Understanding Evaluations: What do the results mean for my child?

Annemarie Clarke, Ph.D.
Corporate Officer, SPIN
Goals for This Evening

• Provide an overview of different types of evaluations
• Consider how to utilize different evaluations together effectively
• Consider how evaluation results link to interventions and services
• Answer questions families have about using evaluations to support their child’s success in school and beyond
Let’s Start with a Few Terms

• **Measurement**: process by which the attributes or dimensions of a characteristic are made.

• **Assessment**: a process of gathering information to monitor progress or make decisions – includes tests/measurements, as well as observations, interviews, etc.

• **Evaluation**: procedure used to determine whether a subject meets a pre-set criteria and includes results of assessment, as well as other important factors.
What is an Evaluation?

• **Evaluation:**
  – most complex process
  – we are engaging in a process that will provide information that will help us make a judgment about a given situation
    • In this case we will look at evaluations helping us to make a determination of what kinds of services/supports will help a child succeed in school.
Different Types of Evaluations

• Medical
• Behavioral Health
• Educational
Medical Evaluations

• Completed by a physical health provider or specialist (pediatrician, neurologist, audiologist, speech pathologist, etc.)

• Results in an assignment of a medical diagnosis if appropriate

• Some medical diagnoses may help to qualify a student for educational eligibility to Special Education Services
  – i.e. hearing impairment, paralysis, traumatic brain injury, autism, centralized auditory processing disorder
Medical Evaluations (cont’d):

• Frequency of re-evaluation/follow-up determined by medical provider

• Course of treatment/intervention determined by medical provider, sometimes in conjunction with other specialists/allied health providers
  – Service may include medication or other therapies

• Need for additional related services determined by medical provider in conjunction with patient, family, other involved parties.
Behavioral Health Evaluation

• Completed by a **LICENSED** Behavioral Health Provider (Psychiatrist or Licensed Psychologist)
• Results in a **Behavioral Health diagnosis** if appropriate
• There is some overlap between Behavioral Health and Physical Health diagnoses........
  – Autism
  – ADHD
• The course of treatment in each system may be different, however.
• Behavioral health diagnoses may help to qualify a student for educational eligibility to Special Education Services
Behavioral Health Evaluation (cont’d):

• Re-evaluations are required to assess the ongoing appropriateness of the behavioral health diagnosis, as well as establish the ongoing medical necessity of the service.
  – The required schedule for a re-authorization is established by the medical insurance carrier

• Patients/Families have the right to appeal decisions
Behavioral Health Evaluation (cont’d):

• For children within school settings, families are typically most interested in “BHRS” or “Wrap-around” services to help their child be successful behaviorally in school.

• The ability to establish “Medical Necessity” for BHRS services is typically related to the ability to demonstrate a “health and safety threat” for the child within the school environment without that level of care.

– Under the umbrella of BHRS Services there are three distinct services:
  • **Behavior Specialist Consultant (BSC):** develops and oversees the implementation of behavior intervention plan
  • **Therapeutic Staff Support (TSS):** implements the behavior plan in the assigned environment and collects data to be used by the BSC/others
  • **Mobile Therapist (MT):** provides therapy to child/family to address emotional issues that are linked to problem behaviors
Behavioral Health Evaluation (cont’d):

– Use of standardized tests/measurements related to the presenting problem (BASC-2, CBCL, Depression or Anxiety inventories, Autism-Specific tests, etc.)

– Integration of all of the above sources of information and a review of diagnostic criteria if a diagnosis is being assigned

– Recommendations for behavioral health treatment across a continuum of available services from least to most intensive AND across environments
  
  • Out-patient to in-patient hospital or residential treatment at the most-extreme

• Evaluating provider must establish a “Standard of Medical Necessity” for each level of care recommended other than out-patient
Behavioral Health Evaluation (cont’d):

- The evaluation will include:
  - A review of prior records if they exist, including records from other disciplines such as physical health or education,
  - A clinical interview,
  - Observations of the person’s behavioral and emotional presentation (mental status exam)
  - Review of psycho-social history (family history, including a review of family’s behavioral health disorders, community involvement history, educational history, occupational history (if appropriate), social relationships with friends, siblings, etc.)
Educational Evaluation

- Completed by a Certified School Psychologist and other School Personnel (Regular Education Teacher, Special Education Teacher, Behavior Specialist, Allied Health Specialists such as OT, PT, Speech Therapist)

- An **INITIAL Evaluation** results in a determination of whether your child meets the **two-part criteria** to determine the eligibility for Special Education Services:
  - Does the child have a recognized Educational Disability  **AND**
  - Does the child require Specialized Education as determined by the evaluation team in order to make progress in the regular education curriculum

- A **Re-Evaluation** is conducted **every two years** (if the classification is Intellectual Disability) **or three years** (all other educational classifications)
Educational Disability Classifications

- intellectual disability,
- emotional disturbance,
- orthopedic impairment,
- hearing impairment, deafness,
- speech or language impairment,
- visual impairment (including blindness),
- autism,
- traumatic brain injury,
- other health impairment,
- a specific learning disability,
- deaf-blindness, or
- multiple disabilities
Educational Evaluation (cont’d):

• This evaluation **MAY** use results from other/prior Medical Evaluations AND/OR Behavioral Health Evaluations as appropriate to make a determine of whether an educational classification is appropriate

• *The assignment of a diagnosis that results in a child falling into an educational classification does not guarantee eligibility for special education unless two-part criteria is met*
When Might You Request an Educational Evaluation?

• Your child has/is having:
  – Consistent problems in getting along with others
  – Difficulty communicating
  – Lack of interest or ability in age-appropriate activities
  – Resistance to change
  – Difficulty seeing or hearing that interferes with the ability to communicate
  – Health problems that affect educational performance, including attention problems
  – Difficulty performing tasks that require reading, writing, or mathematics
  – Chronic behavior or social problems that affect your child’s ability to learn
Educational Evaluations (cont’d):

• You may request an evaluation at any time
  – Request in writing
• The evaluation should include:
  – A review of the student’s records, including attendance and report cards
  – A review of the student’s vision and hearing
  – A review of any outside evaluations (Medical/Behavioral Health)
  – Curriculum Based Assessments to determine a student’s performance based on grade-appropriate standards in core academic subjects
Educational Evaluations (cont’d):

– Standardized Assessments using instruments that measure performance in areas where student is having difficulty/concern (i.e. ability or IQ, academic achievement, processing (visual, auditory, sensory), emotional/behavioral, motor skills (fine or gross)

– A systematic observation of the student’s behavior in the classroom or area in which the student is displaying difficulty
  • May include a functional behavior assessment (FBA) if behavior is interfering with learning/academic progress

– Information from parents and student themselves
Educational Evaluation Report

• An evaluation team reviews all materials and writes a report called an **Evaluation Report (ER)**.

• The Evaluation will tell you about **your child’s skills, strengths, and needs**.

• Each child’s pattern of skills, strengths, and needs should drive the individualized services/supports he or she needs.

• Evaluation must be completed within 60 calendar days of written request or signing of Permission to Evaluate/Re-evaluate.
Educational Evaluation Report

• This report states if your child has a disability and if your child needs special education.
  – The ER may state that your child is not eligible and does not need special education services.
• It makes recommendations about the types of services your child needs.
• You will receive a copy of the ER and a written notice stating that you have the right to disagree and may request an independent educational evaluation (IEE) or request a due process hearing.
• A copy of the ER and a summary of the findings must be given to you.
What do the terms mean?

• **Cognitive Ability**: easiest to think about as IQ
  – Measures what our overall expectation could be of what this child SHOULD BE ABLE TO achieve
  – Not a single score because it measures different specific abilities and then groups them largely by verbal and non-verbal abilities (most common tests)
  – For students with widely scattered scores on different subtests, the overall score is less meaningful AND it’s important to look at the scatter pattern when thinking about services and supports
Terms (cont’d):

• **Achievement Levels:**
  – Where a Student is performing on individualized standardized tests that measure reading, writing, math
  – Look at the scores on standardized tests in relationship with how a child is actually doing in school (grades, school-based group standardized achievement tests)
  – Differences between ability and achievement MAY BE indicator of a learning disability
Terms (cont’d):

• **Achievement Levels:**

  – Will see terms here such as:
    
    • Basic Skill Levels: at what level are the student’s basic skills for spelling, reading, and math
    • Decoding: how well can a student break down sounds/words
    • Fluency: how well/smoothly does a student read basic words or complete basic math problems
    • Comprehension: how well does a student understand what he/she reads or what he/she is asked to do in math

  – For students with widely scattered scores on different subtests, the overall score is less meaningful AND it’s important to look at the scatter pattern when thinking about services and supports
Other Terms (cont’d):

- **Adaptive Abilities:**
  - How does the student do with activities of daily living such as eating, dressing, toileting, protecting his/her safety in the community

- **Working Memory:**
  - How well does the student hold either verbal information or pictorial/symbolic information in short-term memory and be able to use it within more complex tasks

- **Transition Assessment:**
  - What interests, skills, strengths, areas of need must be considered when planning for the student’s life after school
Other Terms (cont’d):

• **Annual Homeschool Evaluation:**

  – A yearly evaluation required by the PA homeschool law
  – It must be turned in to the school district by June 30.
  – The purpose is to verify that educational progress has been made and that all the requirements of the homeschool law have been fulfilled by the parent for that particular student.
  – It is the family's responsibility to locate and choose an evaluator, who has to be a certified teacher or a clinical or school psychologist to conduct the evaluation.
  – Evaluation consists of a review of the portfolio of school work samples, attendance logs, instructional logs, and an interview with the child
ER to IEP

• The results of the evaluation should link directly to the services and supports on the IEP

• The IEP must include a description of the types of support the child needs.
  
  – Learning support – for children whose greatest need of support is in the areas of reading, writing, math, or speaking or listening related to academics.
  
  – Emotional support – for children whose greatest need is for social, emotional, and behavioral help.
  
  – Life skills support – for children whose greatest need is to learn academic, functional, or vocational skills that will enable them to live and work independently.
ER to IEP

- **Blind and visually impaired support** – for children who require services related to visual impairment or blindness. The IEP for these students must address the extent to which Braille will be taught and used.

- **Deaf and hard of hearing support** – for children who require services related to deafness or hearing impairment. The IEP for these students must include a communication plan to address language and communication needs.

- **Speech and language support** – for children who have speech and language impairments and require services to develop communication skills.
ER to IEP

- **Physical support** – for children who have a physical disability and require services in functional motor skill development.

- **Autistic support** – for children who require services in the areas of communication, social skills, or behavior.

- **Multiple disabilities support** – for children with more than one disability, the combination of which results in severe impairment, and who require services in academic, functional, or vocational skills.
ER to IEP

• In addition to the supports listed, the IEP should also specify the services/accommodations required by the student such as:
  – Allied health services (OT/PT/Speech/Psychology)
  – Need for Extended School Year
  – Sensory Diet
  – Use of educational supplements/aids (FM system; computer, hearing/vision accommodations; preferred seating, extra time on tests; use of specific reading/math curriculum; etc.)
Let’s talk about some examples

- Child diagnosed with **Autism Spectrum Disorder** by a Medical Provider (Pediatrician/ Developmental Pediatrician)
- Diagnosis can be used to establish one part of Special Education Classification
- Education Team charged with identifying what that child needs within the school environment to be successful (class size, accommodations based on behavioral and/or language abilities and cognitive abilities, restricted interests, etc.) and making the determination of whether the child meets criteria for Special Education
- Behavioral Health Evaluation may also be sought to evaluate for necessity of behavioral health services within home/school/community and the intensity of those needed services
Another Example

• Child diagnosed with ADHD, Primarily Inattentive Type by a Behavioral Health Provider
• Child prescribed medication to target symptoms; child responds favorably to medication.
• Parent requests an educational evaluation based on ADHD diagnosis
• Educational evaluation determines that student does not meet two-part criteria for Special Education
• School develops a 504 plan to provide accommodation for the student’s diagnosis of ADHD
Another Example

• Student acting out behaviorally in school and not achieving at grade level
• Parent/School have questions as to what is contributing
• Parent requests an Educational Evaluation
• Evaluation completed and identifies the student with a Specific Learning Disability
• IEP developed with instructional interventions in reading/writing AND a behavioral intervention plan to target the student’s challenging behavior in non-preferred subjects
Other examples from audience???

Other questions overall?