristics of the instrument provide another layer of consideration for overall assessment of the child. Instruments varying in level of formality, subject area, type of skills, and developmental domain are all options that can make the evaluation of the child diversified to obtain the best and most accurate information on the learner. Different levels of assessment instruments are used for varying purposes. There is also a difference in the intensity and levels of assessment used across the events of initial, tri-annual, and annual evaluations of children.

During initial evaluation the focus is usually upon qualifying for service, and "diagnosis" of the impact of the disability or multiple disabilities on the child's development and overall performance in the curriculum, life skills, and the environments in which they live, recreate and study. Annual reviews typically focus upon progress over the previous year of instruction and service delivery. These results also serve to some degree as evaluation of the program of supports and services the student has received. Tri-annuals are a combination of the two. Many districts really prefer that formal testing using formal achievement batteries be done only upon initial and tri-annual assessment events due to the sheer intensity of overall and periodic assessment of the children. In fact, most formal measures now have equivalent forms published to prevent child habituation to the questions and activities on these heavily used instruments.

Norm referenced instruments provide information on how the individual performs in relation to a normative sample of a population to which they belong. Results typically fall upon a "normal distribution" or the "bell curve" with an average of the fiftieth percentile - half falling above and half falling below this 50th percentile ranking (Chase, 2002). These instruments are typically very formal in administration and standardized in the procedures. The instrument should carry in-depth information about the related population and definition of how the normative sample was drawn. Typically norm referenced instruments are re-normed according the US census, about every ten years.

Criterion-references tests (CRTs) are designed to measure the child's ability in a specific well-defined domain of skills or behaviors. These measures document the attainment of the child's mastery of a specific skill, objective, or task. Usually CRTs address fewer and better-defined domains of behavior, and have many more items per level of performance than cross-domain or achievement tests (Cohen & Spenciner, (2003). The child is not evaluated in terms of their performance within a normative group, but rather in terms of their progress towards mastery of a given skill. Criterion referenced measures are very helpful as they assist in the evaluation

of a child's progress through a given sequence of skills. They are very easy to translate into IEP goals, and to assist in the documentation of progress through the long terms goals and benchmarks written for the child.

Curriculum-based assessment (CBA) links instruction to the curriculum and the child's grade level performance across areas of that curriculum in relation to a set of standards, a set of skills, or academic standards of what a student should know or be able to do at a given grade level. These can also be considered program assessments as theoretically they provide information about how well the child's instruction and school activities have assisted his/her progress in their education plan (Chase, 2002). Other terms for curriculum-based assessment include curriculum-based measurement (CBM), curriculum-referenced measurement, and curriculum-embedded measurement. These measures also provide information for program evaluation as they evaluate the child's progress across a curriculum or program of service delivery. Given the push for standards based curriculum and outcomes based assessment, curriculum based assessment assist in documenting the child's progress through subject matter content that is graded, and somewhat lock-step in its delivery.

Alternative assessments provide an approach to assessment other than the above mentioned more formal and standardized methods. The terms alternate and informal assessments are often used interchangeably (Cohen & Spenciner 2003). Most recently, alternate assessment has provided the method for assessing the progress and performance of students who cannot approach more formal standardized approaches to state level testing. The salient element of these alternate assessment methods is that they must be linked to the child's curriculum. This type of assessment is closely tied to the child's daily work and can be evidenced through alternate performance indicators such as work samples, teacher records and logs, journals, notebooks, and portfolios (Marolda & Davidson, 1994).

The provision of alternate assessment procedures has provided a means of evaluating student progress, and program quality. As the use of high stakes testing increases across the nation, the need to qualify the education experience and progress of children with more severe or multiple disabilities increases. The State of California has provided elaborate procedures for the interim period between the effective date mandating the provision of alternatives to State Testing And Reporting (STAR), and the development of an alternate assessment for those learners with special needs who are exempted from state testing through their IEPs or 504 plans. California is implementing for the first year use of the California Alternate Performance Assessment (CAPA). The CAPA addresses the mandates of the Individuals with Disabilities Education Act (IDEA) and the No Child Left Behind Act of 2001 (NCLB) which requires that ALL students are included in state-wide assessment and accountability programs. The timelines for CAPA implementation in California included regional state-wide training on the CAPA in January of 2003, and administration of this instrument to children March 17 – April 25th of 2003 (CDE/SDECAPA, 2003).

High stakes testing results are used to make very important decisions in a student's life, such as moving to the next grade level, graduating from high school, getting into the college of their choice. The results of high stakes testing also affect teachers, programs, and agencies such as school districts. Annually, local newspapers report the results of the high stake testing for the local schools and districts. The future funding of schools, districts, special programs, as well as the future careers of teachers, and administrators depend on the outcomes of these high stakes tests. Results are reported in local papers and relate how a school performs in relation to all schools in the state at each level, as well as how well the school performs in a "peer group" of comparison schools. This may result in schools with lower scores being labeled "low performing". As this label has had devastating effects on the morale of the school staff, parents, and children, the state of California has just decided to change this moniker to "high priority" schools. These schools qualify for special funding and incentives in order to bring up their overall performance against state benchmarks.

Aptitude and ability testing supposedly provide information about the level of aptitude a student has (capabilities and capacities for learning but measured in very traditional ways); and their abilities at a given time (achievement across subject areas). Formal IQ tests are typically given to measure aptitude, or a child's propensities and potential to learn. Achievement tests are typically used to determine where the child is performing across subject areas. The use of these two types of measures has historically determined the diagnosis and placement of children with learning disabilities and other special education needs as well. This is problematic, as the degree of discrepancy is the magic formula for "qualifying" a child for services under the Individuals with Disabilities Education Act (IDEA), and obtaining an IEP for special services.

Universally designed assessments (UDA) by definition are developed and constructed to be valid and accessible for the widest range of students. This range includes children with special needs as well as those with Limited English Proficiency (LEP) (NCEO, 2003). The idea and purpose of Universal Design for Learning (UDL) was developed to expand the ideas and principles of universal design for architectural accessibility and apply them to the diverse approaches to learning by the very heterogeneous group of individuals served in today's schools (Dolan & Hall, 2001).

The ideas and precepts posited by this format for assessment consider the universality of individual learner needs. There are therefore no "special needs" groups who may be excluded from testing because the instruments themselves were inadequately constructed. The universally designed assessment instrument encompasses and provides opportunity for all who take the test to succeed in accomplishing the tasks of the instrument. There are no special scoring features, or exclusion of scores, as necessary accommodations are built in to the administration of the instrument. Dolan & Hall list these features including three major genres of accommodation/accessibility:

- multiple means of recognition,
- multiple means of expression and,
- multiples means of engagement (p 2).

Due to the universality of these multiple modes of interaction of individual and “instrument”, there is less risk of invalidating results due to accommodations and modifications to the testing environment, method of response, or membership in a particular group. These multiple means of recognition, expression, and engagement of Universal Design for Learning rely on the ability of new digital media to assist in more flexible presentation of information). Dolan & Hall (2003) state that digital media are more amenable to translation into alternate forms of presentation and they provide the following examples:

- text to speech; (screen readers)
- speech to text (captioning)
- image to touch (paperless Braille, tactile graphics)
- typed input to spoken input (voice activated and voice recognition systems) (p2)

Over the past two decades, technology solutions have been used to solve problems and to open avenues for access and success in the classroom. The new venue for education change will be to use these technologies to also open up the assessment situation to similar access and success.

Deficit Assessment Models

For children with disabilities, use of norms in these standardized tests is problematic. The instruments used to “assess” their performance and even to “diagnosis” disability were not written, normed, and standardized upon samples representative of their population. Therefore, any use of test results from formal measures is problematic, and serve only to determine how different, deviant, or “under-performing” children with special education needs are in relation to peers without disabilities.

The discrepancy model focuses upon what the child cannot do and upon the degree or “significance” of the discrepancy between aptitude (IQ Scores) and abilities (Achievement scores). Formal diagnostic systems are used to determine these scores (intelligence test and achievement batteries).

Discrepancy is typically used as a means of identifying learners with learning disabilities, and requisite for diagnosis of the specific nature of a child’s learning disability and qualification for services. This method is based upon looking for “difference scores”. In the school setting, we assess a child to test for a sufficient discrepancy between aptitude (IQ tests) and ability (achievement tests). In most states of the US a child must have a 1.5 standard deviation difference between the IQ score and a cluster Standard Score (SS) in a particular academic skill areas (such as mathematical ability, oral and written language abilities) in order to be diagnosed with a learning disability and to “qualify” for services of special education programs. This significant difference,

or discrepancy, is typically 22 points difference between IQ score and the standard score (SS) of an achievement battery. The standard score of one achievement subtest alone may not be used to establish the discrepancy.

The great fallacy of this discrepancy diagnostic technique is the assumed reliability of the “difference” between the two scores compared. Each score is more reliable as its own value, than when compared in order to determine discrepancy. Error in the comparison can be attributed to many things. Salvia & Ysseldyke (2001) state that this difference is a function of three facets:

- the reliability of the test A,
- the reliability of test B,
- the correlation between tests A and B. (p. 140).

Another important note is that differences between normative groups can also affect the correlation between A and B as well.

Peer Group Comparisons for children with special needs is problematic. Use of measure supposedly normed and standardized for “special groups” is also problematic. Children with disabilities make up approximately 10 - 15% of the school population. To find enough candidates for the administering, norming, and standardization is difficult and very expensive in terms of overall costs of instrument development. Children qualifying under IDEA are typically diagnosed using instruments normed upon children without disabilities resulting in deficit scores, not scores that really reflect their ability and strengths.

Categorical labels and placements often result in limited expectations for the child. The focus of assessment becomes the “diagnosis” of the appropriate category of services delivery, and resulting ability groupings isolated from the core curriculum. This deficit focus becomes the central theme of all planning, services delivery, parent conference and staffing deliberations. The focus is upon “remediating the child” and “bringing them up to standards”. This remediation usually takes place in a venue other than least restrictive general education settings. This adds to the problem of the child “belonging to someone else” rather than the school as a whole.

Accommodations and Modifications to Assessment Procedures

Students with special needs often need assistance in the assessment situation. As a measure to provide fair and appropriate testing situations for learners with special needs, state approved accommodations and modifications are allowed. This assistance may be as simple as seating, lighting, adapted pencils, bolsters, separate testing individually or in a small group, or other adjustments that do not alter the level of content or difficulty of the test items. Modifications are considered to be a further departure from standardized testing procedures, and may affect the level of difficulty or content of the instrument. Reports of results of students using category III modifications such as use of a calculator or math table on mathematics tests, or having items

read aloud or signed on a reading test, may include cautionary notes about the validity and use or interpretation of their assessment results. In some states, these resultant scores are not reported, or only combined into the scores at the lowest level of performance so as not to affect or impact the overall Academic Performance Index (AOI) of the grade level, schools, district, or state agency. Reports of results of students using category III modifications such as use of a calculator or math table on mathematics tests, or having items read aloud or signed on a reading test, may include cautionary notes about the validity and use or interpretation of their assessment results. In some states, these resultant scores are not reported, or only combined into the scores at the lowest level of performance so as not to affect or impact the overall Academic Performance Index (API) of the grade level, schools, district, or state agency.

Once again, due to the rigid focus upon the child's disability rather than the child's abilities, formal testing and assessment excludes the individual from fair and appropriate access to adequate assessment of their progress in their education and service delivery program. When considering high stakes state norm referenced testing efforts, this focus upon "allowable" accommodations and modifications subjugates individuals with disabilities to the double disability of the impairment itself, and the resulting impact on the decision making made by state officials as to which assessment provisions can be "allowed".

Typically, the fulcrum upon which one decides the permission to use an accommodation or modification is the frequency of use of that provision in the child's daily education program, or the inclusion of this provision in the child's IEP or 504 Plan. The technical differences between accommodation and modification are essential to the allowable changes in testing procedures.

Accommodations to testing situations, administration, and formats are considered to be facilitative of the student's success in approaching the testing materials, but do not alter the level of difficulty or the construct being assessed. These accommodations are considered to have no impact on the scoring of the results of the instrument. These accommodations are categorized by various aspects of the assessment situation including those related to presentation, timing/scheduling, setting, response format, use of aids or tools, and a category of "other". The accommodations are also rated in three categories according to degree of impact on the results and the child's normal usage of accommodations or modifications in day to day work. For example, those adaptations and modifications used in the State of California are divided into three categories.

Category I includes accommodations that are available to students and regularly used in their classroom. Examples include use of highlighters, markers or masks to maintain their place Being tested individually or in a small group, provided special lighting, use of adaptive furniture, or working in a study carrel/study enclosure.

Category II includes accommodations available only to students with documentation of use of the method in their IEP or 504 Plan. Examples include having items read aloud to them (but not on a reading test), use of sign language to translate directions, extra time within a testing day, taking the test over more than one day (for a test that usually takes one session), and the provision of Braille and large print formats of the instrument.

Category III includes **modifications** (fundamentally alters that which the instrument measures) available only to students with documentation in their IEP or 504 plan. When use of modifications alters the content or level of difficulty of the instrument, in some states the results are considered invalid. These *Modifications* are more drastic changes in the methods of administering or taking the test. Examples include reading aloud the questions or items on a reading test, using sign language to translate questions or items on a reading test or use of either modification for children with Limited English Proficiency (LEP) taking the English Language Ability test.

Reports of results of students using Category III modifications such as use of a calculator or math table on mathematics tests, or having items read aloud or signed on a reading test, may include cautionary notes about the validity and use or interpretation of their assessment results. In some states, these resultant scores are not reported, or only combined into the scores at the lowest level of performance so as not to affect or impact the overall Academic Performance Index (AOI) of the grade level, schools, district, or state agency

Out of Level Testing (OLT) occurs when a child in one grade level is assessed using the version of a test intended for students in another (usually lower) grade level. This is often done as an accommodation for a student with a disability. The State of California does consider this problematic for reporting and accountability of student progress. There is some support for OLT provisions as many consider it better matches the child's instruction level in relation to the test, provides a more accurate ideas of where the child is performing, and avoids unfair and undue frustration. While OLT is controversial supporters believe that it:

- Provides a better match to the student's instruction level,
- Provides more accurate measurement,
- Avoids undue frustration for the child.

Many School Boards across the state of California, and in many other states do not allow OLT. Those who are opponents of OLT believe that it:

- Is inappropriate for accountability and reporting purposes,
- Lowers student and teacher expectations for work and progress,
- Is less precise because out of level instruments do not address the child's grade level materials. (CDE: SDE, 2002).

The State Board of Education (SBE) in California has approved these provisions on policy concerning STAR for the 2003 STAR period:

- OLT is available only for students whose IEP and 504 plans designate this accommodation,
- Students may not take out of level tests prior to the 5th grade,
- No student may take a test more than two grade levels below his/her grade placement,
- Students taking OLT must take both the California Achievement Test Sixth Edition (CAT/6) as well as the California Standards Tests (CST) at the same grade level,
- Students taking 4th or 7th grade test must also take the writing exams.

As for the reporting of OLT scores, CAT-6 equated scores will be included in the reporting (but no more than two grades out of level). CST scores will be reported with the lowest performance rank (that of “Far below Basic”). (CDE: SDE, 2002). The training for trainers took place in the first two months of 2003 and should assist districts in administering the CAPA for the first time this 2002-03 academic year.

Alternate Forms of Assessment

The use of alternate more nondiscriminatory approaches to testing and measurement provide better options to formal standardized measures. All states are now required to provide for alternate forms of assessment. A distinct line is drawn between accommodations and modifications as mentioned in detail above. There are levels of departure from the standardized testing and reporting (STAR) done in the schools.

Beginning in the 2002-03 school year, the California Alternate Assessment Performance (CAPA) will serve as the California’s Standardized Testing and Reporting (STAR). All students enrolled in grade 2 – 12 are expected to participate in STAR, or CAPA if qualified to participate. There are five levels for CAPA. Some students with severe and profound cognitive and multiple disabilities may qualify for Level I. For the 2002-2003 academic year, the level for testing may be determined by the teacher. In future years the eligibility for Level I testing must be a part of the child’s IEP. There are specific guidelines for the use of California Statewide assessment with children with disabilities. Eligibility for the California Alternate Performance Assessment (CAPA) will be based on the learner’s IEP, which for those who qualify for CAPA typically focuses on critical life skills.

Well defined participation criteria are used (See Appendix E). Examples of criteria include:

- The student demonstrates academic/cognitive ability and adaptive behavior that requires substantial adjustments to the general curriculum,
- The decision to participate in CAPA is not based upon excessive or extended absences,
- The decision is not primarily based on language, cultural, or economic differences,

- The decision is not based primarily on deafness/blindness, visual, auditory, and or motor disabilities.
- The decision is not based primarily upon a categorical label of service delivery. (CDE/SED, 2003).

The CAPA is designed to allow for accommodations; therefore accommodations do not need to be noted on the scoring sheet. There are eight items per CAPA content area, each content area takes approximately 20 minutes to complete. For this year, the content areas are English Language Arts and Mathematics. Health content is being field tested at this time and other content areas will be added later (CDE/SED, 2003).

As of 2003, specific accommodations will no longer be noted, merely the fact that accommodations were made. Specific modifications will, however, be noted. (CDE) If students are exempted from all CST (California Standards Tests) the answer book will be turned in and coded to indicate that the student was not tested.

Nondiscriminatory Use of Results from Assessment

Once the evaluation has been done and all of the information has been collected, careful evaluation of all the data must ensue. A helpful format for amalgamating all of this material for consideration of the needs of the whole child is a case study format (Appendix B). This format, can be used in circumstances where there is a need to study very intense needs of an individual student. The case study method is taught in the author's graduate level assessment and curriculum course as a means to prepare special education candidates to view, approach, study, and plan for children via a holistic approach to assessment and planning. Once this holistic process is accomplished, the rubric of the case study process and protocol remain with the credential candidates as a salient paradigm through which they then approach the assessment of and planning for children with special needs.

The case study draws upon the information obtained from the Observation for Assessment Report (Appendix A), and builds upon that adding the results of the assessment process, the anecdotal notes, and information from that evaluation of the child. In writing the case study, teachers reflect upon all aspects of the learner and their interactions with the child during the assessment sessions. The format assists in organizing a great deal of information from various levels of testing and assessment into one global picture of the child. In the section on instrumentation and results, comparison of current outcomes to past results is required. This assists in seeing progress or regression across areas tested. The Alternate assessment section encourages or requires (depending on the child) the use of a variety of alternative measures and more authentic evaluation

methods. These might include the CAPA, behavioral rating scales, teacher anecdotal, work samples, task analyses designed for the individual learner, and many other types of data.

The most important part of this process is the reflection upon all of the data, the knowledge of the learner resulting from the interactions between child and evaluator, and consideration of the accuracy of the results. Accuracy is judged in light of the nature of the instruments including the normative sample, the level of assessment, the learner's responses, the possible impact of the individual's disability on the assessment process and other factors. Conclusions must be drawn about the meaning of the numbers and scores and whether results can be considered accurate, inflated (due to accommodations changing the level of difficulty) or deflated (due to lack of accommodations and impact of the disability on performance on the assessment).

Summary of findings and recommendations for the child's education plan come only after deliberation of the above information. Recommendations include placement, related services, time in general education, specialized devices and materials, progress through the curriculum and to graduation or transition to the next grade, home and community needs (such as leisure time activities), and impact on the family unit and need for family services.

Finally, long term goals with shorter term bench marks for development of the IEP are considered. These must relate to the specific needs, and abilities identified through the full assessment process. A reflection on this process helps the candidate/teacher to remember a global and holistic picture of the child, the impact of the disability, and the individual's strengths and abilities for future planning. This process can facilitate a departure from the traditional and devastating deficit approach to testing and measurement in special education.

Clinical Judgment involves consideration of scores as indicators of true performance. The identification of a "true score" is not possible. As state by Salvia & Ysseldyke (2001), "Unfortunately, we never know a subject's true score. Moreover, the obtained score on a test is not the best estimate of the true score" (p. 135). The identification of a range of performance, with confidence levels of that stated range is possible. When interpreting the results of testing for individuals with special needs, that range of ability is often broader, and the band of confidence that the stated score or performance level is accurate is much less broad. In other words, due to the unique characteristic an individual with specific disabilities brings to the assessment process, it is really not possible to find an instrument or PRODUCT that is nondiscriminatory. The PROCESS of interpreting and using the results provides the **nondiscriminatory** approach to assessment.

Interpretation of the resulting numbers (age equivalent, grade level, quotients, standard scores, relative standing scores, etc.) is the most critical duty of any educator's job. Relating the scores to parents, families, and IEP teams is of critical importance. Use and meaning of results in relation to the accuracy or relevance of scores

must be impartial, but the quandary comes in the accuracy of results from instruments given to children for whom they were not written or standardized. At best, results from formal measures for children with special education needs provide us an entry point for education planning and instruction. For this purpose, they may be helpful. Strict adherence to resulting grade level and age level, or scores of relative standing scores can be damaging to the child and the family. Once provided intervention and individualized instruction, an individual's performance on such instruments may increase exponentially. The child did not really get "better", or "smarter". The potential was there from the start. The assessment process became more of a "handicapping condition" than the existence and impact of the impairment itself.

Diagnosis and Placement and Educational Planning

In the United States, the basic and most comprehensive venue for education planning for learners with disabilities is that of the Individual Education Plan (IEP) team meeting. Mandated by law, this meeting must take place annually, and in certain circumstances (trauma, health, change of placement or services or other significant personal or education event) it must take place more often. Planning for this event is crucial. The use of a planning sheet or rubric can be very helpful, especially when there are many children on the caseload. The IEP Planning Format (Appendix C) provides a rubric for planning this important meeting. When there are 25 – 30 IEPs in a given year per resource teacher, memory alone does not suffice for keeping the details and check list of discussion items organized and completed during the IEP meeting. A simple planning sheet for this process facilitates getting through all the points of preparation for the meetings, and discussion and work during the IEP meeting.

Long term goals and benchmarks for each goal should be prepared and signed off on at the meeting. While teachers may have suggested goals, and certainly the goals and objectives (benchmarks) from prior IEPs, new goals and objectives should not be filled out on the forms prior to the meeting. This is to be a team process, and agreed to by the parent and the learner as well.

Placement changes should be considered. Any significant changes in related services should not be a surprises to the child and family. Telephone calls beforehand or parent conferences should prepare the family for any drastic changes that might be suggested, (exit from special ed, expulsion/suspension, no ascending to the next grade, removal of a related support service, etc.).

Special materials and curricular adaptations/modifications that are currently provided should be discussed and inquiries should be made as to how helpful these have been. Listening to parents and children about newly requested materials and equipment will assist in planning and providing services for the future.

Family support services should also be discussed. The IEP meeting should provide time to ask the family about how they are doing; future plans for the family unit and the child, requested or required services from the

school or other related agencies, and input/information from the family physician or other related medical personnel. When considering our schools as “community schools” our concerns and provisions should not be limited to that which the school building can provide. Referral to other agencies, community services, and venues of activity (such as leisure time activities, and respite care facilities) should be provided in true case coordination.

Consultative collaboration with other service personnel and general education teachers should be discussed. Every effort should be made to have the general education teachers receiving and including the learner in attendance at the IEP meetings. This is especially essential when goals on the goals and objectives forms include the name of that general education teacher as responsible for addressing the benchmark. Asking the receiving teacher about the supports that would assist in including the youngster successfully, as well as the need for a shadow aide, assistive technologies, devices, special materials will facilitate collaboration and keep communication lines open and collegial.

Special Factors Forms must be provided and updated at every IEP meeting (Appendix E). This form mandates the consideration of special services and materials, which in the past have often been neglected and not written into the IEP plan by the team. The special factors form mandates that teams consider the special needs of children in terms of:

- assistive technologies,
- support of English language learning,
- sign language and interpreters for the deaf,
- for this with blindness or visual impairment is Braille or large print required,
- specialized communication strategies,
- positive behavior intervention plans,
- at age 14 information as to rights at age of majority and transition services related to their program of study,
- at age 16 (or younger if appropriate) must have an Individual Transition Services Plan (ITP)

An example of a special factors form can be found at Glenn County California Special Education Local Planning Agency (SELPA) at http://www.glenn-co.k12.ca.us/gcoe/student_services/forms/word/16c.doc.

Conclusions

Through the careful selection of instruments, procedures, and scoring and interpretation of results nondiscriminatory assessment of children with special education needs can occur. This requires a different approach to testing and measurement than that provided for in the manual. There are acceptable

accommodations and modifications to testing materials and to assessment situations. When these adaptations are provided, we can obtain a much enhanced picture of the abilities of the individual with special needs. This assessment of potentials and abilities is much preferred to a focus on the disability and the on “difference scores” which indicate the degree of discrepancy between aptitude and performance.

There are many forms and methods of alternative assessment procedures. The use of universal design assessments, authentic and alternative assessments provides more useful evaluation data for the planning of the special education programs for children with special education needs.

REFERENCES

- California Department of Education, Special Education Division. California Alternate Performance Assessment Participation Criteria. March, 2003. Retrieved March 10, 2003, from <http://www.cde.ca.gov/spbranch/sed/capa/asesmnt.htm>
- California Department of Education, Special Education Division. Guidance for Standardized Testing and reporting (STAR) program out-of-level testing. Retrieved February 12, 2003, from <http://www.cde.ca.gov/statetests/star/admin/updates/notes1002.pdf> .
- California Department of Education, Standards and Assessment Division: Assessment Notes (October, 2002) page 3. Retrieved March 10 from <http://www.cde.ca.gov/statetests/star/admin/updates/notes0802.pdf>
- California Department of Education (CDE), California alternate performance assessment (CAPA) added to STAR program. Standards and Assessment Division: Assessment Notes (August, 2002) page 3. Retrieved March 11, 2003, from <http://www.cde.ca.gov/statetests/star/admin/updates/notes0802.pdf>
- Chase, B. (2002). *The new public school parent: How to get the best education for your child*. Penguin Books, Penguin Putnam Inc. New York.
- Cohen, L. G., & Spenciner, L. J. (2003). *Assessment of children and youth with special needs*. Allyn and Bacon, New York.

- Dolan, R. P. & Hall, T. E. (2001). Universal design for learning: Implications for large-scale assessment. *IDA Perspectives*, 27(4): 22-25.
- Kaufman, A. (1994). Intelligence testing with the WISC-III. New York: Wiley.
- Kamphaus, R. W. (1993). *Clinical assessment of children's intelligence*. Boston: Allyn & Bacon.
- Marolda, M. R.; & Davidson, P. S. (1994). Assessing mathematical abilities and learning approaches. In: C. A. Thornton & N. S. Bley (Eds.) *Windows of Opportunity*, pp. 83-113. Reston VA: National Council of the Teachers of Mathematics.
- McConnell, S. R.; Odom, S. L. (1999) A multimeasure performance-based assessment of social competence in young children with disabilities. *Topics in Early Childhood Special Education*, 19, 67-75.
- National Center on Educational Outcomes (NCEO). Special topic area: Universally designed assessments. Retrieved February 28, 2003 from:
http://education.umn.edu/NCEO/TopicAreas/UnivDesign/UnivDesign_FAQ.htm
- Sattler, J. (2001). *Assessment of children*. 4th ed. La Mesa, CA: Jerome M. Sattler.
- Stanton, M. (2002). *The Cerebral Palsy handbook: A practical guide for parents and carers*. Random House UK Ltd. London, England.

WEB SITES AND RESOURCES

IEP forms <http://www.1edweb.com/>

Example of an IEP Meeting Power Point Presentation:

<http://www.1edweb.com/templates/misc%20forms%20and%20presentations/presentations/6>

IEPs 4 U (IEPs for You, many goals and objective by disability area): <http://www.iep4u.com/>

For those with severe and profound disabilities: <http://www.iep4u.com/sever.html>

Families and Advocates Partnership for Education (FAPE) <http://www.fape.org>

FAPE publications: <http://www.fape.org/pubs/> (wonderful selection of articles, and resources).

Learning Disabilities Association: <http://www.ldanatl.org>

National Center for Learning Disabilities: <http://222.nclld.org>

National Attention Deficit Disorder Association: <http://www.add.org>

National Information Center for Children and Youth with Disabilities: <http://222.nichy.org>

Standards, Assessment and Accountability USDE

Accommodations and Modifications:

<http://www.cde.ca.gov/statetests/cahsee/accommodations.html>

<http://www.cde.ca.gov/statetests/cahsee/accommodations.html><http://www.cde.ca.gov/statetests/cahsee/accommodations.html> (matrix)

State of California: Assessment Resources:

Standardized Testing and Reporting (STAR):

<http://www.cde.ca.gov/statetests/star/index.html>

Office of Special Education Programs (OSEP):

<http://www.ed.gov/offices/OESERS/OSEP/>

Public Law PL 107-110: No Child Left Behind (NCLB) Act of 2001

<http://www.ed.gov/legislation/ESEA02/>

USDE No Child Left Behind (NCLB of 2001) web site:

<http://www.ed.gov/offices/OESE/esea/index.html>

2002 Amendments to the Elementary and Secondary Ed Act (ESEA) of 1965

No Child Left Behind (PL 107-110)

<http://www.ed.gov/legislation/ESEA02/107-110.pdf>

California High School Exit Examination (CHSEE):

<http://www.cde.ca.gov/statetests/cahsee/admin/admin.html>

INSTRUMENTS:

American Guidance Services: AGS

<http://www.agsnet.com/ags/>

Vineland Adaptive Behavior Scales (VABS):

<http://www.agsnet.com/group.asp?nGroupInfoID=a3000>

Riverside Publishing:

<http://www.riverpub.com/nclb/>

What tests does a psychologist use?

<http://www.ehhs.cmich.edu/~mnesset/tests2.html>

Psychological Assessment Resources: (PAR)

<http://www.parinc.com/index.cfm>

Beery Visual Motor Assessment:

<http://www.parinc.com/product.cfm?ProductID=84>

PDF Documents on Testing and Assessment

Assessment Notes: October 2003: STAR updates for 2003:

<http://www.cde.ca.gov/statetests/star/admin/updates/notes1002.pdf>

Statewide Assessment Terminology:

<http://www.cde.ca.gov/spbranch/sed/acc-mod.htm#top>

Accommodations/Modifications Matrix:

<http://www.cde.ca.gov/spbranch/sed/acc-mod-mtrx.pdf>

Guide for California Statewide Alternate Assessment 2001-02:

<http://www.cde.ca.gov/spbranch/sed/altassmtII.pdf>

APPENDIX A

**OBSERVATION FOR ASSESSMENT
REPORT FORMAT**

**A. Sandy Parsons, Ph.D.,
Cal State San Marcos**

Heading:

Child's name:

Your name:

C.A.:

Observation Times(s):

Grade:

Building Level (Primary, Middle Level, High School)

REASON FOR ASSESSMENT:

(Initial referral, interim assessment {state reason}, annual review, tri-annual review, program exit, and transition to next level.

REVIEW OF RECORDS:

Background Information, Impact of impairment/disability and on development or school performance.

Provide a very brief summary of previous assessment results: (indicate instrument, date of administration, and results)

INTERVIEW INFORMATION:

Parent, teacher(s), child

INTERACTIONS WITH OTHERS:

Assessor/interviewer, adults, peers, others:

PLACEMENT:

State current placement and related services; summarize previous placements/services, get information from records and interviews.

CURRENT LEVELS OF PERFORMANCE:

Performance in the regular setting(s),

Describe the setting(s) e.g. math, reading, PE, social studies, lunch, playground

Performance in the special setting(s)

Describe the setting(s), e.g. speech therapy, SDC, RSP, O&M, OT, PT, etc.

SUMMARY: of findings through the observation, interview, and review of records:

Areas in need of assessment: e.g. areas of development, areas of the curriculum social skills, living skills, health, sensory function, etc.

Recommendations for assessment sessions:

Including set-up of the assessment environment, time periods,

Instrumentation: instruments, subtests, materials

Necessary adaptations to assessment instruments and procedures

Behavior management and/or intervention during assessment sessions

Notes: This observation report must be completed before conducting any assessment on the child selected for the case study. Be sure to secure parental permission prior to this observation.

APPENDIX B

CASE STUDY REPORT

A. Sandy Parsons, Ph.D.
Cal State San Marco

Please follow the format closely. Title each section. Write in complete sentences, this is a narrative report, no outlines please.

1: HEADING:

Child's Name:

DOB

Age

Evaluator's Name:

Child's Placement: (SDC, RSP, etc.)

Date of Evaluation:

2. BACKGROUND INFORMATION:

Provide one to two thorough paragraphs on the child's background including age, gender, ethnicity, educational background, family systems, previous special services, and other notes of interest.

Please be sure not to use the child's real name, or that of his/her school building, teachers, or parents.

3. INTERACTIONS WITH THE CHILD:

Provide one to two paragraphs on your interactions with the child, establishing rapport, responses to your questions, warmth, shyness, verbal expressiveness, and accuracy of child's perceptions of your questions, other notes of interest.

4: INSTRUMENTATION AND RESULTS OF ASSESSMENT:

Provide a brief description of each instrument used (e.g. title, purpose, name of selected sections and/or subtests administered). Immediately following each descriptor, present the results from that instrument

The format for presenting data or results is best done in a table: an example follows:

WOODCOCK JOHNSON R	SS 1998	SS 1999	SS 2000
Letter Word Identification	50	55	67
Passage Comprehension	45	50	52
Calculation	50	55	60
Word Attack	50	52	54
Quantitative Concepts	33	37	42

You may use a separate table for each instrument.

5. ADDITIONAL SECTIONS AND ALTERNATE ASSESSMENT:

If the child you are assessing has very specific special needs which require specialized instruments, or is low functioning and requires life skills assessment, you may add additional notes or results of specialized assessment procedures. Examples might be proficiency in American Sign Language, Braille skills, or special safety and life skills. Some very low functioning children may not be able to take formal assessments. One can then do alternative assessment through observation of approach to tasks, adaptation to the environment, safety skills, life skills, use of the senses in learning, and other notes of interest.

NOTE: Do not skimp on sections 6, 7, & 9! These are the “fruit of your effort” and the true picture of your skills of non-biased assessment!

6 INTERPRETATIONS OF RESULTS:

This is an essential section and the true heart of the process. Employing good clinical judgment, interpret the meaning of the results you have acquired. Be sure to state whether you consider the results accurate, inflated, or deflated and state your reasons. Be sure to indicate how the results should be used in educational planning. Remember, you do not make recommendations about placement (e.g. SED, SDC, RSP, LH, etc.) that is decided in the IEP meeting. However, it is within your purvey to make recommendations about how your results might affect recommended changes of time in general and special ed classrooms, provision of support services, involvement of family and parents and other notes of interest.

7. SUMMARY & RECOMMENDATIONS:

This summary may be one to two paragraphs and should include a summary of your results and recommendations. As in the interpretation section above, this is a key component of your report and goes far beyond mere reporting of technical data. In this section, provide a brief summary statement about current levels of function. Then provide more specific and detailed recommendations regarding materials, curricular adaptations, length and duration of specific support services, time in general and special ed, behavior management, pre-vocational goals, and other notes of interest.

8. LONG TERM GOALS:

Based on the information in all the above sections, you are now ready to write three long-term goals for the child. These will be re-stated in your IEP Plan with two short-term objectives for addressing each long-term goal.

9. RESPONSE TO THIS PROCESS:

This is also an essential part of this assignment. In a formal report for the schools, you would not include this section. For this university assignment, your professor wants to read about your response to this process. Please provide at least two paragraphs. Do not skimp on this important section. If you “run out of steam” by this point, put the report aside and re-visit it the next day!

APPENDIX C IEP PLANNING FORMAT A. Sandy Parsons, Ph.D. Cal State San Marcos

The purpose of this assignment is to help you prepare your notes and recommendations for an IEP meeting. Remember, one never enters an IEP meeting with the forms filled out, expecting parents to merely sign off! However, one must be prepared. This process should assist in your preparedness.

1. LONG TERM GOALS WITH SHORT TERMS OBJECTIVES: (use the long term goals stated in your case study)

Write three long-term goals, with two short-term objectives listed under each long-term goal. If you have the child’s IEP available, be sure to consider previous goals and objectives when formulating yours. These may be presented in a list format (e.g. not in a paragraph).

2. PLACEMENT:

As this will be an IEP team meeting, you will make recommendations about placement/changes of placement. These could include continuation of current placement, adaptation of time in general and special education settings, etc. One paragraph should do it.

3. MATERIALS AND CURRICULAR ADAPTATIONS:

Provide one to two thorough paragraphs about recommended materials, adaptations to materials and curricula, subjects to be taken in the general ed classroom, making sure the child is included in the California frameworks for general ed, etc.

4. SUPPORT SERVICES:

Provide recommendations about continuation or inception and duration of support services. Suggest periods for pull out (e.g. not during math, OK during home room, etc.)

5. FAMILY SUPPORT SERVICES:

Provide one thorough paragraph on the inclusion and collaboration of parents and extended family (siblings, grandparents, step-parents, etc.) in the process. This is most important to this entire process! Be sure to incorporate the requests and interests of the parents in your selection of areas assessed, you recommendations for behavior and instructional management, and inclusion of parents in all steps of this process.

6. CONSULTATIVE COLLABORATION:

Provide one thorough paragraph on information for including this youngster in the mainstream, the extent of support needed, tips for the general ed classroom teacher, tips for establishing co-teaching in general ed, and for teaming with all the including teachers.

7. SPECIAL FACTORS FORM

You must fill out and attach the Special Factors form to this IEP plan.

APPENDIX D

California Alternate Performance Assessment Participation Criteria CALIFORNIA ALTERNATE PERFORMANCE ASSESSMENT PARTICIPATION CRITERIA

Eligibility for the California Alternate Performance Assessment (CAPA) based on a student's Individualized Education Program (IEP), which reflects an emphasis on functional life skills. To be eligible for participation in CAPA, the response to each of the statements below must be "Agree". If the answer to any of these questions is "Disagree," the team should consider including the student in the standard STAR assessments (California Achievement Test, Sixth Edition and California Standards Tests).

Circle "Agree" or "Disagree" for each item:

Agree	Disagree	The student requires extensive instruction in multiple settings to acquire, maintain, and generalize skills necessary for application in school, work, home, and community environments.
Agree	Disagree	The student demonstrates academic/cognitive ability and adaptive behavior that require substantial adjustments to the general curriculum. The student may participate in many of the same activities as their non-disabled peers; however, their learning objectives and expected outcomes focus on the functional applications of the general curriculum.
Agree	Disagree	The student cannot address the performance level assessed in the statewide assessment, even with extensive accommodations.
Agree	Disagree	The decision to participate in the alternate assessment is <u>not primarily</u> based on the amount of time the student is receiving special education services.
Agree	Disagree	The decision to participate in the alternate assessment is <u>not primarily</u> based on excessive or extended absences.
Agree	Disagree	The decision to participate in the alternate assessment is <u>not primarily</u> based on language, cultural, or economic differences.
Agree	Disagree	The decision to participate in the alternate assessment is <u>not primarily</u> based on deafness/blindness, visual, auditory, and/or motor disabilities.
Agree	Disagree	The decision to participate in the alternate assessment is <u>not primarily</u> based on achievement significantly lower than his or her same age peers.
Agree	Disagree	The decision to participate in the alternate assessment is <u>not primarily</u> based on a specific categorical label.
Agree	Disagree	The decision for alternate assessment is an IEP team decision, rather than an administrative decision

IEP Team Decision: _____ is eligible for participation in the CAPA.

IEP Team Decision: _____ is **not** eligible for participation in the CAPA.