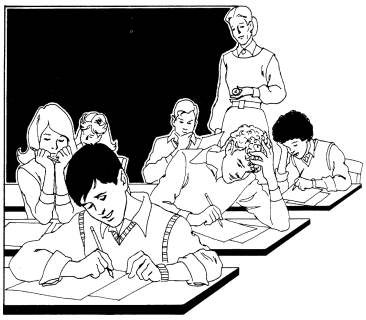
An introductory packet

Assessing to Address Barriers to Learning



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No permission is necessary

Assessing to Address Barriers to Learning

Just before I began the assessment
the kindergartner asked:
Do you hear the gun shots at night?
Do they scare you too?

A discussion of

- *The Many Barriers to Student Learning. Implications for Assessment* *1*
- *Assessment in Schools* *3*
- Response to Intervention *5*
- Assessment is an Important Basis for Decision Making..... *5*

A Quick Overview of Some Basic Resources

- Resource Aids:
  - » Screening/Assessing Students: Indicators and Tools 11
  - » Tools for Assessing Barriers to Learning 14
  - » The Prereferral Process 16
- New Directions and Ongoing Concerns
  - » *Authentic and Performance-Based Assessment* 23
  - » *Assessments Sensitive to Disabilities and English Language Learners*.....28
- More Resources 32

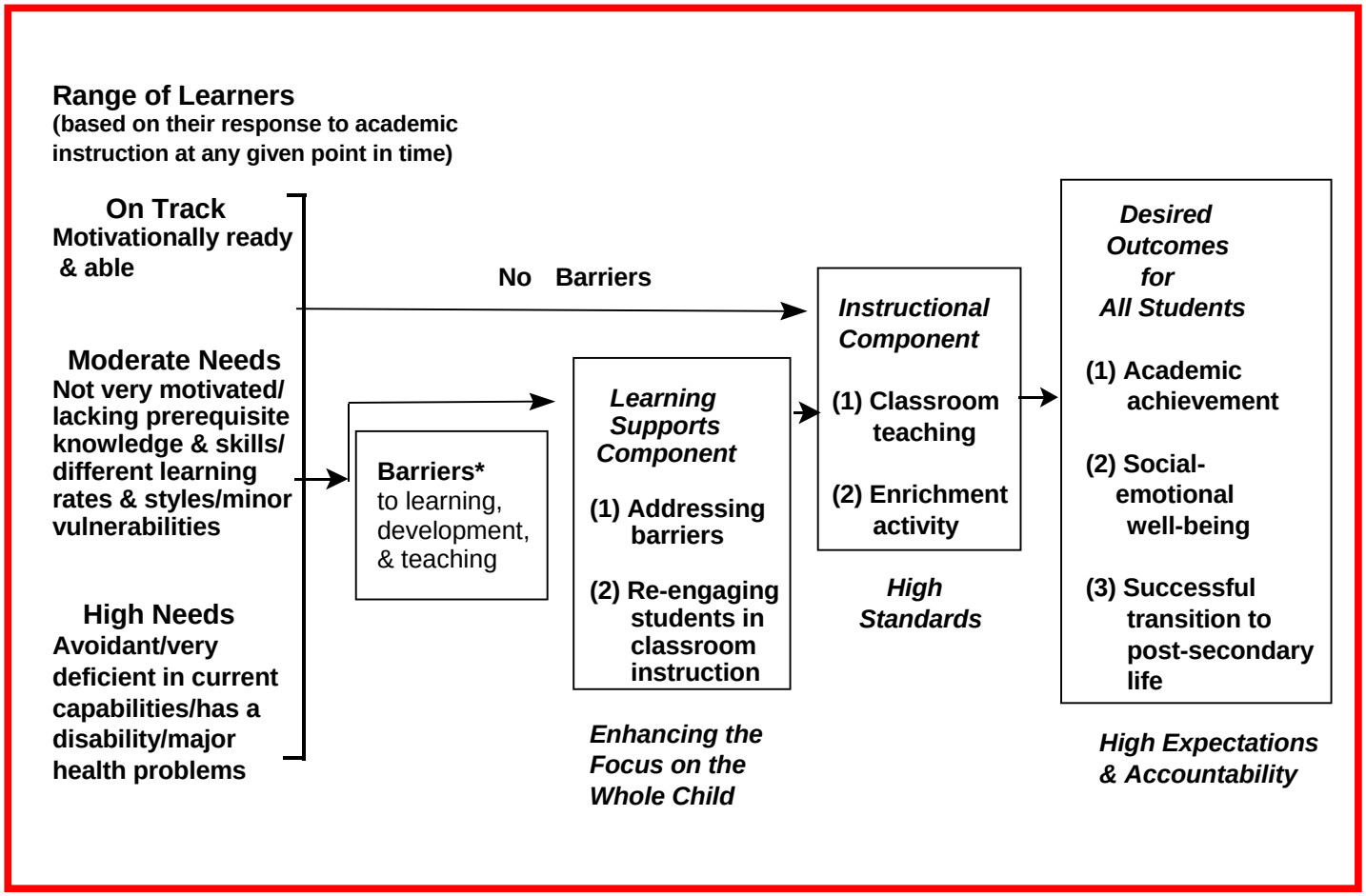
Appendix
Issues and Problems Related to Assessment of Barriers to Learning

The Many Barriers to Student Learning: Implications for Assessment

Schools committed to the success of all children must have an array of activities designed to address barriers to learning. No one is certain of the exact number of students who require assistance in dealing with such barriers. There is consensus, however, that significant barriers are encountered by a majority of students.

Each day school staff are confronted with many students who are doing poorly in school as a result of health and psychosocial problems. Increasingly, education reform and restructuring are changing the whole fabric of schools and calling upon all personnel to expand their roles and functions.

As a result, school staff must acquire new ways of thinking about how schools should assess these barriers in order to plan effective ways to address them.



Examples of Barriers to Learning and Teaching

The notion of barriers to learning encompasses both external and internal factors that interfere with learning and performance at school. Some children bring a wide range of problems stemming from restricted opportunities associated with poverty, difficult and diverse family conditions, high rates of mobility, lack of English language skills, violent neighborhoods, problems related to substance abuse, inadequate health care, and lack of enrichment opportunities (see Exhibit 1.1). Some also bring intrinsic conditions that make schooling difficult.

Examples of Conditions That Can Increase Barriers to Learning

Neighborhood
- High poverty
- High rates of crime, drug use, violence, gang activity
- High unemployment, abandoned/floundering businesses
- Disorganized community
- High mobility
- Lack of positive youth development opportunities

Family
- Domestic conflicts, abuse, distress, grief, loss
- Unemployment, poverty, and homelessness
- Immigrant and/or minority status
- Family physical or mental health illness
- Poor medical or dental care
- Inadequate child care
- Substance abuse

School and Peers
- Poor quality schools, high teacher turnover
- High rates of bullying and harassment
- Minimal offerings and low involvement in extracurricular activities
- Frequent student-teacher conflicts
- Poor school climate, negative peer models
- Many disengaged students and families

Internal Student Factors
- Neurodevelopmental delay
- Physical illness
- Mental disorders/ Disabilities
- Inadequate nutrition and healthcare
- Learning, behavior, and emotional problems that arise from negative environmental conditions exacerbate existing internal factors

As a result, at every grade level there are students who come to school each day not quite ready to perform and learn in the most effective manner. Students' problems are exacerbated as they internalize frustrations related to the barriers and the debilitating effects of poor academic or social performance. Addressing the problems begins with a basic appreciation of what causes them.

From this perspective, good teaching and other efforts to enhance positive development must be complemented with direct actions to remove or at least minimize the impact of barriers. Without effective intervention, problems persist, inhibiting student development and learning, and fostering disengagement.

Assessment in Schools: From the Perspective of Addressing Barriers to Learning and Teaching

Assessment is a complex, broad-based concept. It encompasses activities related to screening and identification, selection, planning, evaluation and accountability, diagnosis and more. In school practice, the overall aim is to use assessment as an aid in making decisions.

Formally defined, assessment is the process by which attributes of phenomena are *described* and *judged*. Descriptions take the form of data gathered by formal and informal measures, such as tests and observations of behavior or settings and processes such as Response to Intervention (RtI). Judgments take the form of interpretive conclusions about the meaning of data, such as whether a phenomenon is good or bad, above or below standard, pathological or not. Choices about what data to gather and exclude are guided by what judgments and decisions are to be made.

With respect to a school's efforts to address learning, behavior, and emotional concerns, the judgments may focus on the past (such as what caused a problem), the present (such as how severe a problem is and what to do about it), or the future (such as estimating how much the problem will improve as a result of what the school does).

Controversy surrounds prevailing approaches to assessment. Although some of the controversy is about the deficiencies and limitations of specific procedures, broader concerns and criticism have been directed at the way assessment is used for accountability and related policy decisions, screening and diagnosis of student problems, and its role in shaping school practice and research. Even when relatively objective assessment data are used, subsequent decisions often are extremely subjective. This is not surprising, given that most decisions involve considerations that go well beyond the availability of valid data. More often than not, complex social-political-economic value questions and biases are involved. Indeed, in some cases seemingly relevant data are ignored in order to arrive at a decision that the decision makers see as viable and beneficial.

A Cautionary Note Related to Assessing Learning, Behavior, and Emotional Concerns

Too often, assessment in schools is shaped by the presumption that problems stem from and belong to targeted individuals. The focus mainly is on students and the problems they manifest. This inappropriately deemphasizes assessment of a student's positive attributes (e.g., strengths and interests that can play an important role in correcting problems), and it downplays assessment of external factors interfering with the student's functioning.

What should be clear is that assessment is a complex process that has significant limitations and can have detrimental consequences. Of particular concern is that prevailing approaches to assessments related to students, schools, and schooling

- contribute to misdiagnoses and miscalculations about what to do
- do not have sufficient validity to warrant large-scale investment in *first level* screening programs
- can inappropriately shape evaluation and accountability
- redefine and limit objectives for students and the nature and scope of school curricula.

Furthermore, overemphasis on assessment practices that focus on individuals hinders development of procedures for assessing the role of the environment. (As a result of the bias toward localizing problems within persons, efforts to address problems tend to be person-centered. Almost by presumption, environmental factors are exonerated as causal factors and as focal point of intervention.)

Functions

Despite major concerns about the state of the art related to assessment, each day school professionals are called upon to assess and make decisions. Exhibit 1 highlights the major purposes and functions of assessments done related to schooling and underscores the type of decisions for which such assessment may be useful.

1. Identification. Data are used to help find and label phenomena of interest. The focus may be on a person, the environment, or both, and may or may not be on problems.

2. Selection. Data are used to help make decisions about general changes in status. These usually are discussed as placement decisions, but they also encompass decisions about changes in environments. Specifically, these are decisions about the general nature and form of needed intervention (for example, educational, psychological, or medically oriented treatments; placement in a special setting; changes in the organization of a classroom or school).

3. Planning for specific change. Data are used to decide about immediate and short-term objectives and procedures for accomplishing long-term goals. Examples are specific plans or prescriptions for any given day's intervention.

4. Evaluation of Intervention. Data are used to decide intervention effectiveness based on positive and negative outcomes. Decisions are made with respect to the impact on (a) particular persons or environments or both, (b) all experiencing a specific intervention, or (c) society as a whole.

An example may help clarify the preceding points. Achievement tests are often used to assess reading performance in a given school. The number of right and wrong answers provides a description of performance on a given set of items at a given time. Based on these descriptive data, a variety of judgments are likely to be made (e.g., about specific students, about teachers, about schools). Decisions will be based on available norms and prevailing standards.

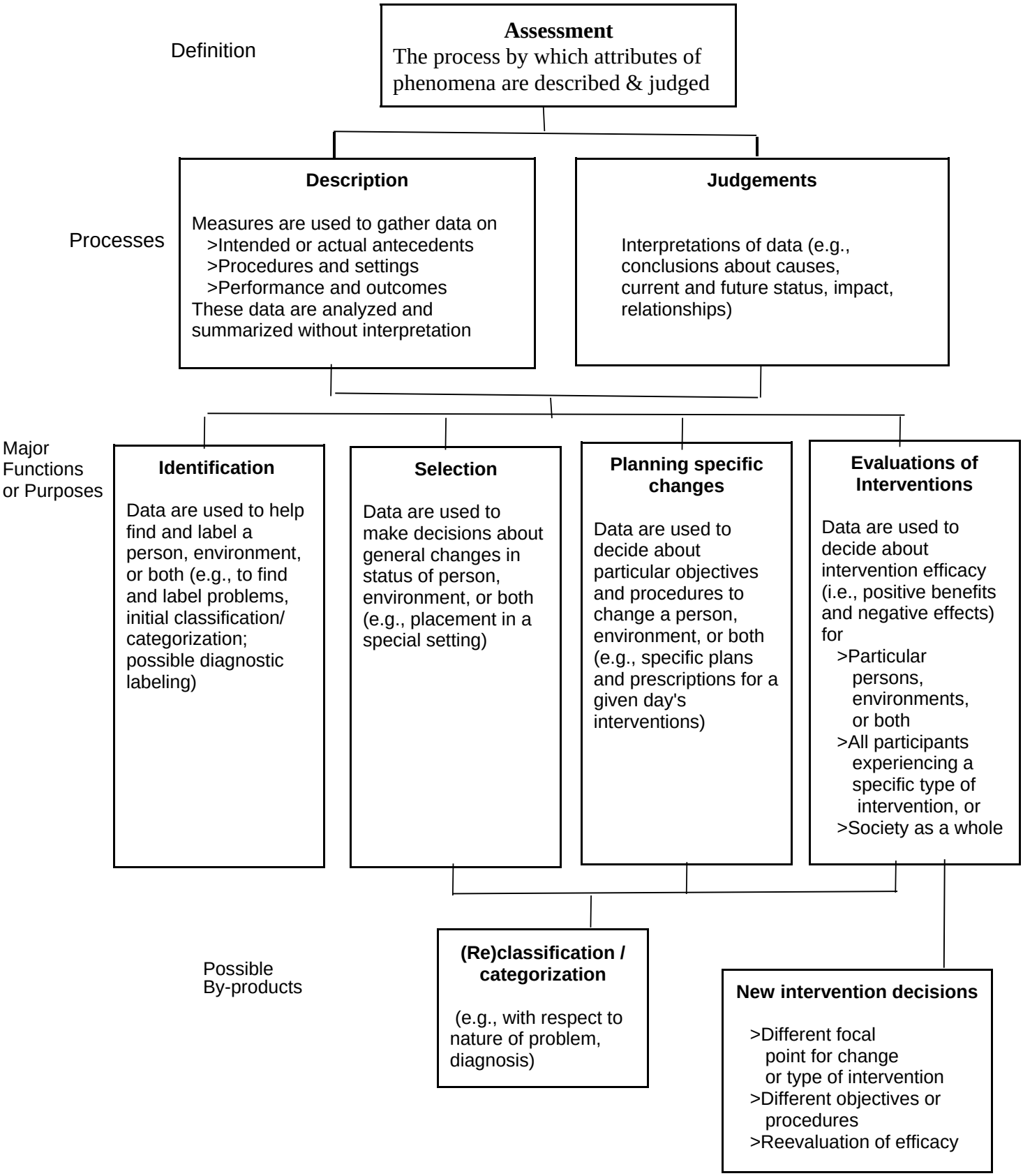
Different judgments will be made about individuals with identical scores who differ in age. Different judgments may be made about groups living in economically advantaged and disadvantaged communities and about schools serving different populations.

Decisions can be made about whether to assign diagnostic labels to individuals and programs judged as performing poorly. That is, an individual might be labeled as having a learning disability; a teacher or a school could be labeled as failing to be effective.

Decisions can be made about helping some students, teachers, and schools, and if so, specific plans may be formulated. At a later date, achievement test data again can be used to evaluate performance.

> *I would much rather my kids leave my class with the strength of character and courage to fight racism when they find it, than have memorized some facts about the Civil Rights Act of 1964. I'm not saying you can't have both, I'm just pointing out that only one of those things will be measured on the test — and it isn't the most important one."*
>
> Dave Burgess

Exhibit 1. Conceptualizing school assessment.



Other Factors Shaping Assessment

In addition to having four major purposes, activity related to assessment occurs in phases, and differs in terms of focus and types of procedures used (see outline and examples in Exhibit 2). As illustrated, there are a variety of options in deciding what and how to assess.

For example, the number and range of phenomena assessed may vary. Stimulus-and-response conditions may differ in terms of their complexity and whether they are simulated or natural. Variations also occur with respect to the degree procedures are (a) ambiguous and subjective, (b) standardized, (c) obtrusive, and (d) cause unintended reactions. There are also important considerations about similarities and differences between the assessor and who and what is assessed (e.g., in terms of race, cultural background, socioeconomic status, gender).

While variations in assessment practices influence both the findings and impact, there is little agreement about how school improvement should address the concerns.

Exhibit 2. Examples of the nature and scope of assessment activity.

Major phases related to assessment

A. **Preparatory decisions about what is to be assessed** (implicit or explicit rationale for assessment activity)
B. **Description** ("measurements" of specified variables and serendipitous data gathering, followed by analyses and descriptive summaries)
C. **Judgments** (interpretations)
D. **Communication and decision making with reference to assessment purposes**

Focus of assessment

A. **Focal point**
   1. Person(s) -individuals or groups
   2. Environment(s)
   3. Person-environment transactions
B. **Nature of phenomena**
   1. Problematic-nonproblematic conditions
   2. Observable-inferred
   3. Proximal-distal
   4. Historic-current-future expectations
C. **Levels**
   1. Molecular-molar analyses of persons
   2. Primary, Secondary, tertiary, contextual analysis
   3. Transaction of person-environment
D. **Areas or domains**
   1. Biological and psychological processes
   2. Motor and verbal functioning
   3. Physical environment
   4. Social environment
   5. Transaction of person-environment

Types of procedures and instruments (standardized, semistandardized, or unstandardized)

A. **Interviews and written personal reports** (responses to oral or written questions, inventories of items, etc.)
B. **Observations**
C. **Verbal and performance measures** (objective instruments such as achievement tests; instruments that have not been formally and technically standardized)
D. **Biological tests** (e.g., MRIs to assess student CNS dysfunctions, chemical analyses)
E. **Available records** and data (analyses of current or cumulated records related to person, environment, transactions; analyses of natural performances and products, such as portfolio assessment)

About Response to Intervention as an Assessment Process

Response to Intervention (RtI) was introduced with the intent of using "well-designed and well-implemented early intervention" in the regular classroom as a way to deal with a student's problems and enhance the assessment of whether more intensive and perhaps specialized assistance (and perhaps diagnosis) is required. That is, the process calls for making changes in the classroom to improve the student's learning and behavior as soon as problems are noted and using the student's response to such modifications as information for making further changes if needed.

A core concern is mobilizing unmotivated students (particularly those who have become actively disengaged from classroom instruction). If motivational considerations are not effectively addressed, there is no way to validly assess whether or not a student has a true disability or disorder. The process continues until it is evident that it cannot be resolved through classroom changes alone.

With respect to addressing students' problems, RtI overlaps ideas about "pre-referral interventions", special accommodations, and authentic assessment but is intended to be more systematically implemented with special attention to enhancing teacher capability to carry out "well-designed and well-implemented early intervention." This approach is meant to minimize inappropriate identification of students who do not need expensive special education (and avoid the many negative consequences of misidentification and misprescribing). RtI also has the potential to build teacher capacity so that similar problems are prevented in the future.

Through this sequential approach, students who have not responded sufficiently to the regular classroom interventions are supposed to receive supportive assistance designed to help them remain in the regular program. If a student's problem proves severe and disruptive, an alternative setting may be necessary on a temporary basis to provide more intensive and specialized assessments and assistance. Referral for special education assessment is made only when all this is found insufficiently effective. (It is important to emphasize that the approach must be carefully monitored to ensure specific plans for students are well-designed and implemented , and the process does not delay getting students essential interventions.)

Effective RtI requires that schools ensure (1) classroom teachers have or are learning how to implement "well-designed early intervention" in the classroom, and (2) support staff are learning how to play a role, sometimes directly in the classroom, in expanding essential intervention strategies.

By themselves, if the intervention strategies are narrowly conceived and do not address major barriers to learning and teaching, RtI is unlikely to be effective for a great many students. However, if the approach is understood to be part and parcel of a comprehensive system of classroom and schoolwide learning supports, schools will be in a position not only to address problems effectively early after their onset, but will prevent many from occurring (see resources cited at the end of this document).

Assessment is an Important Basis for Decision Making at Schools

Assessment is a profound intervention. It can be stressful on all involved; the decisions that stem from assessments can be good and bad and life-shaping.

From the perspective of addressing barriers to learning and teaching, good assessments

- focus on environmental barriers to learning and teaching before assessing students
- ensure that positive benefits outweigh costs such as negative side effects and financial burdens
- use procedures that are reliable, valid, and fair for the particular purposes and (include multiple sources of information and authentic assessment processes)

- account for motivational and developmental differences (including language, cultural, and socio-emotional differences)
- ensure appropriate safeguards for rights, privacy, and potential harm (including misdiagnoses and misprescriptions)
- identify strengths as well as current weaknesses and potential limitations
- communicate findings appropriately to all who are expected to play a role in addressing barriers to learning and teaching

More Resources

For more information and resources related to assessment, accountability, evaluation, response to intervention, and more, see the Center's online clearinghouse Quick Finds

>Assessment and Screening – http://smhp.psych.ucla.edu/qf/p1405_01.htm

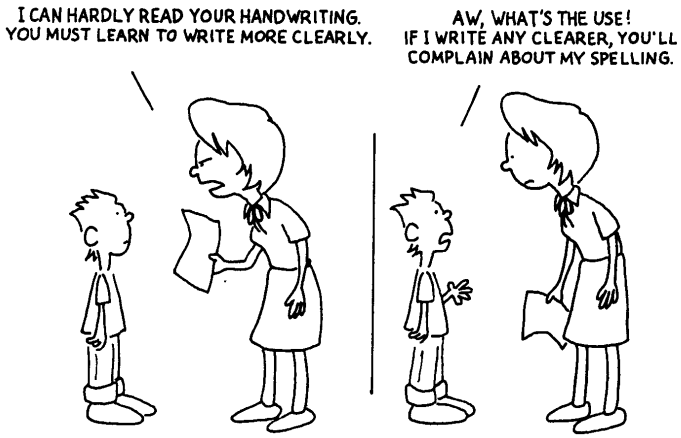
>Evaluation of Programs Addressing Barriers to Learning – http://smhp.psych.ucla.edu/qf/evaluation.htm

For a broader and more in-depth discussion of new directions for addressing barriers to learning and teaching and re-engaging disconnected students, see

>Addressing Barriers to Learning: In the Classroom and Schoolwide

>Improving School Improvement

Both these new books are available at this time as free resources.
Download at http://smhp.psych.ucla.edu/improving_school_improvement.html



*This document is from the national Center for MH in Schools & Student/Learning Supports at UCLA.The center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA,

Website: http://smhp.psych.ucla.edu Send comments to ltaylor@ucla.edu

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More Resource Aids

The Center's *Resource Aid Packets* are designed to enhance and complement our *Introductory Packets*. These aids area form of *tool kit* for fairly circumscribed areas of practice. The materials can assist and guide staff training and student/family interventions. They include overviews, outlines, checklists, instruments, and so forth. Feel free to reproduce and use them as information handouts and aids for training and practice.

Included here are:

(1) the table of contents from the Clearinghouse Resource Aid Packet on

Screening/Assessing Students: Indicators and Tools

(2) an annotated list of some major

Tools for Assessing Environmental Barriers to Learning

(3) a guide for

The Prereferral Process

Table of Contents from a Clearinghouse's Resource Aid Packet:
Screening/Assessing Students: Indicators and Tools

Should you need specific aids related to screening students, you may want to contact our center. We have developed a variety of resource aids related to psychosocial and mental health concerns in schools.

As a relevant example, the following pages outline the contents of one of our Resource Aid Packets. As you can see, this packet includes material designed to clarify the screening process and offers specific tools for initial problem identification and screening related to some major psychosocial problems

Screening/Assessing Students: Indicators and Tools

Professionals focusing on psychosocial and mental health concerns in schools need a tool box full of resources. As the title states, this resource aid is designed to provide some resources relevant to screening students experiencing problems.

Section I

Initial Problem Identification

In this section, you will find

(1) **Being Alert to Indicators of Psychosocial and Mental Health Problems**

This summary of indicators is designed for use as a handout. It provides an overview that can be used to educate others (staff, older students, parents) on what to look for in identifying mental health problems.

(2) **Being Specifically Alert to Substance Abuse Indicators**

This summary focuses specifically on indicators of substance abuse. It can be used as a handout to educate others (staff, older students, parents) on what to look for related to behaviors and mood.

(3) **Request for Assistance in Addressing Concerns about a Student/Family**

This is a checklist to aid in describing an identified problem. It exemplifies the type of a form that can be made available to school staff so that they can inform appropriate staff about someone they have identified as having problems that might warrant further screening.

(4) **Record of Response to Request for Assistance in Addressing Concerns about a Student/Family**

This is a record keeping form for initial case monitoring.

(5) **Record of Contact with Referrer**

This short form is designed for use in reporting back to the individual who made the request for assistance. Minimally, such a referrer should be told that the request was acted upon. As appropriate, the staff member should be told what was done. And if the staff member is to be part of a team that helps the student, the individual will need to know anything of relevance that was learned from the screening.

Section II

The Screening Process*

In this section, you will find

(1) **Exploring the Problem with the Student/Family**

This is a general guide designed to provide an overview of the types of information you might pursue to learn a bit more about a student's problem.

(2) **Outline of Specific Areas and Topics that Might be Explored to Better Understand the Nature and Scope of Problems**

This aid provides an outline to guide an intervener in exploring key facets of a young person's life, especially those areas that may be a source of trouble.

(3) **A Few Guidelines for Interviewing**

Ten points to keep in mind as you set out to do an interview.

(4) **A Basic Interview Format**

A generic set of steps to follow in conducting an interview with a student identified as a problem at school.

Section III

Tools for Screening*

Often it is feasible to directly discuss matters with a student and arrive at a reasonable picture of problems and next steps. When students are uncertain or reluctant to share their concerns or a staff member is somewhat inexperienced, a semi-structured instrument can be helpful in exploring the matter with the student. To provide additional data, a parent questionnaire or an extensive student self-report can be useful. Behavior rating instruments provide another basis for gathering information on students from a variety of sources (e.g., parents, teachers). And screening of suicide risk and for post-crisis trauma often require a more specialized focus. Finally, it helps to have a checklist that gives a functional picture of the student's problems and service needs.

In this section, you will find

(1) an **Initial Counseling Interview** (for use with all but very young students)

(2) a **Student Initial Questionnaire** (for use with young students)

(3) a **Sentence Completion Instrument for Students**

(4) a brief description of the **Children's Depression Inventory (CDI)**

(5) a **Parent/Guardian Questionnaire**

(6) a **Student Self-Report of Current Personal Status**

(7) a brief description of the

>**Child Behavior Checklist (CBCL)**
>**Conners Rating Scales**

(8) a **Substance Abuse Checklist**

(9) **Information on a Sample of Substance Abuse Assessment Tools**

(10) a **Suicidal Assessment -- Checklist** (with an accompanying checklist of steps to follow when a student is thought to be a suicidal risk)

(11) a **Crisis Screening Interview**

(12) a **Child/Youth Community Functioning Evaluation**

An annotated list

Tools For Assessing Environmental Barriers to Learning

The assessment instruments described below were selected to highlight tools that assess a wide range of factors that impact learning from an environmental view. Following each description is information on ordering the assessment tool.

Measures of Family Functioning

The Family Environment Scale

This instrument contains 90 items in a true/false format. It is designed to measure the social-environmental characteristics of families. The domains assessed include Relationship dimensions, Personal Growth dimensions, and System Maintenance dimensions. In particular, it assesses the following areas: conflict; cohesion; expressiveness; independence; achievement orientation; intellectual-cultural orientation; active-recreation orientation; and moral-religious emphasis, organization and control. Form R (Real form) measures individual's perceptions of their nucleus family environment. Form I (Ideal form) and Form E (Expectations form) are adapted from Form R.

Developed by R. H. Moos, this instrument can be purchased from CPP, Inc., and Davies-Black Publishing, 3803 East Bayshore Rd., Palo Alto, CA 94303, (800) 624-1765; Email for ordering: custserv@cpp.db.com
http://www.cpp-db.com

Family Assessment Measure

This measure is composed of three instruments and seven scales assessing task accomplishment, role performance, communication, affective expression, involvement, control, and values and norms.

Available from Lisa Johnson, FAM Coordinator, Center for Addiction and Mental Health, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1.
(416) 535-8501; (800)463-6273

Family Health and Lifestyle Inventory: Form R

This is a multiple test battery, which includes the Family Environment Scale, the Child Behavior Checklist, Knowledge of Child Discipline Principle, demographics, and youth and parent alcohol and drug use.

Available from Karol L. Kumpfer, Ph.D., Department of Health Education, HPERN-215, University of Utah, Salt Lake City, UT 84103., karol.kumpfer@health.utah.edu

The School Environment

Comprehensive School Climate Inventory

The CSCI measures twelve essential dimensions of a healthy school climate in four broad categories: safety, teaching and learning, interpersonal relationships, and the institutional environment as well as two distinct dimensions for personnel only. To view the dimensions, go to http://www.schoolclimate.org/programs/documents/dimensions_chart_pagebars.pdf

The Classroom Environment Scale

The Classroom Environment Scale is designed to assess the social climate of secondary school classrooms. Interpersonal relationships between students and teachers, as well as among students are measured. It also assesses the type of organizational structure of a classroom. The nine subscales are grouped in dimensions of relationship, personal

development, system maintenance, and system change. Each subscale has nine true/false questions. The specific subscales are student involvement, student affiliation, teacher support, task-orientation, competition, order and organization, rule clarity, teacher control, and innovation. Developed by R. H. Moos, & Edison J. Trickett, The Classroom Environment Scale can be purchased from Consulting Psychologists Press, Inc., 577 College Avenue, Palo Alto, CA 94306; 1-800-624-1765.

***The Instructional Environment Scale* (TIES)**

This scale utilizes a comprehensive methodology for assessing an individual student's instructional environment. This is to be used as part of a total student assessment. It helps pinpoint areas of strength and weakness, describing the extent to which a student's academic and behavior problems are a function of the instructional setting. Also, it identifies starting points in designing appropriate instructional interventions for students. Assessment is accomplished through systematic observation and interviewing. This scale consist of 60 items measuring the following areas: instructional presentation, classroom environment, teacher expectations, cognitive emphasis, motivational strategies, relevant practice, academic engaged time, informed feedback, adaptive instruction, progress evaluation, instructional planning and student understanding. Developed by James E. Ysseldyke & Sandra L. Christenson, this scale can be obtained from 8700 Shoal Creek Blvd., Austin, TX 78758. (800)897-3202 Pro-Ed, Inc.

Early Childhood Environment Rating Scale, Revised Edition (1998)

This instrument gives an overall picture of the surroundings created for children and adults who share an early childhood setting. The scale can be used by people who play various roles in an early childhood environment such as classroom teachers, administrators, board members, and outside professionals. Early childhood facilities include day care, head start programs, parent cooperative or private preschools, playgroups, church-related preschools, or kindergarten programs. This is a 37-item scale that measures personal care routines of children, furnishings and display for children, language reasoning experiences, fine and gross motor activities, creative activities, social development, and adult needs. Developed by Thelma Harms, & Richard M. Clifford & Deborah Cryer, the instrument can be purchased from Teachers College Press, P.O. Box 20, Williston, VT 05495-0020. (800)575-6566; (802)864-7626 (fax); tcpress@tc.columbia.edu; http://www.teacher.collegepress.com

Student Assessment of Teachers

This brief survey measures students' attitudes toward the teachers in their school. The questions are measured on a 5-point scale of agreement to statements about the way teachers treat students, their concern for students' well-being and learning, and the effort teachers put forth to make learning effective and interesting for students. To obtain a copy of this measure, contact Project SCCOPE, Department of Psychology, University of South Carolina, Columbia, SC 29208.(803)777-4137

The Community Environment

Sense of Community

This brief survey measures individuals' attitudes about the community they live in. The questions are measured on a 5-point scale of agreement to statements about the importance of one's community, feeling "at home" and satisfied in one's community, feeling familiar and congenial with neighbors, sharing similar values with those of the community, and feeling like the community functions smoothly. The instrument is taken from D.M. Chavis, P. Florin, R. Rich, and A. Wandersman (1987). *The role of block associations in crime control and community development: The Block Booster Project.* Final Report to the Ford Foundation.

A guide for teachers and other school staff re.

The Prereferral Process

While prereferal processes have been embedded in Response to Intervention and accommodations for disabilities and differences, the following steps remain relevant.

Related guidelines and materials are attached.

Step 1: Based on your work with the student, *formulate a description* of the student's problem.

(See attached checklist as an aid).

Step 2: Have *a discussion* to get the student's view. You may want to include the family.

(See attached suggestions).

Step 3: Try *new strategies* in the classroom based on your discussion.

(See attached list).

Step 4: If the new strategies don't work, *talk to others* at school to learn about additional approaches they have found helpful.

Step 5: If necessary, use the *school's referral processes* to ask for additional support services.

Step 6: Work with referral resources to *coordinate your efforts* with theirs for classroom success.

Step 1: Based on your work with the student, *formulate a description* of the student' problem. (Use the checklist as an aid).

A Checklist to Aid in Describing the Problem

Teacher's Name: _____ Rm. _____ Date_____

Extensive assessment is not necessary in initially identifying a student about whom you are concerned. If a student is having a significant learning problem or is misbehaving or seems extremely disturbed, begin by checking off those items below that are concerning you.

Student's name:_____ Birth date: _____ Grade: _____

Social Problems
( ) Aggressive
( ) Shy
( ) Overactive
( ) _____

Achievement problems
( ) Poor skills
( ) Low motivation
( ) _____

Overall academic performance
( ) Above grade level
( ) At grade level
( ) Slightly below grade level
( ) Well below grade level

Absent from school
( ) Less than once/month
( ) Once/month
( ) 2-3 times/month
( ) 4 or more times/month

Other specific concerns:

Comments: If you have information about what is causing the problem, briefly note the specifics here.

Step 2: Have a discussion to get the student's view. You may want to include the family. (See suggestions below).

Exploring the Problem with the Student and Family

As you know the causes of learning, behavior, and emotional problems are hard to analyze. What looks like a learning disability or an attentional problem may be an emotionally-based problem; behavior problems often arise in reaction to learning difficulties; what appears to be a problem with school may be the result of a problem at home.

It is particularly hard to know the underlying cause of a problem when the student is unmotivated to learn and perform. It will become clearer as you find ways to enhance the student's motivation to perform in class and talk more openly with you.

> The following guide is meant to help you get a bit more information about a student's problem.

Make personal contact with student (and those in the home). Try to improve your understanding of why the student is having problems and see if you can build a positive working relationship. Special attention should be paid to understanding and addressing factors that may affect the student's intrinsic motivation to learn and perform.

1. Starting out on a positive note: Ask about what the student likes at school and in the class (if anything).

2. Ask about outside interests and "hobbies."

3. Ask about what the student doesn't like at school and in the class.

4. Explore with the student what it is about these things that makes them disliked (e.g., Are the assignments seen as too hard? Is the student embarrassed because others will think s/he does not have the ability to do assignments? Do others pick on the student? Are the assignments not seen as interesting?)

5. Explore what other factors the student and those in the home think may be causing the problem?

6. Explore what the student and those in the home think can be done to make things better (including extra support from a volunteer, a peer, etc.).

7. Discuss some new things the student and those in the home would be *willing* to try to make things better.

Step 3: Try new strategies in the classroom based on your discussion.

Some Things to Try

The following list is meant as a stimulus to suggest specific strategies that might be tried before referring a student for special help.

1. Make changes to (a) improve its match between the student's program and his/her interests and capabilities and (b) try to find ways for the student to have a special, positive status in the program, at the school, in the community. Talk and work with other staff in developing ideas along these lines.

2. Add resources (aide, volunteers, peer tutors, home involvement, counseling) to help support student efforts to learn and perform. This includes having others cover your duties long enough for you to interact and relate with student as an individual.

3. Discussion with student (and those in the home) about why student is having problems

4. Special exploration with student to find ways to enhance positive motivation

5. Change regular program/materials/environment to provide a better match with student's interests and skills

6. Provide enrichment options in class and as feasible elsewhere

7. Develop a special status role for the student in the program (at the school, in the community)

8. Use volunteers/aide/peers to provide extra support (to help student through tasks, to provide tutoring and social support)

9. Special discussion with those in the home to elicit enhanced home involvement in solving the problem

10. Ask other staff for suggestions

11. Hold a special discussion with the student at which you and other staff (e.g., counselor, principal) explore reasons for the problem and find ways to enhance positive motivation

12. Try ancillary services (e.g., outside tutoring, counseling/therapy)

13. List other strategies you have tried.

14. Brainstorm to arrive at other ideas that should be added.

Step 4: If the new strategies don't work, talk to others at school to learn about additional approaches they have found helpful.

>Reach out for support/mentoring/coaching
>Participate with others in clusters and teams
>Observe how others teach in ways that effectively address differences in student motivation and capability and account for a student's current state of being
>Request additional staff development on these topics

There are a variety of topics that might be pursued related to exploring ways for classrooms to enhance how they help students by addressing barriers to learning within the context of a caring, learning community.

Topics include:

(1) Ways to train aides, volunteers, and peers to help with targeted students.

(2) Specific strategies for mobilizing parent/home involvement in schooling.

(3) Using specialist staff for in-class and temporary out-of-class help.

(4) Addressing the many transition needs of students.

Teacher Assistance Teams

One prereferral method uses teacher assistance teams (TATs) which also go by such labels as staff support teams, intervention assistance teams, etc. Stokes (1982) defines a TAT as "a school based problem-solving group whose purpose is to provide a vehicle for discussion of issues related to specific needs of teachers or students and to offer consultation and follow-up assistance to staff..." TATs are typically comprised of regular classroom, teachers; however, in some settings, TATs also include representatives from multiple disciplines, such as psychology or special education. TATs focus on intervention planning, usually prior to referral and assessment, rather than on placement. The TAT and the referring teacher meet to discuss problems the student is having, think of possible solutions, and develop a plan of action to be implemented by the referring teacher. Assessment data are gathered by TATs for the purpose of planning and monitoring the effectiveness of interventions. Follow-up meetings are held to discuss the effectiveness of the proposed interventions, and to develop other strategies if necessary. Ultimately, the TAT decides whether the student should be referred to special education (Garcia & Ortiz, 1988).

References

Stokes, S. (1982). *School-based staff support teams: A blueprint for action.* Reston, VA: Council for Exceptional Children.

Garcia, S.B., & Ortiz, A.A. (1988). *Preventing inappropriate referrals of language minority students to special education. Occasional Papers in Bilingual Education. NCBE New Focus #5* Silver Spring, MD: National Clearinghouse for Bilingual Education (EDRS # ED309591).

Step 5: If necessary, use the *school's referral processes* to ask for additional support services.

Step 6: Work with referral resources to *coordinate your efforts* with theirs for classroom success.

Referrals are relatively easy to make. BUT because most families are reluctant to follow-through on a referral, referrers usually need to do more than give them a name and address. On the next page, you will find a few guidelines that recognize that referral is an intervention.

Referral is an Intervention

Effective referral *intervention* strategies involve procedures that

- provide ready reference to information about appropriate referrals,
- maximize follow-through by helping clients deal with potential barriers.

A client oriented, user friendly referral intervention is built around recognition of the specific needs of those to be served and involves the clients in every step of the process. That is, the intervention is designed with an appreciation of

- the nature and scope of student problems as perceived by students and their family,
- differences among clients in terms of background and resources, and
- the ethical and motivational importance of client participation and choice.

Moreover, given that many clients are reluctant to ask for or follow-through with a referral, particular attention is paid to ways to overcome factors that produce reluctance.

Then, there is the process of referral follow-up.

- After the referral is made, you will want to know what additional assistance is provided. If you don't hear anything after 1-2 weeks, it is appropriate to send a note requesting information on current status.
- As others become involved in assisting the student and family, you will want to coordinate your efforts with them. You may actually see them on a regular basis at school and can handle the communications informally; otherwise, an arrangement should be made for periodic communication.

Prereferral Assessment

From:
Graden, Casey and Bonstrom;
Five Stages of the Prereferral Assessment Process

Requests for Consultation

The first step in the process ought to be a request for consultation rather than a request for testing. The classroom teacher asks for help either from a resource teacher, a specialist or from members of a teacher assistance team (TAT).

Consultation

The resource teacher, TAT member, or other specialist works with the classroom teacher in order to verify the existence of a problem, and to develop strategies that might relieve the problem. During this consultation, the referring teacher is asked to specify the problems in clear observable terms, as well as to rank, in order of importance, the reasons for referral. The teacher is also asked to specify the ways in which the student's behavior affects the teacher and his or her expectations of the student. Finally, during the consultation, interventions are suggested, implemented and evaluated.

Observation

Observation of pupil behavior in classroom settings makes it possible to document the specific nature of referral problems. It also is a good opportunity to collect data regarding the frequency of the problem behaviors, the interaction between the pupil, teacher and other students, as well as the curriculum and activities used with the pupil. Based on these data, several intervention plans are developed that are clear on (1) which behaviors they target (what), (2) what the criteria for success are, (3) duration of intervention (how long), (4) location of intervention (where), (5) the persons responsible for implementing the intervention (who), and (6) the methods used for intervention (how).

Conference

A conference may be held to review pupil progress and to decide whether formal referral is necessary. This meeting may involve important school personnel, parents, and the student. During this meeting the data on the pupil and the interventions are discussed, feedback from the intervention personnel are solicited, and decisions are made to either continue intervention, modify interventions, or refer the student to formal psycho-educational assessment.

Formal Referral

A formal referral is made for psycho-educational intervention, and the child enters the formal child study process.

New Directions and Ongoing Concerns

Recently there has been a movement in education away from sole reliance on standardized, multiple choice assessment measures and toward assessment techniques that enrich curriculum as well as provide an evaluation of the full range of students' comprehension and critical thinking skills. One such strategy is performance assessment. Evaluators use the term "performance-based assessment" or "authentic assessment" to refer to tests that present tasks to students that call fora relatively complex constructed response in the form of an oral report, some sort of written analysis, etc. These responses are then scored so that the teacher can make accurate inferences about the degree to which their students possess the knowledge and/or skills assessed by the performance test. Performance assessments stress the higher order skills that schools should be teaching, can be used as diagnostic instruments, and have potential for being sensitive to a wide range of cultural and individual differences and disabilities.

On the following pages are excerpts from

(1) ERIC Digests that give an overview of *authentic and performance-based assessment*

(2) several recent works discussing assessment from the perspective of disabilities and English Language Learners.

WHAT IS AUTHENTIC ASSESSMENT?

From: *The Case for Authentic Assessment*, compiled by Grant Wiggins.
http://PAREonline.net

Assessment is authentic when we directly examine student performance on worthy intellectual tasks. Traditional assessment, by contract, relies on indirect or proxy 'items'--efficient, simplistic substitutes from which we think valid inferences can be made about the student's performance at those valued challenges.

Do we want to evaluate student problem-posing and problem-solving in mathematics? experimental research in science? speaking, listening, and facilitating a discussion? doing document-based historical inquiry? thoroughly revising a piece of imaginative writing until it "works" for the reader? Then let our assessment be built out of such exemplary intellectual challenges.

Further comparisons with traditional standardized tests will help to clarify what "authenticity" means when considering assessment design and use:

* Authentic assessments require students to be effective performers with acquired knowledge. Traditional tests tend to reveal only whether the student can recognize, recall or "plug in" what was learned out of context. This may be as problematic as inferring driving or teaching ability from written tests alone. (Note, therefore, that the debate is not "either-or": there may well be virtue in an array of local and state assessment instruments as befits the purpose of the measurement.)

* Authentic assessments present the student with the full array of tasks that mirror the priorities and challenges found in the best instructional activities: conducting research; writing, revising and discussing papers; providing an engaging oral analysis of a recent political event; collaborating with others on a debate, etc. Conventional tests are usually limited to paper-and-pencil, one- answer questions.

* Authentic assessments attend to whether the student can craft polished, thorough and justifiable answers, performances or products. Conventional tests typically only ask the student to select or write correct responses--irrespective of reasons. (There is rarely an adequate opportunity to plan, revise and substantiate responses on typical tests, even when there are open-ended questions).

* Authentic assessment achieves validity and reliability by emphasizing and standardizing the appropriate criteria for scoring such (varied) products; traditional testing standardizes objective"items" and, hence, the (one) right answer for each.

* "Test validity" should depend in part upon whether the test simulates real-world "tests" of ability. Validity on most multiple-choice tests is determined merely by matching items to the curriculum content (or through sophisticated correlations with other test results).

* Authentic tasks involve "ill-structured" challenges and roles that help students rehearse for the complex ambiguities of the "game" of adult and professional life. Traditional tests are more like drills, assessing static and too-often arbitrarily discrete or simplistic elements of those activities.

A PERSPECTIVE ON ACCOUNTING FOR DIFFERENCES AND DISABILITIES IN ASSESSING STUDENTS

The first matter to be considered, of course, is whether the focus of assessment should be on the student. Often, the need is to assess external factors that may be the immediate cause of the student not functioning appropriately at school.

- When it is clear that information related to the student's strengths, weaknesses, and limitations is needed, the next consideration is whether the information already is in existing records that can be accessed.

- If the desired information is not available and direct assessment of the student is appropriate, then concerns about the assessor's ability to gather valid information arise. When all is said and done, these concerns are reflected in three question:

Are there valid procedures for gathering the information?
(e.g., culturally appropriate instruments)

Can the assessor establish a positive working relationship with the student?

Relatedly, is the student motivated to provide the desired information?

Concerns about cultural differences, disabilities, and other ***group differences*** *resolve down to the problem of* ***individual differences*** *when it comes to assessing a given individual*

On the following pages, you will find excerpts from various authors along with other references to aid in furthering your understanding of procedures and concerns to account for differences and disabilities in assessing students.

From:

Richard Dana's chapter entitled: **"Impact of the use of standard psychological assessment on the diagnosis and treatment of ethnic minorities."**

In J. F. Aponte, R.Y. Rivers, & J. Wohl (Eds.) (1995). *Psychological Interventions and Cultural Diversity.* Boston: Allyn & Bacon.

In the absence of cultural competence, the practice of standard psychological assessment has unforeseen consequences. These may include not only faulty diagnosis, but also caricature and distortion ... by minimizing differences and stereotyping client behaviors.

Within each ethnic minority group, standard psychological assessment will be suitable for some members but inappropriate for others because of their varying degrees of assimilation. Moreover, the percentages of persons who are assimilated differ greatly among ethnic minority groups. As a result, it is always mandatory to distinguish those ... who are assimilated.... This may be done by assessment of cultural orientation using moderator variables....

Cultural Orientation and Moderator Variables

Four possible cultural orientations are usually distinguished. A *traditional orientation* is defined as retention of an original culture, whereas *nontraditional* refers to assimilation into the majority Anglo-American culture. *Bicultural* individuals have retained many aspects of their original culture while simultaneously functioning in a manner acceptable to and understood within the majority culture. *Marginality* implies rejection of substantial segments of both the original and the dominant society cultures. A fifth cultural orientation, *transitional,* has been used to describe Native Americans who are bilingual but who question their traditional religion and values (LaFromboise, Trimble, & Mohatt, 1990).

A listing of measures is provided in Table 4-1. Most of these measures are bilevel; they provide information not only on traditional culture but also on the acquisition of dominant society values.

TABLE 4-1. Selected-Moderator Variables for Assessment of Cultural Orientation

Measure	*Source*
Developmental Inventory of Black Consciousness	Milliones (1980)
Racial Identity Attitude Scale	Helms (1990)
African Self-Consciousness Scale	Baldwin & Bell (1985)
Suin-Lew Asian Self-Identity Acculturation Scale	Suin, Rickard-Figueroa, Lew, & Vigil (1987)
Acculturation Scale for Mexican Americans	Cuellar, Harris, & Jasso (1980)
Hispanic Acculturation Scale	Marin, Sabogal, VanOss Marin, Otero-Sabogal, & Perez-Sable (1987b)
Native Generations Diagnosis	Brown (1982, May)
Rosebud Personal Opinion Survey	Hoffman, Dana, & Bolton (1985)
Individualism-Collectivism Scale	Hui (1988)
Scale to Assess World Views	Ibrahim & Kahn (1987)

Test Administration

The assessment process in Anglo-American society is a professional relationship with established rules for acceptable client behaviors that were derived from the medical model of service delivery for physical health problems. This model emphasizes patient compliance in the face of provider expertise and credibility based on formal credentials provided by educational experience and professional licensing.

Distinct culture-specific styles of assessment service delivery can increase rapport and willingness to participate in an assessment process. African Americans are often reluctant to engage immediately in the expected task orientation that is necessary for any assessment process. This process has been described in stages of guarded appraisal, investigative challenges to determine culturally relevant experience, partial identification by personal relationship overtures, personal regard, and finally task engagement (Gibbs, 1985). This process of sizing up and checking out cannot always be accomplished in a single session.

Asian Americans conform to role relationships on the basis of gender, age, and expertise and have expectations for immediate benefit--a "gift" that strengthens the relationship sufficiently for subsequent services to occur (Sue & Zane, 1987). Credibility in these relationships occurs if the assessor is male; older than the client; and confident in communicating educational, experiential, and personal credentials (Lee, 1982).

Hispanic Americans respond to a cultural script for social interaction called *simpatia* (Triandis, Marin, Lisansky, & Betancourt, 1984). This etiquette includes leisurely chatting, or *platicando;* attention that is informal and personal, or *personalismo;* an atmosphere of warmth called *ambiente;* and role relationships invoking respect, or *respeto* (e.g., younger to older persons, women to men, to persons in authority). The intent of *simpatia* is to evoke *confianza en confianza,* or mutual trust. Moreover, for Hispanics, use of a client's first language is mandatory because affect communication and self-disclosure may be impaired and speech distortions may occur in the second language.

An acceptable service delivery style for Native Americans mirrors the sequence of talk and begins with informal chitchat on topics of mutual interest. Of course, this implies a basis for the conversation arising from shared activities occurring in other settings and from a relationship that has existed prior to the assessment service. Not only is tribe-specific cultural knowledge required, but there should be a personal basis for the relationship that already permits acceptance and trust. Whenever this context of relationship is not feasible, the test materials may be meager and incomplete. Subsequent interpretations of these data will often be faulty because the text protocols will appear to be adequate and self-revealing when, in fact, they represent only an attempt at task compliance without the investment of self that can occur only for a friend or relative.

Test Interpretation

Test interpretation is informed by a variety of unverbalized expectations and preconceptions for client responsivity to the standard assessment process and tests. Four of these conditions that can lead to implicit assessor bias will be examined:
(1) distortion as a result of minimizing differences among persons,
(2) pathologization by use of inappropriate diagnostic nomenclature,
(3) caricature as a result of stereotypy, and
(4) dehumanization as a consequence of inapplicable personality theories.

A Format for Description of Culturally Competent Psychological Assessment Services

Cultural competence includes not only cultural sensitivity but also the skills required to establish and maintain comfortable relationships with assessment clients. In addition, a knowledge of the limitations of standard psychological assessment with persons from cultural minority groups is necessary. Awareness of acceptable translations of standard psychological tests and competence in the client's first language are highly desirable. Selection and/or modification of appropriate existing tests and other assessment materials with

cultural validity is also required. In addition, in some settings for some cultural groups, the creation of new culture-specific or *ethnic* tests will be desirable.

A suggested format for culturally relevant assessment procedures would include these cultural competence ingredients as well as culture-specific feedback procedures to maximize the likelihood of client interest in subsequent interventions. Individuals from minority cultures who are traditional in orientation often may experience standard psychological assessment as neither appropriate nor fair. Alterative assessment procedures are then required. These alternatives may consist of modifications or adaptations of standard psychological assessment instruments, including translations, or the creation of new culture-specific measures. Bicultural and transitional individuals should be encouraged to make an informed choice between standard psychological assessment and culture-specific measures, whenever such measures are available. Marginal persons may often be uninterested, unmotivated, and/or unwilling participants in any assessment process. These persons require a time-limited and problem-specific mix of standard and culture-specific technologies, often with a behavioral emphasis.

Assessment findings may need to be communicated to the client and/or to family members or other advocates. In this communication process, attention should be given to the expectations for intervention procedures and service providers that have resulted from specific beliefs about health and illness. These beliefs need to be examined in a context of available intervention resources and with the person(s) who are responsible for implementing and intervention.

At present, the practice of culturally competent assessment is rare indeed. Despite awareness and formal pressure from program accreditation guidelines and site visitors, there is a paucity of relevant training available to students. In addition, the assessment establishment remains skeptical regarding the necessity of translations, local or group norms, moderator variables, culture-specific service delivery styles, or any need for new *ethnic* tests for ethnic minority groups in the United States. The solution to these dilemmas lies in greater understanding of the cultural specificity of the Anglo-American world view as expressed in our assessment technology. Such understanding requires an ethnorelativism that honors and is responsive to a much wider range of individual differences than occurs at the present time. Implementation of cultural competence in assessment training will require not only a greater ethnic minority faculty presence in training but also political persuasion that will occur only when a larger proportion of the United States population represents various ethnic minorities.

References:

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A Perspective on Accounting for Differences in Assessing Students

The first matter to be considered, of course, is whether the focus of assessment should be on the student. Often, the need is to assess external factors that may be the immediate cause of the student not functioning appropriately at school.

- When it is clear that information related to the student's strengths, weaknesses, and limitations is needed, the next consideration is whether the information already exists in records that can be accessed.

- If the desired information is not available and direct assessment of the student is appropriate, then concerns about the assessor's ability to gather valid information arise. When all is said and done, these concerns are reflected in three question:

  >Are there valid procedures for gathering the information?

  >Can the assessor establish a positive working relationship with the student?

  >Relatedly, is the student motivated to provide the desired information?

On the following pages are some resource aids for further understanding and accounting for individual and group differences.

Tool Kit on Teaching and Assessing Students with Disabilities

https://www.osepideasthatwork.org/toolkit/index.asp

Introduction

The U.S. Department of Education strives to expand educational opportunities and to improve instruction for all students. To achieve excellence in education for students with disabilities, Secretary of Education Margaret Spellings launched an initiative focused on improving teaching, learning, and assessing by increasing states' capacity to provide rigorous assessment, instruction, and accountability for these students. The keys to this effort are instruction and assessment, relying on the most current and accurate information on how students with disabilities learn while also measuring student performance to ensure continuous growth and progress.

Student achievement is front and center in all our efforts. The Office of Special Education and Rehabilitative Services (OSERS), the Office of Elementary and Secondary Education (OESE), and the Institute for Education Sciences (IES) are collaborating and linking their programs together to support states' efforts to improve instruction and assessment of all students with disabilities.

To support this initiative, the Department has developed a Tool Kit on Teaching and Assessing Students With Disabilities (Tool Kit), which offers a compilation of current information that will move states forward in improving results for all students with disabilities. The Tool Kit will be added to over time to include more information designed to support states' efforts and to communicate the results of research on teaching, learning, and assessments.

The Tool Kit brings together the most current and accurate information, including research briefs and resources designed to improve instruction, assessment, and accountability for students with disabilities in a format that is easy to access and to understand. The Tool Kit will assist state personnel, schools, and families in their efforts to ensure that all students with disabilities receive a quality education.

The Tool Kit includes information about the Department's investments, papers on large-scale assessment, technical assistance (TA) products, and resources. The section on large-scale assessment includes a collection of seven papers and a glossary that address key issues related to the participation of students with disabilities in these standards-based assessments. The TA products are divided into four substantive areas: Assessment, Instructional Practices, Behavior, and Accommodations. Materials in each substantive area are color-coded so that they are easily recognizable and contain subcategories of resources:

>Assessment – – Large-Scale Assessment – Alternate Assessment – Progress Monitoring
– Response to Intervention (RTI)
>Instructional Practices – – K–3 Literacy – Social Interaction and Communication
– Adolescent Literacy
> Behavior == – Schoolwide Behavioral Interventions
>Accommodations – – Instructional and Assessment Accommodations

Primary access to the Tool Kit is through the Office of Special Education Programs (OSEP) Ideas That Work Web site (http://OSEPIdeasThatWork.org). The Web site contains a table of contents that lists all Tool Kit resources and links to each of the items listed. Users will find a description of each resource, including its citation and target audience. The Web site contains the master list of Tool Kit documents and will be updated as new products become available.

Tool Kit CONTENTS

OVERVIEW OF THE TOOL KIT
>Introduction to the Tool Kit
>Departmental Investments Supporting Teaching and Assessing Students with Disabilities

MODELS FOR LARGE-SCALE ASSESSMENT FOR STUDENTS WITH DISABILITIES
>Including Students with Disabilities in Large-Scale Assessment: Executive Summary
>Validating Assessments for Students with Disabilities
>Reliabitiy Issues and Evidence
.Validity Evidence
>Standards and Assessment Approaches for Students with Disabilities Using a Validity Argument
>A Decision Framework for IEP Teams Related to Methods for Individual Student Participation in State Accountability Assessments
>Professional Development on Assessment Systems
>Glossary

TECHNICAL ASSISTANCE PRODUCTS

ASSESSMENT
Large-Scale Assessment
>Online Accommodations Bibliography
>Universal Design Applied to Large-Scale Assessments
>Progress Monitoring in an Inclusive Standards-Based Assessment and Accountability System
Alternate Assessment
>Distribution of Proficient Scores that Exceed the 1% Cap: Four Possible Approaches
>Expectations for Students with Cognitive Disabilities: Is the Cup Half Empty or Half Full?
>Can the Cup Flow Over?
>Massachusetts: One State's Approach to Alternate Assessment
>Designing from the Ground Floor: Alternate Assessment on Achievement Standards
>Alternate Assessment: Teacher and State Experiences
Progress Monitoring
>What is Scientifically-Based Research on Progress Monitoring?
Response To Intervention
>Responsiveness to Intervention in the SLD Determination Process

INSTRUCTIONAL PRACTICES
K-3 Literacy
>Proven Ideas from Research for Parents: A Child Becomes a Reader – K-3
>Put Reading First: The Research Building Blocks for Teaching Children to Read – K-3
Social Interaction and Communication
>Tangible Symbol Systems: Making the Right to Communicate a Reality for Individuals with Severe Disabilities
Adolescent Literacy
>Never Too Late: Approaches to Reading Instruction for Secondary Students w/ Disabilities

BEHAVIOR
School-Wide Behavioral Interventions
>School-wide Positive Behavior Support: Implementers' Blueprint and Self-Assessment

ACCOMMODATIONS
Instructional and Assessment Accommodations
>Accommodations Manual: How to Select, Administer, and Evaluate Use of Accommodations for Instruction and Assessment of Students with Disabilities

RESOURCES

Psychometric Challenges in Assessing English Language Learners and Students With Disabilities

By Suzanne Lane & Brian Leventhal (2015). *Review of Research in Education, 39*, 253-294.
http://rre.sagepub.com/cgi/reprint/39/1/253

This chapter addresses the psychometric challenges in assessing English language learners (ELLs) and students with disabilities (SWDs). The first section addresses some general considerations in the assessment of ELLs and SWDs, including the prevalence of ELLs and SWDs in the student population, federal and state legislation that requires the inclusion of all students in large-scale assessments, validity considerations in the assessment of ELLs and SWDs, importance of test accommodations in their assessment, and an introduction to the psychometric challenges, which are intricately interwoven with validity and fairness considerations, in assessing ELLs and SWDs. The second section discusses the efficacy of test accommodations and modifications for SWDs and ELLs. The third section addresses the need for invariant measurement for ELLs and SWDs. In the assessment of a diverse student population it is important to examine the extent to which the psychometric properties of a test are invariant across groups of students. This necessitates obtaining evidence of reliability and score precision, internal structure evidence, external structure evidence, and evidence of equating invariance for ELLs and SWDs. The establishment of measurement invariance for ELLs and SWDs is required to make valid and fair score interpretations for these students and for group comparisons. Under the No Child Left Behind Act (NCLB) of 2002, growth measures have been implemented to help determine Annual Yearly Progress (U.S. Department of Education, 2005); however, the research on the efficacy of models for monitoring change for ELLs and SWDs has been scarce. Such research is crucial given that the federal Race to the Top initiative calls for multiple measures in educator evaluation systems, including measures that assess student progress (U.S. Department of Education, 2010). The last section addresses issues related to including SWDs and ELLs in measures of “growth” and of educator effectiveness.

More Resources

The Center's online Clearinghouse Quick Find on Assessment and Screening provides links to resources on the topic developed by our Center and links to resources from other across the country. Go to http://smhp.psych.ucla.edu/qf/p1405_01.htm

Issues and Problems Related to Assessment of Barriers to Learning

Widespread controversy surrounds assessment in schools. Some concerns stem from methodological, conceptual, and ethical issues and problems; others arise from sociopolitico-economic considerations. Here we discuss controversies over “what should be assessed”, when and how assessment should be carried out. And the problem of interpreting the meaning of findings. Concerns over privacy rights and negative consequences controversy that arises because decisions to assess and decisions stemming from the data gathered often involve conflicting vested interests.

WHAT DO WE WANT TO ASSESS?

In terms of practice and most research in the field, assessment serves four major functions: *classification* (especially diagnostic classification), *selection* (especially placement and group assignment), *specific treatment planning,* and *evaluation* of intervention. Conflicts arise over what should be assessed with respect to these functions because of ongoing debates over what "models" for understanding human behavior should guide research and practice, how problems should be remedied, what is involved in matching instruction to the learner, and what constitutes appropriate accountability and evaluation of efficacy.

Contrasting Models Guiding Assessment in Research and Practice

In general, concern has been raised that the focus of prevailing assessment procedures encompasses too narrow a range of factors. This criticism has been voiced more strongly as new models have emerged to challenge the prevailing view that sees the causes and correction of problems in terms of *person* variables (i.e., in terms of pathology, disorders, or lack of readiness). Competing models focus on the *environment* (also emphasizing either pathology or deficiencies) or the *interaction* or transactions between person and environment.

Because of dissatisfaction with the prevailing person-oriented model, the work of researchers who focus on the *environment* has taken on prominence. This work is concerned with assessing home and school variables to clarify the role they play in the cause and correction of problems. Going a step further, *interaction* oriented investigators hope to determine the degree to which the interplay of person and environment must be accounted for in understanding cause and correction. Those who have adopted an interactional (transactional, reciprocal determinist) orientation argue that they have subsumed, not rejected the other two models.

What Is to Be Remedied?

When it comes time to plan the specifics of an intervention, formal and informal assessment procedures are used. These include tests, observations, interviews, and trial teaching. Ultimately, the purpose of all remediation is to improve functioning related to such basics as reading, language, mathematics, and interpersonal functioning. Advocates of a particular orientation argue for their procedures and sometimes argue against assessment procedures reflecting other orientations. To understand why requires an understanding of opposing views about what is to be remedied.

Essentially, three treatment viewpoints dominate current assessment practices: (1) the underlying abilities orientation, (2) the observable skills orientation, and (3) the metacognitive or general learning strategies orientation. And as facets of this last orientation have evolved, they have offered another perspective on the underlying abilities view. Each orientation defines treatment needs in different terms and thus specifies a different central focus for assessment.

The interest in cognitive components underlying learning problems goes beyond metacognitive knowledge and cognitive monitoring. As can be seen in the "dynamic" or authentic assessment movement, there are a variety of cognitive skills and processes that have been identified as the appropriate focus for remedial intervention. Because this movement has had limited exposure but appears to be gaining considerable momentum, it warrants a bit more discussion here.

Dynamic assessment is described as a reaction to static (i.e., conventional psychometric) approaches to measuring intelligence. Static approaches are criticized for treating IQ as a trait rather than a score, thereby equating it with learning ability and ignoring the nature of underlying mechanisms of cognitive development and functioning and the influence of handicapping conditions and cultural bias. Moreover, static approaches and techniques are criticized as too limited for planning interventions.

In terms of what should be assessed, the dynamic assessment movement wants to go beyond conventional psychometric techniques in order to assess the efficiency of specific cognitive processes, not just to measure enhanced performance and/or the magnitude of response to instruction. Because dynamic assessment involves prompting/teaching, it also is used to identify intervention approaches that seem to work well with the individual being assessed. Thus, the products of the assessment are seen as providing information on both *what* and *how to teach.* In order to gather such data, the process is designed and implemented as an intervention to improve performance. Improved performance is interpreted as an indication of the learner's real capabilities and ability to change (e.g., learning potential). Because the content focus of dynamic assessment is on underlying processes, critics of the underlying abilities orientation simply reiterate arguments about the validity of measures and of underlying theoretical assumptions.

In general, it is to be expected that issues surrounding prevailing orientations to remediation will not be resolved in the near future. Thus, although specific instruments may be discredited, advocates of each orientation will continue to use assessment procedures that reflect their approach to treatment and will continue to criticize each other. At the same time, advocates of environmental and transactional models can be expected to escalate their criticism and propose alternative assessment procedures.

Different Views of How Best to Match Instruction to the Learner

In addition to assessment differences resulting from treatment orientations, different views about how to design instruction for specific learners lead to divergent perspectives about what needs to be assessed. For instance, concern has been raised that assessment for *individualized as* contrasted with *personalized* instruction results in an inadequate instructional design.

To clarify the point, individualization typically emphasizes detecting a student's deficiencies by monitoring daily performance on learning tasks and then modifying instruction to address the deficiencies. In addition, some approaches, such as dynamic/authemtic assessment, attempt to assess the best teaching approach for a given child. In most cases, however, a major shortcoming of assessment guided by the concept of individualized instruction is that it overemphasizes developmental deficiencies and underemphasizes the importance of assessing motivation, especially intrinsic motivation. This is not surprising, given how little systematic attention researchers and practitioners have paid to the concept of intrinsic motivation as it relates to the causes and correction of learning and behavior problems. (This oversight may account for the lack of maintenance and generalization of effects found in the majority of studies of training strategies designed to improve learning, problem solving, and social skills.)

In contrast, the concept of personalization could broaden the focus of assessment. As we define it, personalization encompasses individualization. The concept stresses the importance of designing intervention to match not only current capabilities of the learner but also levels of motivation, especially intrinsic motivation. This latter emphasis is seen as critical, given the degree to which intrinsic motivation can profoundly affect current, as well as long-term performance and learning. Thus, the major implication of the concept of personalization for assessment and correction of learning problems is that formal and systematic procedures are needed to address motivation.

Accountability and Evaluating Efficacy

Assessment plays a major role in efforts to answer the basic question: Are interventions effective? Although some may prefer to ignore this question, two facts make this impossible. First, evaluative research is essential to improve interventions. Second, this is an age of accountability, and therefore, evaluation increasingly is mandated by legislation and government regulations.

Problems arise, however, because of limitations in measurement capability. Comprehensive evaluation requires a range of valid procedures, and development of such procedures requires considerable financial commitment. Because of the costs, evaluation usually remains a token item in most budgets.

Issues arise because of different views about the appropriate focus of evaluation (e.g., Is it sufficient to gather data on person variables? Should long-term outcomes be measured as well as immediate effects?) and about the best way to proceed in gathering and interpreting data (e.g., What specific measures and design should be used? Should there be an emphasis on minimizing the negative effects of evaluation?). Because there are different views, issues arise over whose perspective should determine the evaluation focus, methods, and interpretive standards. That is, should the views of teachers, parents, students, researchers, or funding agencies prevail? Stated more boldly, whose biases or vested interests should prevail? Conflicts between vested interests are addressed further later in the chapter.

WHEN TO ASSESS

There has been considerable controversy over the premature use of assessment practices. Some critics have argued that the proper implementation of corrective interventions can eliminate the need for specialized assessment in many cases. Other criticism has been directed at the use of procedures before they have been developed adequately. Another line of concern has stressed that multistage, as contrasted with single stage, decision making provides a better framework to guide assessment practices.

What Should Precede Assessment?

Critics concerned about premature person-focused assessment have argued that major efforts to improve programs should come first. In this context, we recall Nicholas Hobbs' views on screening. "Ideally, special screening programs to identify health problems and developmental difficulties of children should not be necessary. All children regardless of economic status should be able to participate in a comprehensive health maintenance program." And, we would add, they should be enrolled in comprehensive psychoeducationally oriented school programs. That is, once children arrive in kindergarten and the elementary grades, the need for screening is secondary to the need to develop classroom programs to match learners' levels of motivation and development. Advocates suggest that preventive and early-age intervention programs should reduce the number of learning and behavior problems and provide improved in situ screening to identify those who continue to require special help, thereby reducing the need for special assessment.

There are a substantial number of advocates for improving programs as the first step in a screening sequence for learning problems. In essence, it is argued that, before assessment, programs to ameliorate learning problems should enhance regular learning and instruction for all children and remedy problems that arise as soon as possible and with the least intervention needed. It is recognized that accomplishment of these goals requires broadening the psychoeducational nature of
regular school interventions (e.g., personalizing instruction) and increasing the availability of support mechanisms for academic learning (e.g., volunteer aides, peer tutoring, computers). Proponents also stress the need for programs to train and provide consultation for teachers regarding what interventions to pursue before referring a student for special education (e.g., prereferral interventions).

Despite advocacy for improving programs as a first step in screening, the idea remains relatively uninvestigated. An example of the type of study needed is one in which a representative sample of preschool, kindergarten, and primary school programs (across socioeconomic groups) is upgraded to improve their capability to provide personalized and remedial instruction. The proportion of children subsequently found to manifest problems in these settings would then be compared with those identified in a matched control sample of standard programs. Data from this comparison would indicate the efficacy of the experimental settings in preventing some types of problems. Identification
of learning problems in each classroom would involve no more than establishing criteria for daily performance and noting those who do not meet the criteria over a period of several weeks. Students in the experimental and control samples would be followed into the upper elementary grades to determine the degree to which false-positive and false negative identifications were made. After this first study, a second could determine whether identification sensitivity and specificity are improved by adding formal assessment screening procedures to the experimental programs.

Should We Wait for Valid Tools?

At the very least, most will agree that an assessment procedure should meet the minimal standards set forth by the American Psychological Association and the American Educational Research Association. From an ethical and legal perspective, a practice should do more good than harm. In this context, it has been argued that some psychometric and rating-scale procedures for massive screening are used in ways that produce so many false-positive errors that they probably cause more harm than good and should not be used. In California, based on the Larry *P. v. Riles* court decision, the Los Angeles Unified School District has taken the extreme position of placing a moratorium on use of IQ test data in special education placement decisions.

When an assessment procedure is seen as meeting minimal standards and providing useful information, there are still the problems that the data gathered will be limited and perhaps erroneous. There are no satisfactory solutions for these problems. A common suggestion is that additional data be gathered that might a t least disconfirm false-positive findings. Ethically, it has been stressed that all concerned parties should be alerted to the limitations of the findings and the tentative nature of recommendations and conclusions based on the data. With respect to gathering disconfirming data, there is growing advocacy for viewing decision making as a multistage rather than single stage process.

Single Vs. Multi-stage Decision Making

Although some assessors find it necessary and/or convenient to assess and make decisions in one or two sessions, such a single stage approach has been a matter of concern. For example, with respect to screening, it is generally acknowledged that after a potential problem has been identified subsequent steps must be taken to confirm or disconfirm the problem. Critics warn, however, that diagnoses and placement decisions often may be made solely on the basis of first-level screening data. Furthermore, even when the best available assessment procedures are used, initial decisions

about placement and special programming may be in error and should be confirmed or disconfirmed expeditiously through daily in situ assessment.

HOW TO ASSESS

Conventional psychometric approaches and techniques have raised a variety of concerns about validity. A common example already noted is that, under formal assessment conditions, poor performance among problem populations may be due to low or negative (avoidance) motivation resulting from high anxiety or negative attitudes. And these factors and cultural differences are seen as negatively affecting the performance of persons from certain cultural backgrounds. That is, the assessment results for such persons are seen as contaminated and cannot be taken at face value. Thus, critics argue that it is impossible to know whether failure to demonstrate specific knowledge, abilities, or skills represents a real deficiency. The implications of this point for research and intervention are profound.

Conventional Vs. Interventionist Assessment

To underscore the fundamental issue involved here, it is useful to contrast nondynamic (conventional) with what can be described broadly as interventionist assessment. The term interventionist goes beyond dynamic assessment to encompass a wide variety of assessor activity designed to determine whether the person assessed can perform at a higher level. In terms of how to assess, interventionist assessment is designed to move beyond the nondynamic/static approach found in typical psychometric testing. The assessor assumes a highly active "testing the limits" stance with a view to encouraging an increased level of performance. The process often takes the form of an assess-teachreassess approach, involving a reasonable interval of time for learning to take place.

Advocates of interventionist assessment state that the intent is not to replace but to supplement prevailing assessment procedures. They stress that they are seeking data not available through prevailing approaches (e.g., data on performance capability in a teaching situation, information on teaching approaches that appear to be effective with the learner). Critics raise questions about the underlying assumptions and the validity of interpretations made in relation to interventionist assessment. For example, with respect to assumptions underlying dynamic assessment they question whether deficient functions found in the cognitive processes of input, elaboration, and output can be modified to a significant extent during an assessment procedure. With respect to the validity of interpretations, they question whether performance changes primarily reflect motivational rather than cognitive modifiability.

Conditions for Assessment

There are a variety of options in deciding how to assess. Stimulus and response conditions may vary in terms of the number and complexity of variables assessed, whether they are simulated or natural, and whether they are formal or informal. Variations also appear with respect to degree of ambiguity and subjectivity, standardization of administration, obtrusiveness, and reactive impact, and with regard to similarities and differences between the assessor and the assessed (e.g., in terms of race, cultural background, socioeconomic status, gender).

Although it is recognized that variations in practice influence both the form of assessment activity and the findings, there is little agreement about the nature and scope of such influences. Thus, there continue to be major debates over how to produce the best data in a given circumstance. The problem, of course, is akin to that of how best to match instruction to the learner

WHAT DO THE FINDINGS MEAN?

As we have suggested, decisions about what data to gather are determined by views about what one wants to assess. Regardless of what one wants to assess, however, the actual data provide only a description of observed behavior. One does not observe intelligence or perception or attention deficits or minimal central nervous system dysfunction. One sees responses to stimuli or noncompliance with rules and directions (e.g., test answers or refusal to do a task), or one receives reports of poor performance and misbehavior. Concerns therefore arise that assessment and decision making procedures may lead to

- inadequate descriptions of a phenomenon (e.g., Does the procedure provide information relevant to the types of interpretations and judgments we want to make? Does the procedure measure what it says it does? Only what it says it does? All of what it says it does? Does it provide new information?

- invalid interpretations and judgments of phenomena (e.g., Are inferences justified? Are appropriate norms and standards available?)

- invalid decisions (e.g., How relevant are data for decisions to be made?)
-

If one sets out to assess cognitive deficiencies, for example, one wants to be able to discuss findings in terms of such deficiencies and to judge the nature and scope of deficiencies based on appropriate norms and standards.

Validity and Utility

Deficiencies with regard to validity and utility generate controversy not only about what findings mean but about the value of assessment per se.

The crux of the problem can be appreciated by awareness that, although the reliability of an assessment procedure can be established in a relatively technical and objective way, validation requires a great deal of rational and subjective activity. As Lee Cronbach stressed with respect to assessing constructs, "Construct validity is established through a long-continued interplay between observation, reasoning, and imagination ....The process of construct validation is the same as that by which scientific theories are developed." Because determining a procedure's validity and utility is difficult and costly, assessors find themselves having to use the "best" that is available--even though the best may not be very good. The inevitable result has been criticism of procedures and decisions based on them.

Norms and Standards

The problem of determining meaning is compounded by the inadequacy of available norms and the lack of consensus regarding standards used in interpreting assessment data. To understand the problem, it is important to appreciate the nature of the interpretive/judgmental process in assessment, and this requires an appreciation of the way standards and norms are used.

For our purposes standards refer to values or a theoretical idea used in making judgments about what has been assessed. Such judgments involve conclusions about what was assessed with respect to consistency with some theory, whether a problem exists, and whether something is good or bad. Norms are not standards (i.e., they are not value or theoretical statements). Formal norms are based on research and systematic observation. In practice, any set of previous findings (including nonsystematic observations over years of professional practice) might constitute a set of norms with which to compare assessment data. After formal or informal norms are used, it is commonplace to apply some set of standards to make judgments about good and bad. This can happen so quickly that it may not be apparent that judgments have been made. For example, a score from a test or rating

scale that falls above or below some predetermined average may be quickly translated into a judgment that the performance was unacceptably low and indicative of significant underachievement, developmental lag, or pathology. This is understandable, especially with tests of achievement and developmental indices. However, it is important not to lose sight of the fact that a value judgment -- a standard – has been used. The use of norms by themselves does not lead to the judgment of good or bad.

All in all, controversy seems inevitable given that assessors must rely on inadequate procedures and norms and given the lack of consensus about standards used in making judgments about learning and behavior problems. And the criticism is justified when professionals proceed in uncritical ways. As noted in Buros' *Tests in Print*, practitioners

> "seem to have an unshakable will to believe the exaggerated claims of test authors and publishers. If these users were better informed regarding the merits and limitations of their testing instruments, they would probably be less happy and successful in their work. The test user who has faith--however unjustified---can speak with confidence in interpreting test results and making recommendations. The well-informed test user cannot do this; [this person] knows that the best of our tests are still highly fallible instruments which are extremely difficult to interpret with assurance in individual cases. Consequently, [the user] must interpret test results cautiously with so many reservations that others wonder whether s/he really knows what s/he is talking about."

ETHICAL CONCERNS

Impetus for ethical concerns about negative aspects of assessment has come from reported misuses and abuses of test data. Criticism has come from political conservatives, liberals, and civil libertarians. At the center of the controversy is the traditional tension between society's rights, responsibilities, and needs and individuals' rights and freedoms. Critics have argued that individual rights and liberties are not sufficiently safeguarded and have pushed for greater legal protection of rights and due process. This is leading to improvements in consent procedures.

Another line of ethical criticism stresses the errors, costs, and "negative side effects" of assessment. Some critics stress psychological, social, economic, and possible physical harm to individuals; others point out that subgroups are discriminated against; and a few have raised the specter of the quality of life in society being significantly lowered by institutionalizing assessment practices. In contrast, some professionals underscore that it is a core ethical responsibility of professionals to use assessment practices to maximize benefits for individuals and society (Adelman, 1979b). These matters can be highlighted by briefly discussing concerns about privacy rights and negative consequences of assessment.

Privacy

With respect to privacy rights, there is a dual concern: invasion of privacy and misuse of information. These concerns arise when the information is considered highly sensitive and could lead to diagnoses and evaluations that are perceived negatively. The situation is especially volatile when assessment is carried out primarily to serve society or institutional objectives.

Power to assess--to obtain and use information about others-is power to shape lives. Legally and ethically, there is a need to keep such power in check. At issue is the nature of the control a person ought to have over the gathering and disclosure of information about himself or herself. In other words, when should society be able to mandate assessment and, in the process, infringe on individual rights? Stated this way, the question is seen as one aspect of the broader concern over when society should be allowed to coerce individuals and thereby deny a variety of rights and

freedoms. From this issue springs a variety of questions. What kind of information is it reasonable to gather on an individual? What safeguards exist with respect to highly personal and sensitive information? What types of records should be kept and who should have access to them? What restrictions should be
placed on how information can be used? Is parental consent sufficient when children don't want to be assessed?

The complexity of ethical concerns is well illustrated when individuals come for help. A request for help may be seen as consent to gather data on anything the assessor sees as relevant. Given adequate theory and evidence about what is relevant, it would be a relatively clear-cut matter to explain what is needed and why as a basis for eliciting informed consent. Unfortunately, the state of knowledge regarding psychoeducational problems is not sophisticated enough to specify what information is absolutely needed. Thus, assessors develop their own criteria for what should be assessed. Some feel free to pursue anything that intuitively seems significant at the moment. Although well-meaning, they may pry into embarrassing and painful areas of a person's life to gather data that, ironically, may be irrelevant. Some data gathered amounts to little more than gossip with no significant meaning for dealing with the problem. Such data can be even more harmful when it is used inappropriately (e.g., to prescribe treatment).

For a variety of political and legal reasons, many school systems have moved away from presumptions of consent. In the United States, this movement has been accelerated by federal law (i.e., the Family Educational Rights and Privacy Act of 1974). The apparent result has been that (1) less assessment data are gathered and circulated in schools, (2) consent is sought more frequently when a need for assessment exists, and (3) due process is being emphasized with respect to student and parent access to records and for complaints and corrections of data that maybe inappropriate or in error.

Critics caution, however, that the burden of protecting rights still falls mostly on those assessed. Consumer advocates advise students or parents to object if they dislike either what is asked or the procedures. In doing so, however, there is a risk of being refused services or having the objection interpreted as defensiveness, hostility, or lack of cooperation.

The situation is further complicated where procedures have become routine and institutionalized. Under such circumstances, those involved may see neither a "rights" issue nor a need for consent. For example, physicians, psychologists, educators, and a variety of other personnel in schools, clinics, and agencies routinely administer tests and questionnaires with little or no explanation about why the information is needed or about any limitations with respect to the procedures' validity. When procedures have become a natural part of an institution's operations, those administering them may be genuinely unaware of invading privacy or coercing. Those who are assessed may assume the experience must be essential, and any discomfort is a necessary "negative side effect."

Negative Consequences

Every major intervention has some negative consequence. Assessment is no exception. It is customary to speak of "negative side effects," but this wording tends to ignore errors and economic costs and is more appropriately applied to minor and perhaps low-probability phenomena. Negative consequences encompass the range of potentially significant harm that may occur.

Negative consequences related to assessment, such as extreme anxiety, may occur during the process or may be an immediate or long-term outcome. It is widely recognized that persons who are assessed and labeled may be stigmatized, isolated, and excluded from important experiences and this may negatively affect motivation and hinder full and healthy development. Evidence suggests that certain subgroups are more likely than others to experience such negative effects . Civil rights hearings and

court cases have highlighted the intentional and unintentional cultural and sex-role bias of formal assessment. Unfortunately, little data exist on the frequency of negative consequences, including inevitable errors, or about financial costs to individuals and to taxpayers.

Ivan Illich and others have warned that the cost to society may be more than financial. Illich argued that over reliance on professionals leads to alarming incapacity among individuals and natural support systems to cope with problems.

From a practical perspective, concern over negative consequences generally centers on how to minimize negative effects and be certain that benefits outweigh harm. Often at issue is whether the positive is outweighing the negative. There does seem to be widespread agreement, however, about the following guidelines. (1) Assessors are obligated at least to be aware of potential negative consequences, such as immediate and long-term harm to individuals, groups, and society. (2) Where consent is sought, assessors are required ethically and often legally to inform prospective consenters of potential positive and negative consequences. (3) As they attempt to maximize benefits, assessors are obligated to minimize potential negative effects. (4) Although they cannot follow a student around to prevent self-fulfilling prophecies, they are expected to take steps to correct and guard records and equip students and parents to protect and advocate for themselves. (5) Assessors are expected to acknowledge whenever findings are inconclusive and not rationalize or dismiss uncertainties and incongruities in findings.

WHO DECIDES? THE POLITICS OF ASSESSMENT

Not only is decision making the final outcome of assessment, but decisions are made at each stage of the assessment process. For example, in planning assessment, there are decisions about the need for and the focal point of assessment and about what procedures to use. In many instances, these matters are resolved so routinely that those involved hardly are aware that decisions were made. In other cases, heated arguments arise. An already noted instance is the debate over the appropriateness of preschool screening programs to detect learning disabilities. (Can it be done appropriately?) Pivotal to all such debates are considerations about criteria and procedures for decision making. Where there is disagreement, a particularly critical concern is Who decides what the criteria and procedures should be?

When the objectives of the individual are compatible with other involved parties (e.g., parent, teacher, society), the question of who decides about criteria and procedures may be of little concern. However, when ideas and interests conflict, who decides becomes profoundly important. The problem of conflicting interests is reflected in the extensive concern raised about society's ability to exercise control through psychological and educational interventions. At one extreme, it is argued there are times when society must put its needs before individual rights by pursuing certain activities designed to maintain itself (e.g., compulsory testing); at the other extreme, it is argued that activities that jeopardize individuals' rights (e.g., coercion, invasion of privacy) are never justified. For many persons, however, neither extreme is acceptable, especially with respect to minors.

Without agreeing or disagreeing with a particular position, one can appreciate the importance of the debate for our field. Specifically, it serves to heighten awareness that (1) no society is devoid of some degree of coercion in dealing with its members (e.g., no right or liberty is absolute), and that such coercion has been seen as especially justified in intervening with minors; (2) interventions such as assessment can be used to serve the vested interests of subgroups in a society at the expense of other subgroups (e.g., to deprive minorities, the poor, females, and legal minors of certain freedoms and rights); and (3) informed consent and due process of law are central to the protection of individuals when there are conflicting interests at stake (e.g., about who or what should be blamed for a problem and be expected to carry the brunt of corrective measures). This awareness and greater sensitivity to conflicts among those with vested interests in interventions are essential if children are

to be adequately protected from abuse by those with power to exercise control over them.

Usually, control of decision making is maintained by those with greatest authority in a situation. This is a questionable practice when those in authority have no legitimate basis for assuming power or have interests that conflict with those of other participants. The former circumstance includes instances when professionals assess and prescribe outside their area of competence or in areas where the state of knowledge precludes sufficient expertise and when professionals inappropriately assume consent of participants. The latter circumstance includes instances where professionals' values or financial interests are at variance with those seeking services and when society pursues its rights and responsibilities at the expense of the rights and liberties of individuals.

It is when ideas and interests conflict that the "political" facets of assessment are underscored. Power conflicts and imbalances are apparent when those with authority are in a position to have their vested psychological, social, political, or economic interests prevail in decision making even though those without such authority dislike the decisions and indicate their dissatisfaction.

Authority stems from various psychological and socio-political-economic factors, which may or may not be institutionalized and legitimized. Therefore, political facets of assessment are not limited to power imbalances stemming from legislated authority. The overt political facets of assessment are seen in the many instances when assessments are required by organizational (government, school, industry) policies and when assessment data are used for planning, evaluating, and policy-making purposes. Covert political facets are potentially present in all other assessment activity. What is being described is any power imbalance inappropriately detrimental to the interests of one or more participants.

Concerns have been raised about the decision-making role of those assessed, especially persons presumed to be less than competent, which seems often to be the case for children and those having learning or emotional problems. Currently, the role students, clients, and their advocates should play in decision making is being debated in legal and professional circles. Efforts to ensure protection for those denied a decision making role have been reflected in court cases and various advocacy programs. Improved guidelines should soon emerge clarifying both the legitimate bases for denying individuals decisionmaking power and the protection safeguarding their interests when others have decisionmaking power. Because overt and covert power imbalances appear inevitable, stringent protection of individual rights is essential. There must be understanding of and commitment to ethical principles by professionals and society as a whole if abuses are to be constrained.

CONCLUDING COMMENTS

A great deal of controversy surrounds assessment. Although some of the controversy is about the deficiencies and limitations of specific procedures, broader concerns and criticism have been directed at the way assessment is used to shape research and practice and related policy decisions. Even when relatively objective assessment data are used, decisions referencing the data often are extremely subjective. This is not surprising given that most decisions in the field involve considerations that go well beyond availability of valid data. More often than not, complex socio-political-economic value questions are involved. Indeed, in some cases, seemingly relevant data are ignored in order to arrive at a decision the decision makers see as viable and beneficial. Thus, controversy is inevitable, and as others have aptly stated, “The wisdom of the decider is crucial.”