

Chapter 7

Assessment Methods and Background Information

7.1 Introduction

This chapter has two parts. The first part discusses the assessment methods section while the second part discusses the background section.

7.2 Assessment Methods

The assessment methods section is important and provides the reader with a detailed listing of the sources of data used to understand and evaluate the child. It also demonstrates that the clinician has engaged in due diligence and suggests whether the evaluation was indeed comprehensive. If this section is sparse then it might detract from the credibility of the report. The Methods of Assessment (or Assessment Methods) section serves as a type of table of contents except without the page numbering. The Assessment Methods section should be formatted in a particular way. Generally, it is a good idea to list the names of broad band cognitive ability, achievement and adaptive behavior followed by narrow band measures of the same. For instance, a cognitive ability test such as the Stanford–Binet should be listed first followed by the Woodcock–Johnson Tests of Cognitive Ability. In turn, this is followed by a narrow band measures such as the Peabody Picture Vocabulary Test, Fourth Edition and the Comprehensive Test of Phonological Awareness. Following the presentation of cognitive ability and academic achievement measures, broad band measures of behavior (e.g., BASC-2) followed by narrow band measures of behavior (e.g., Beck Depression Inventory) are presented.

The general framework presented below along with a specific example will be useful in elucidating the approach to this section.

- Cognitive Ability.
 - Narrow band measures.
- Academic Achievement including norm-referenced and curriculum-based measures.
 - Narrow Band Measures.
- Adaptive Behavior.
- Broad band behavior tests.
 - Narrow band behavior tests.
- Listing of Interviewees.
- Observations.
- Review of Records.

Assessment Methods

- *Wechsler Intelligence Scale for Children—Fifth Edition (WISC-V).*
- *Wechsler Individual Achievement Test—Third Edition (WIAT-III).*
- *Bender-Gestalt Second Edition (Bender).*
- *Behavior Assessment System for Children, Second Edition (BASC-2).*
 - Ms. Jonna Smith (Teacher Rating Scale).
 - Mr. Bill McFly (Teacher Rating Scale).
 - Ms. Jean Gonzalez (Parent Rating Scale).
- *BASC-2 Student Observation System.*
 - Joan Baez, Ph.D.
- *BASC-2 Structured Developmental History.*
 - Ms. Jean Gonzalez (Mother).
- *Vineland-II Adaptive Behavior Scales.*
 - Ms. Jean Gonzalez (Parent/Caregiver Rating Form).
- *Childhood Autism Rating Scale, Second Edition (CARS-2).*
 - John H. Smith, Ph.D.
- Student Interview.
 - Matthew Gonzalez.
- Teacher Interviews.
 - Jennifer Cramer (Resource Room Language Arts Teacher; 10/29/14).
 - Lauren Crane (Resource Room Math Teacher; 10/22/14).
 - William McMan (In-Class Support Special Education Teacher; 10/17/14).
- Speech-Language Pathologist Interview.
 - Mary Ann Lares (Speech-Language Pathologist; 10/18/14).
- Parent Interview.
 - Jean Gonzalez (Mother; 10/10/14 and 10/18/14).
- Classroom Observations (10/10/14, 10/12/14, and 10/22/14).
- Review of Educational and Psychological Records.
 - Psychoeducational Report (Dr. Barbara West; completed 9/9/14).

7.3 Background Information and Early Developmental History

Within the background and early developmental history section, you will summarize much of the information gathered via observations, questionnaire forms, interview results, and review of educational, psychological, and medical records. This section of the report has several components as noted below:

- Introduction.
- Prenatal, Perinatal, and Early Developmental History.
- Medical and Health.
- Cognitive, Academic, and Language Functioning.
- Social, Emotional, Behavioral, and Adaptive Functioning.
- Strengths.
- Conclusion.

7.3.1 Introduction

Within this component of the background section you will introduce the child by presenting the child's age, the child's grade, and the salient issues faced by the child. It should not be longer than a paragraph.

For example, the Background section might begin with an introductory statement as follows:

Matthew Osbourne is a 7-year-old child in the first grade at the Hopewell Public School (HPS). Matthew faces difficulty with paying attention, organization, and remaining on task. Background information revealed difficulty with reading comprehension. Ms. Osbourne indicates that Matthew has been diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder (ODD). Matthew is not presently taking any medication for the management of his symptoms, but Ms. Osbourne reports that he is scheduled for a psychotropic medication evaluation in mid-October. Matthew is reported to be a friendly child, but one who struggles with symptoms of inattention, distractibility, impulsivity, and loss of focus. His behavioral difficulties are having an impact on his educational functioning at school.

7.3.2 Prenatal, Perinatal, and Early Developmental History

This section of the background requires a discussion of pertinent factors that may impact a child's developmental functioning. Research is well established that disruptions to or complications during prenatal and perinatal development are

associated with a host of adverse developmental outcomes (see Dombrowski & Martin, 2009; Dombrowski, Martin, & Huttunen, 2003; 2005; Dombrowski, Noonan, & Martin, 2007; Martin & Dombrowski, 2008; Martin, Dombrowski, Mullis, & Huttunen, 2006). Similarly, children who are delayed in their early developmental history often face later difficulties with their development. For these reasons, a discussion of prenatal, perinatal, and early developmental history is especially important.

Example Prenatal, Perinatal, and Early Developmental History Section

Ms. Jones reports that her pregnancy with Michael was complicated by premature rupture of membranes at approximately 33 weeks gestation. Ms. Jones indicated that she was prescribed Magnesium Sulfate to delay labor for several days and was given a second medication (steroids) that enhanced Matthew's lung development. Matthew was born at 33 weeks gestation weighing 4 pounds, 8 ounces. His Apgar scores were 7 at 1 min and 10 at 5 min. He had a 13-day stay in the neonatal intensive care unit (NICU) during which time he was placed under bilirubin lights for jaundice. Upon release from the NICU, Matthew was given a vaccine to prevent the respiratory syncytial virus (RSV). Ms. Jones noted that Matthew's early developmental milestones were roughly on target. She explained that Matthew rolled over, sat up and crawled within age expected limits. Ms. Jones noted that Matthew walked at 13 months gestation. She explained that all other milestones were accomplished within normal limits with the exception of babbling. Ms. Jones explained that Matthew was not much of a babbler although he was a very social baby. Ms. Jones noted that Matthew experienced extreme colic until about 6 months of age. She described Matthew as a shy child who experienced distress during his first year of preschool. Ms. Jones expressed regret about putting Matthew in preschool at age 2 ½ and noted that she should have delayed his preschool entry a year. Otherwise, Ms. Jones described Matthew as a happy and healthy child.

7.3.3 Medical and Health

Psychologists view the world through a psychological lens and place their gaze upon these factors. However, there are numerous medical/health conditions that need to be ruled out as they could present as a symptom of one of the IDEA/DSM categories but have their origins in a health/medical condition. There are myriad medical and genetic conditions some of which are widely known (e.g., Down syndrome or fetal alcohol syndrome) and others less well known (e.g., Chiriari Malformation). Suffice to say that information from pediatric and other medical providers should be ascertained so that important medical or health conditions are investigated.

Example Medical and Health Section

Ms. Winkler noted that Isabella was born with Tetralogy of Fallot, a congenital heart defect. Inspection of records from Isabella's pediatrician also revealed a food allergy to tree nuts, asthma, and sickle cell anemia. Ms. Winkler indicated that Isabella carries an inhaler and noted that she had to expend considerable effort to document with Hometown Public Schools that it was a medically necessary medication since the school rarely permits students to carry inhalers. Isabella's hearing and vision are all intact. Isabella's physical health is otherwise intact and age appropriate. She has never experienced a major injury, accident or head trauma.

7.3.4 Cognitive, Academic, and Language Functioning

A large percentage of psychoeducational evaluations will have as its primary focus a child's cognitive, academic, and language functioning. The child's functioning in these areas, therefore, will need to be thoroughly discussed. Within this component of the background section, you will not discuss present norm-referenced measures. You will only discuss those from outside evaluations or from a prior report. You will, however, discuss a summary of the child's progress within the classroom as noted by parents, teachers, and grade reports.

Example Cognitive, Academic, and Language Functioning Section

Juan presently experiences significant difficulty with reading and writing in the third grade. He struggles with word decoding, spelling and reading comprehension. He also struggles with expressive language. English is Juan's second language and is not spoken in the home. At home, Juan speaks only Spanish. He has received intervention for children with ELL since his arrival at Newfield Public School in first grade but his teachers do not feel as if he is making appropriate progress in the third grade curriculum and wonder whether he might struggle with a learning disability. Additionally, Juan struggles with pronouncing words that begin with /r/ and /fr/. He is presently receiving speech-language support. His expressive language functioning was found to be in the below average range (see Speech-Language evaluation dated 2/23/14). Juan's cognitive ability had previously been evaluated in first grade after moving from Guatemala. His performance on the Unit (Std. Score= 110; 75th Percentile) was high average. His academic achievement abilities were not assessed at that time because he had just moved 6 months previously to the USA.

7.3.5 Social, Emotional, Behavioral, and Adaptive Functioning

Within this area of the background section, you will discuss the child's functioning in the social, emotional, behavioral, and adaptive domain from early in development through the present time period. You should not include a detailed developmental history within this section, but you may consider indicating the continuity of a difficulty or strength from earlier phases of development. For instance, if the child has struggled since preschool with social skills, and continues to struggle with such difficulties, then it is appropriate to discuss this information. Likewise, if the child has always had difficulty with overactivity, task persistence, and organization then it is appropriate to mention those characteristics.

Example of Social–Emotional and Behavioral Functioning

Jayden has always struggled in his interaction with peers. He is primarily nonverbal and will only occasionally use simple language to communicate his needs. Jayden rarely participates in group activities. Jayden's social and behavioral functioning at school has improved over the past year. He less frequently engages in behaviors that annoy other children and has learned to follow the basic classroom routines in his first grade room. Ms. Wong, Jayden's teacher, reports that he unpacks every morning, is able to transition to different activities and usually stays in his "spot" whether at a table or sitting on the rug. Most academic work is too difficult for Jayden, but he will pretend to do what everyone else is doing. He looks around and even looks at what others are doing and tries to copy them. Ms. Wong indicates that Jayden very much wants to feel part of our classroom and wants to be able to do it on his own (without an adult sitting with him). Jayden's interest in affiliating with and emulating of peers is a significant strength for Jayden and suggests continued need for access to age typical peers.

7.3.6 Strengths and Interests

It is good practice to conduct a strength-based assessment of children's skills. This is required by IDEA and also consistent with the positive psychology literature base. As part of this process, the child's hobbies and interests should be ascertained. Much of report writing emphasizes difficulties faced by children, which serves to make a case for the classification decision that will be made. However, it is difficult for caregivers to have negative aspects of their children discussed and emphasized. Imagine spending twenty or more minutes listening to a team of individuals emphasize where and how your child is struggling. This would be fairly disconcerting. A strengths-based assessment of the child's functioning along with the child's hobbies/interests is an important component of the psychoeducational report.

Example of Strengths and Interests Section

Mike is a child who is polite, helpful, and gets along well with others. He is good at drawing and enjoys most sports particularly baseball and soccer. Mike has several close friends with whom he plays Minecraft and builds model airplanes. Ms. Jones explains that Mike is family-oriented and helps her out with his younger sister. She explained that he is a compassionate child with many friends.

7.3.7 Conclusion

Within the conclusion to the background section, you will provide an overarching statement of the problem faced by the child that supports the case for the psycho-educational evaluation of the child. It is a generally brief statement that ties all aspects of the background and developmental history together and leaves the reader with the conclusion that an evaluation is necessary.

Example of Conclusion Section

Jayden has made progress in his behavioral and social functioning since last evaluation. Background information suggests continued difficulties in these areas and continued need for accommodation for social, behavioral, communication, and academic difficulties.

References

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