

Chapter 19

Special Issues in Psychoeducational Assessment and Report Writing

19.1 Overview

This chapter offers guidance on important topics in assessment and report writing and comprises two sections. The first section discusses professional and ethical issues in psychoeducational assessment and report writing. The second section covers general assessment and report writing issues.

19.2 Applicable General Ethical Principles and Test Standards

When working with children, whether conducting psychoeducational assessments, engaging in behavioral intervention or facilitating psychotherapy, psychologists must engage in practices that are consistent with ethical codes and professional standards. There are several bodies of work that provide ethical and professional guidance for the school or clinical child psychologist in the psychoeducational assessment of children and adolescents. This includes the *Standards for Educational and Psychological Testing* (AERA, APA, & NCME, 1999), the National Association of School Psychologists (NASP) Principles for Professional Ethics (2010), and the American Psychological Association's (APA) Ethical Principles of Psychologists (2010). The APA and NASP ethical guidelines are available in download for free. The Test Standards may be purchased for a fee. Presented first within this chapter are general ethical principles from APA and NASP along with applicable guidance from the *Standards for Educational and Psychological Testing* (1999). This is by no means a comprehensive coverage of all test standards and ethical issues related to psychoeducational assessment, report writing and oral reporting. Instead, it serves to highlight salient issues faced by child psychologists working with children in an assessment setting. The reader is referred to the original ethical guidelines, test standards, and textbooks on ethical issues in psychology for more comprehensive information.

19.2.1 Beneficence and Nonmaleficence

Both APA and NASP ethical codes require that psychologists avoid doing any harm and engage in practices that strive to benefit those with whom they work (i.e., APA Principle A: Beneficence and Nonmaleficence; NASP Standard I Professional Competence and Responsibility). The APA's Principle A: Beneficence and Nonmaleficence indicates that "Psychologists strive to benefit those with whom they work and take care to do no harm" (APA, 2010, p. 3). The NASP Principles for Professional Ethics (2010) Principle II, Professional Competence and Responsibility, requires that "beneficence, or responsible caring, means that the school psychologist acts to benefit others" (p. 6). This has relevance for the psychoeducational assessment process. The process itself should work toward the betterment of the child. As an example, Dombrowski and Gischlar (2014) contend that the IQ-Achievement discrepancy approach conflicts with this general principle and should be avoided because of the potential for misdiagnosis and therefore harm to children who are assessed using this diagnostic algorithm. A second example might be the use of culturally loaded assessment instruments for students who are non-English speakers. Both assessment practices, under certain conditions, may conflict with APA's/NASP's ethical mandate to "do no harm."

19.2.2 Respect for Rights and Dignity of Individuals

APA and NASP both hold that psychologist's must respect the rights and dignity of those with whom they come in contact. APA's general principle of respecting people's rights and dignity and NASP's Theme I related to respecting the dignity and rights of all individuals undergirds the need to understand and respect sociocultural and individual differences including linguistic, gender, sexual, socioeconomic, racial, and religious. These principles also establish the basis for discussing the purpose of the evaluation with the child at the onset of the evaluation process and debriefing the child at the end. To the degree possible, you should obtain child assent by explaining the purpose of the evaluation to the child. The practice of using culturally loaded assessment instruments (or assessment instruments that are inappropriate for their purpose) may also conflict with the general principle of respect for the rights and dignity of the individual.

19.2.3 Competence

Both APA (APA 2.01 Boundaries of Competence; 2.03 Maintaining Competence) and NASP (Theme II) require that psychologists practice within the boundaries of their competence. Implicit in this standard is the need to avoid engaging in practices

(i.e., knowing the boundaries of your competence) for which you are ill-prepared or under-qualified. For instance, you should not assert that you are a neuropsychologist unless you have undertaken specialized predoctoral and postdoctoral training in that area. Additionally, you should be cautious about claiming capacity to engage in couples therapy without specific training. When representing your credentials, do not present credentials [i.e., John Doe, Ph.D. (ABD) or Susan Smith, Ed.S. Candidate] that are misleading to the public.

The standard of competence also serves another purpose. It encourages psychologists to engage in continuing education and monitor the proficiency of their skill set regardless of whether their state requires it. This would suggest that psychologists have a responsibility to keep current with research and seek new training opportunities. In the same way that it would be ill-advised to use a physician who graduated in 1975 with no further training to diagnose and treat a child, it would also be ill-advised to use a school or clinical child psychologist who does not stay current with the research literature and professional knowledge base when evaluating and treating children.

19.2.4 Engage in Empirically Validated Practices

Both APA and NASP require that psychologists engage in evaluation practices that have an empirical basis. The APA code of ethics indicates in 2.04 Bases for Scientific and Professional Judgments that a “psychologist’s work is based upon established scientific and professional knowledge of the discipline” (p. 5). The NASP code of ethics requires psychologists to “...use scientific knowledge from psychology and education to help clients...” (NASP 2010 Code of Ethics, p. 6). The NASP 2010 code of ethics in Standard II.3.2 speaks in more detail to this issue by directing psychologists to “use assessment techniques and practices that the profession considers to be responsible, research-based practice” (p. 7). Psychologists are encouraged to reflect upon the use of identification and intervention practices in consideration of these ethical strictures to use empirically validated practices. The Standards for Educational and Psychological Testing (1999) developed jointly by the American Educational Research Association (AERA), the American Psychological Association (APA), and the National Council on Measurement in Education (NCME) (AERA, APA, & NCME, 1999) also speak to the need to engage in evidence-based practices. The Standards indicate the need for assessment models and instruments to have appropriate reliability and validity. Practitioners and researchers alike are required to determine the validity and reliability of any assessment method prior to its use (AERA, APA, & NCME, 1999). Standards 4.19 and 4.20 discuss responsible test use and recommend caution when interpretation involves using one or more cut scores and requires that empirical evidence of the cut score’s validity be provided. Standard 13.7 recommends that multiple sources of information and data are considered when making placement decisions that portend to have a major impact on students. The implication is that the use of clinical

judgment might be necessary when making a classification decision instead of the rigid application of a diagnostic heuristic that display less than acceptable validity and reliability.

19.2.5 Conflict Between the Law and Ethical Standards

Most of the time, the laws governing the practice of psychology are consistent with ethical standards. There are times, however, when the law conflicts with ethical strictures. An important ethical stricture from NASP's and APA's codes require a psychologist to adhere to a higher standard of care than the law requires when the law potentially conflicts with ethical obligations. The NASP (2010) Principles for Professional Ethics, for instance, generally require "a more stringent standard of conduct than law, and in those situations in which both apply, school psychologists are expected to adhere to the Principles." (p. 2). The APA code of ethics has a similar ethical requirement.

19.2.6 Confidentiality and Maintenance of Records

Psychologists are required to hold information in confidence. This applies not only to information revealed during a counseling session but also to information collected during a psychoeducational evaluation. Psychologists should therefore be circumspect when discussing confidential psychoeducational assessment information inside the school (e.g., teacher's lounge) or outside the school. Related to this, teachers and other school personnel often have access to student records including psychological reports. Because of the potential for misuse and misunderstanding, I recommend that test protocols and psychoeducational reports are kept in a different location and file from other educational records. This will help to preserve confidentiality, maintain test security, and limit unsupervised access by untrained individuals.

Reports and summaries should be kept for 5 years past the student's enrollment in a particular school (Canter, 2001) before they are discarded. This should be considered generalized guidance and specific state guidelines and school district policy needs to be referenced as there is considerably more legal and ethical nuance.

19.2.7 Limits to Confidence

There are generally three situations under which psychologists are legally obligated to break their confidentiality requirement. This includes when the psychologist (1) suspects maltreatment; (2) determines that the client is a danger to himself; and (3)

encounters a scenario where the client threatens to harm other individuals. When one of these three scenarios is encountered, then the psychologist is legally and ethically required to take protective action by contacting child protective services, law enforcement or caregivers depending upon the circumstances. The reader is referred to Dombrowski, Ahia, and McQuillan (2003) for detailed guidance regarding mandated child abuse reporting in a school setting. Jacobs et al.'s work is recommended for more in-depth coverage regarding dangerousness to self or others including a discussion of the Tarasoff decision.

19.2.8 Consent for Assessment

Signed written consent is required prior to beginning the evaluation. Do not under any circumstances begin an individualized evaluation without obtaining written consent from the legal guardian who may or may not be the biological parent. Also, be sure that you have custodial (i.e., legal guardian) written consent before speaking with the non-custodial parent. Sometimes a parent or caregiver will be listed in the school records as having permission to pick up a child from school. You may even see this caregiver frequently involved in the child's life. This parent or caregiver may not have authority to give consent to evaluate.

19.2.9 Consent to Share Records

Do not, under any circumstances, share a report with another professional including a doctor, attorney, or outside service provider without a written release to do so. There may be times when you receive a written request from an attorney requesting records regarding the child. This may seem rather official and be presented in language "demanding" your provision of any and all records pertaining to a child. Do not release any information to the attorney, whether or not they have been retained by the legal guardian, unless the legal guardian furnishes signed written consent or unless you receive a court order from a judge.

19.2.10 Report Security

Consistent with the duty to protect confidential information, any reports sent via email should be encrypted with a password or protected by some other encryption method. This will help to prevent unintended viewing of the records. Similarly, any draft reports need to be shredded so that confidential information is protected.

19.2.11 Release of Test Protocols

Based upon an appeals decision by the 9th district court, California school districts are now distributing copies of test protocols to parents without violating federal copyright law (Canter, 2005). Canter (2005) recommends that “when a parent makes a legitimate request to review or have a copy of a test protocol, be sure to provide accompanying information about the nature and limitations of the test procedure and how the results are used.” Canter (2005) also recommends that an appropriate multidisciplinary team member should review the information with the caregiver including the importance of test security so that future administration of the instrument is not compromised.

There is sure to be continued controversy and litigation regarding this practice. Certain circuit courts’ decisions should not necessarily be considered precedent-setting due to the high frequency of overturning of such decision made by those courts. It turns out that the 9th Circuit Court is notorious for being one of the most overturned circuits of all time with nearly three of four decisions overturned by the Supreme Court. Furthermore, this decision ruled on whether copyright laws could be used to deny parents copies of a protocol, but it did not rule on whether other reasons could be used to deny parents. It is anticipated that we will see additional guidance on this ruling in the years to come perhaps even from the Supreme Court.

19.2.12 Maintenance of Records

Because of the potential for misuse and misunderstanding, I recommend that test protocols are kept in a different location and file from other educational records. This will preserve confidentiality, maintain test security, and limit unsupervised access by untrained individuals.

19.3 General Assessment and Report Writing Principles

The following section offers generalized guidance and report writing tips that will be useful to practicing school and clinical child psychologists.

19.3.1 Avoid the Use of Age and Grade Equivalent Scores

The reporting and presentation of grade and age equivalent scores should be avoided. Grade and age equivalent scores are not based upon equal metrics making them difficult to interpret and potentially misleading. For instance, let’s consider grade

equivalent (GE) scores. GE scores give the impression that they are linked to the curriculum, but this is incorrect. Grade equivalent (and age equivalent) scores are norm-referenced, not criterion referenced, and reflect median level performance relative to the standardization population (Reynolds, 1981). Take a child who is in fifth grade and scores at a 12th grade equivalent level. This child is clearly advanced but the child is not on the same level as a 12th grader who is taking calculus. Conversely, consider a fifth grader who is reading at a first grade equivalent level. This individual is not reading at a guided level F—the approximate first quarter first graded guided reading level—but is much higher and at a level M. As a further example, consider the aforementioned fifth grade child where the median GE is a 5th grade equivalency. An eighth grade level might be akin to one standard deviation above the mean (i.e., standard score of 115) while an 11th grade level could be a score of just four items higher (i.e., a standard score of 119)! What is the explanation for this specious scaling metric? Age and grade based scores are not based upon equal intervals and are therefore exceedingly problematic for interpretation. The presentation and use of grade or age equivalent scores could lead to erroneous interpretive practices and therefore should be avoided.

19.3.2 Know Points on the Normal Curve

Psychologists should seek to thoroughly understand the distribution of points along the normal curve. A psychologist's level of competence will be questioned if the psychologist cannot immediately recognize the interchangeability of points on the curve such as the 50th percentile, 84th percentile, 97.5th percentile among others. Psychologists should know by heart the percentile rank equivalency of major points along the normal curve of both *T*-scores and standard scores. This includes one, two, and three standard deviations above and below the mean. You should also understand the percentile range of a *T*-score associated with an at-risk (e.g., $T=60$ or 65) or clinically significant (e.g., 70 or higher) score.

19.3.3 Evidence-Based Test Use and Interpretation

I have seen over the years psychologists making statements about a child's functioning that lacks any linkage to the empirical evidence. Here are a few instances:

1. *Singular reliance on a test to make a classification decision.* For instance the reliance on the Draw-a-Person test to classify emotional disturbance is inappropriate. The literature is clear in indicating the problems with use of a singular assessment instrument, let alone one based upon a drawing with limited psychometric properties, to conceptualize and classify a child (Frick, Barry, & Kamphaus, 2010). A second example is the use of an IQ test as a means to

classify a child with autism spectrum. Poor performance on the comprehension section of the WISC—IV should not be construed to mean that a child has low social comprehension (Watkins, Glutting, & Youngstrom, 2005).

2. *Overreliance on narrow-band measures for classification decisions.* For example, selected narrow band measures of ED and autism spectrum lack adequate psychometric support. Even though many instruments report a norm-referenced score these instruments should not be afforded a greater degree of credibility than a qualitative assessment. The instrument's technical properties should be sound. Floyd and Bose (2003) conducted a review of ED instruments and found that they should only cautiously be used, if at all, because of poor technical properties.
3. *Caution about subtest interpretation.* Selected textbooks have devoted countless pages to interpretation of subtests from the Wechsler scales and other instruments. Empirical evidence from the literature on reliable subtest variance (McDermott, Fantuzzo, & Glutting, 1990) and structural validity (Canivez, 2013; Dombrowski & Watkins, 2013) suggest that this may not be good empirical practice. Although the technical manuals of most IQ tests and subsequent independent CFA studies support the interpretation of IQ tests at the level of the subtest and index, other studies, primarily using EFA techniques, suggest that this is inappropriate. This literature base indicates that the greatest amount of variance resides at the full scale level. Intuitively it might make sense to assume that a subtest that has memory items actually measures memory but the item itself may only represent a small amount of the variance tested. The debate is sure to continue as well-regarded researchers on both sides of the debate provide reasoned arguments. Kranzler and Floyd (2013) offer an empirically guided approach to intelligence test interpretation known as the KISS model. This represents a reasoned approach to intelligence test interpretation to which psychologists might consider adhering.
4. *Disregard of Psychometric g:* It is inappropriate to disregard the full scale IQ score when there is a large and statistically significant difference between various indices (i.e., SB5 Verbal-Nonverbal) or when there is a high degree of subtest scatter. This may be common practice among practitioners and advocated by some well-regarded academicians, but it is a practice that is in opposition with the empirical literature. For instance, if we find a large split between the SB5 verbal and nonverbal scale it would be inappropriate to dismiss the full scale IQ score in favor of interpretation of two distinct IQ scores.

19.3.4 Avoid the Discrepancy Approach

The discrepancy is codified into state statute and federal code, but it has been abandoned by the DSM-5 and criticized severely in the empirical literature. For that reason, the discrepancy approach, in its varied iterations, should be avoided. Please

see numerous articles and books on this topic (e.g., Brueggeman, 2014; Dombrowski & Gischlar, 2014; Dombrowski, Kamphaus & Reynolds, 2004). I suggest alternative procedures be employed including that recommended by the Joint Committee on Learning Disabilities. Ideally, those procedures may use some form of problem-solving process. This may include RtI but there may also be scientifically based alternative models. Regardless of what is chosen it is recommended that a comprehensive evaluation be employed to rule out additional issues that may have a bearing on the child including intellectual, emotional, or behavioral issues.

19.3.5 Adhere to Standardized Directions

Standardized test procedures are established for a reason. They ensure consistency in administration and therefore the reliability and validity of the instrument. For instance, school psychologists trained in Dothan, Alabama, Davis, California, or Lawrenceville, NJ will administer the instruments in the same way as school psychologists trained in Williamsburg, VA, Storrs, Connecticut or Athens, Georgia. If you do decide to deviate from the standardized administration procedures, the do not report a standard score or at a minimum discuss the rationale for deviating and offer a caveat about using the derived standard score.

19.3.6 Report Test Scores, But Do Not Overemphasize Numbers

I have seen reports that merely indicate that a child scored in the average, below average, or above average range without displaying the test scores in the body of the report or at the end of the report. This is poor practice. On the other hand, do not be overcome by the tendency to hyper emphasize numbers at the expense of understanding and conceptualizing the child's functioning. It is easy to get lost in the details and spend too much time focusing on specific index or even subtest scores and miss the big picture.

19.3.7 Fully Complete Test Protocols

Ensure that test protocols are fully completed. For instance, do not just place a check mark in the test item from the comprehension section of the WISC-V if the child answered correctly. Instead, ensure that the WISC-V item is fully written out. If your test protocols are ever reviewed in some type of hearing then your credibility as a psychologist will be harmed if you took shortcuts.

19.3.8 Pressure or Negotiation for a Classification

There may be tacit or direct pressure placed upon psychologists to offer a classification other than for what the child qualified. This may occur when a school district fears that the classification decision may lead to an out-of-district placement and the placement will impact other programs at the school. For instance, in some smaller school districts with limited resources, the placement of a child in a \$100,000 out-of-district placement could lead to the elimination of an art or music program. Despite the poor funding structure of special education in the United States it is the responsibility of the school psychologist to offer a classification for which the child qualifies regardless of the impact on the broader school system. Conversely, parents may attempt to influence the classification decision-making process by attempting to negotiate a classification. I have encountered situations where parents seek to receive services for a child, but wish to have what they perceive as a more benign classification label (i.e., speech-language or LD instead of Autism; OHI instead of ED). The acquiescence to these pressures is not only unethical but it is also illegal. Thus, avoid offering a classification other than that which is appropriate and that which has been supported through a comprehensive evaluation.

19.3.9 No Classification, Now What?

Children are referred for a comprehensive psychoeducational evaluation because of a problem he or she might be facing. At times, and despite the child's difficulties in one of the domains of functioning, the child will not be found eligible for special education services. In these situations, the psychologist still has an obligation to assist the teacher with ideas for supporting the child in the general education setting.

19.3.10 Use of New Instruments

Graduate students, newly credentialed psychologists and even experienced psychologists must ensure that they have inspected and understand an instrument's technical properties including norming, reliability, and validity. For instance, I recall one instrument that was normed in a single college town in Virginia but was being used nationwide as a measure of caregiver stress. The use of this instrument within an urban, lower SES setting would be inappropriate. Here is where your basic course in tests and measurements comes to fore.

Kamphaus ([In press](#)) offers a series of questions to consider when evaluating a new intelligence test (p. 176). Many of these questions are also appropriate for

any assessment instrument that is being considered by the psychologist and are therefore presented below as a guide to ensure competent understanding of the instrument:

1. Is the premise of the test reasonable? Is its theory based on some supportive citations of previous research?
2. Are the test development goals clearly delineated?
3. Are the manuals complete including topics ranging from theory to interpretation of the results?
4. Are administration and scoring guidelines complete and easy to follow?
5. Are the test materials attractive to children? Are they sturdy and practical?
6. Are all of the items derivatives of those on other tests? Are some new?
7. Were the items subjected to judgmental bias reviews so as to not be offensive to test users or takers?
8. Is the test easy to administer so that the examiner can focus on the child's behavior during testing?
9. Is there evidence of content validity? Were content experts consulted? Does the item content seem consistent with theory?
10. Were statistical item bias studies undertaken?
11. Was the test norming sample collected recently?
12. Does the norming sample closely match the stratification statistics selected? Was there some measure of SES used for stratification?
13. Are the internal consistency and stability coefficients high—above .90 for the composite?
14. Is there evidence of good factorial, predictive and concurrent validity?
15. Are several derived scores offered, such as standard scores and percentile ranks in order to enhance interpretation?
16. Are interpretative tables for determining intraindividual strengths and weaknesses offered?
17. Are the scaling methods (i.e., norm-development procedures) described in detail?
18. Have early reviews been favorable or optimistic?
19. Is the test appropriate for the population of children that is served? For example, does it have extended norms for children with exceptionalities?

19.3.11 Old Versus New Instruments

There is not a particular ethical standard that addresses this issue clearly, but Dombrowski (2003, 2004) and Oakland (2003) first discussed this issue in regard to newly revised IQ tests. Dombrowski (2003, 2004) suggested a standard of 1

year to move to a new instrument after it has been developed. Kranzler and Floyd (2013) suggested an approximate 2 year time period when moving to a new instrument. All authors discuss the need for thoughtful investigation of a new instrument, particularly an IQ test, when it arrives. Several years later Lichtenstein (2010) continued this discussion and suggested flexibility rather than a rigid time period. Oakland (2003) and Lichtenstein (2010) recommend advise against establishing a transition time frame. These authors leave the decision up to the individual psychologist. I still maintain that a standard of approximately 1 year is sufficient to transition to a new assessment instrument. This may be perceived as too short, but it will allow time for external review of the technical properties of the new instrument. For instance, the Boros *Mental Measurement Yearbook* conducts reviews of most instruments. Keep in mind, however, that there are only a few measurement researchers with the expertise to look behind the veil and rigorously scrutinize an instrument's psychometric properties. These researchers often have other obligations and research interests that preclude the possibility of a review of all instruments of interest to the field. Take, as an example, the Woodcock–Johnson Test of Cognitive Abilities, Third Edition. It was not until 1 year prior to the release of the fourth edition of this instrument that its internal structure was called to question (Dombrowski, 2013; Dombrowski, 2014; Dombrowski & Watkins, 2013). Of course, there should be flexibility depending upon the instrument under scrutiny and there may be exceptions to this 1 year rule but the field should consider an end game for transitioning to a new instrument. Otherwise, practitioners may continue to use an instrument years after the new one has arrived. For all the reasons discussed above, the one year transition period seems appropriate.

19.3.12 Consider Culture and Language

When evaluating a child, numerous books (e.g., Rhodes, Ochoa, & Ortiz, 2005) and handbooks (Clinton, 2014) are available that discuss the need to evaluate a child's cultural background and language proficiency as part of the evaluation process. Psychologists have an ethical and professional responsibility to assess these areas. Without a thorough investigation of cultural factors the psychologist could easily misdiagnose the child. In turn this may result in harm to the child, a situation that is in opposition with the overarching ethical principle undergirding both APA and NASP ethical codes. Similarly, a child's language capacity should be evaluated appropriately particularly when that child is an English Language Learner. This may entail evaluation of the child's proficiency in both English and the language to which the child was exposed prior to school entry. For additional insight please see Chap. 16 and additional resources on the topic.

19.4 Conclusion

There are numerous challenges to writing effective psychoeducational reports. The process is often highly nuanced and requires the synthesis of multiple sources of data from many different methods of assessment. This chapter furnished guidance regarding the ethical, professional, and legal aspects of report writing. It will help the graduate student in school and clinical child psychology to better understand this complex process.

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