RIVIER UNIVERSITY

**DIVISION OF EDUCATION**

# SPECIALIST IN THE ASSESSMENT OF INTELLECTUAL FUNCTIONING PROGRAM

AND

**ASSOCIATION OF SPECIALISTS IN ASSESSMENT OF**

**INTELLECTUAL FUNCTIONING (ASAIF)**

[**http://www.asaif.net**](http://www.asaif.net)

**Comments on Reports 2/23/14 # 249**

The **Association of Specialists in Assessment of Intellectual Functioning (ASAIF)** sponsors educational activities supporting the assessment of intellectual functioning, including this newsletter, co-sponsored by the Specialist in Assessment of Intellectual Functioning program at Rivier University,[[1]](#footnote-1) evening dinner-and-training events called "Shorties," and workshops. **ASAIF is now authorized by NASP to provide CPD credits.** We also provide clock and sun dial hours.

If you wish to receive free copies of this intermittent newsletter, email [johnzerowillis@yahoo.com](mailto:johnzerowillis@yahoo.com).

**CONTENT**

The **Leiter-3** publisher (Stoelting) has issued a correction of one of the three responses for Figure Ground Item 9. If you did not receive it, contact the publisher (Stoelting, PAR, WPS) from whom you bought your kit.

**Dyslexia** continuesto be a continually vexing issue for evaluation teams. I have heard team members confidently assert that dyslexia is not a disability under IDEA and not, therefore, a fit topic for a team discussion. As a matter of fact, dyslexia is unequivocally listed in the IDEA Regulations definition of a specific learning disability (§300.8(c)(10): "*Specific learning disability*—(i) *General.* Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, **including** conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, **dyslexia**, and developmental aphasia. (ii) *Disorders not included.* Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage" [emphasis added].

I have also heard that dyslexia is a medical disorder that can be diagnosed only by a medical doctor because it is listed in the *Diagnostic and Statistical Manual of the American Psychiatric Association* (DSM-5). This confounding of confusions makes me think of what Wolfgang Pauli once said about a colleague's paper: "This is not right.  It is not even wrong!"  Just to begin, the DSM-5 is used by many professionals in addition to physicians, such as licensed psychologists. Many physicians (e.g., proctologists) seldom use the DSM-5. Second, "dyslexia" is not even a diagnosis in the DSM-5!  All they have is "specific learning disorder with impairment in reading" (315.00), "specific learning disorder with impairment in written expression" (315.2), and "specific learning disorder with impairment in mathematics" (315.1).  There are two little notes for 315.00 and 315.1:

"*Dyslexia* is an alternative term used to refer to a pattern of learning difficulties characterized by problems with accurate or fluent word recognition, poor decoding, and poor spelling abilities.  If dyslexia is used to specify this particular pattern of difficulties, it is important also to specify any additional difficulties that are present, such as difficulties with reading comprehension or math reasoning" (p. 67).

"*Dyscalculia* is an alternative term used to refer to a pattern of difficulties characterized by problems processing numerical information, learning arithmetic facts, and performing accurate or fluent calculations.  If dyscalculia is used to specify this particular pattern of mathematic difficulties, it is important also to specify any additional difficulties that are present, such as difficulties with math reasoning or word reasoning [sic] accuracy" (p. 67).

Oddly, there is no note about *dysgraphia* under 315.2.

There is considerable additional information on pp. 66-72 of the DSM-5, but that's all she wrote about *dyslexia*. The word is used twice in a comment. Full stop.

The International Dyslexia Association (IDA) <http://www.interdys.org/FAQWhatIs.htm> offers this definition:

Dyslexia is a specific learning disability that is neurological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge.

Adopted by the IDA Board of Directors, Nov. 12, 2002. This Definition is also used by the National Institute of Child Health and Human Development (NICHD).

The IDA adds on the same page: "Studies show that individuals with dyslexia process information in a different area of the brain than do non-dyslexics. Many people who are dyslexic are of average to above average intelligence." At <http://www.interdys.org/FAQ.htm>, the IDA states:

Dyslexia is a language-based learning disability. Dyslexia refers to a cluster of symptoms, which result in people having difficulties with specific language skills, particularly reading. Students with dyslexia usually experience difficulties with other language skills such as spelling, writing, and pronouncing words. Dyslexia affects individuals throughout their lives; however, its impact can change at different stages in a person’s life. It is referred to as a learning disability because dyslexia can make it very difficult for a student to succeed academically in the typical instructional environment, and in its more severe forms, will qualify a student for special education, special accommodations, or extra support services.

There are many, mutually inconsistent definitions (some authoritative, others less so) floating around. When a parent or other team member asks whether the student "has dyslexia," it is essential to learn what the questioner means by "dyslexia." If the questioner means "frequent reversals or transpositions of letters" (e.g., *lysbexia*), and you mean "a language-based learning disability, often rooted in weak phonological awareness, affecting reading and writing," you need some mutual clarification before the question can be answered satisfactorily. Some parents also fear that dyslexia is incurable, but assume that specific learning disabilities are easily remediated, while other parents may believe the opposite. Again, I think it is essential (and regrettably rare) to fully understand the question (any question) before giving an answer.

**DOES RALPH HAVE A SPECIFIC LEARNING DISABILITY?** My old friend, Ralph is offered below as an example of three of the many concerns about identification of specific learning disabilities (SLD). First, the demand that the team be able to prove with test scores the existence of a disorder in a basic psychological process is not a requirement under IDEA (in spite of the regulatory definition of SLD, the feds have been consistently clear that the process disorder may simply be inferred; see, for example, IDEA 2004 *Regulations* p. 46651; McBride, Dumont, & Willis, 2012, pp. 80-81, 88-92)[[2]](#footnote-2). More worrisome is the fact that a team's failure to find a disorder may reflect the lack of comprehensiveness in the team's assessment (as in *Ralph's Initial Test Scores, Table 1* below) rather than the lack of a basic process disorder in the child.

Teams frequently mistake the *Wechsler Intelligence Scale for Children* (WISC) for the *Wechsler Comprehensive Diagnostic Assessment of All Possible Basic Psychological Processes Involved in Understanding or in Using Language, Spoken or Written* (WCDAAPBPPIUULSW). One reason for the long popularity of prefrontal lobotomies was the lack of effect of the surgery on IQ scores (Goldstein, 1950). A "flat" profile on an IQ test not only fails to rule out a specific learning disability, it fails to rule out a lobotomy! When Ralph received additional testing (*Table 2*), disorders in basic psychological processes not seen on the WISC-IV suddenly became apparent. The failure of the WISC to demonstrate those weaknesses is not the fault of the WISC, but the fault of the team. Sometimes WNL means, not "within normal limits," but instead "we never looked."

The second problem is, of course, blind adherence to an arbitrary and capricious numerical discrepancy formula, even worse, to an arbitrarier and capriciouser simple-difference discrepancy formula rather than one using predicted achievement (Galton, 1886; McLeod, 1968, 1974).

Third, the team, on the first two tries, failed to assess all of the eight areas of achievement listed in the IDEA Regulations for SLD assessment. Consequently, we completely missed the boat on our first two attempts to evaluate Ralph and did not get our act together until the third round of assessments.

**Ralph's Initial Test Scores – Table 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Test | Stan-dard  Score[[3]](#footnote-3) | 90%  Confi-  dence[[4]](#footnote-4) | Per-cen-  tile[[5]](#footnote-5) | Classification[[6]](#footnote-6) |
| **Wechsler Intelligence Scale for Children (WISC-IV)** |  |  |  |  |
| Verbal Comprehension Index (VCI) | 96 | 91 – 102 | 39 | Average |
| Perceptual Reasoning Index (PRI) | 98 | 92 – 105 | 45 | Average |
| Working Memory Index (WMI) | 91 | 85 – 98 | 27 | Average |
| Processing Speed Index (PSI) | 91 | 85 – 100 | 27 | Average |
| Full Scale IQ (FSIQ) | 92 | 88 – 96 | 30 | Average |
| **Woodcock-Johnson Achievement Normative Update (WJ III NU)** |  |  |  |  |
| Broad Reading Cluster | 70 | 65 – 79 | 02 | Low |
| Broad Math Cluster | 90 | 84 – 98 | 25 | Average |
| Broad Written Language Cluster | 71 | 66 – 80 | 03 | Low |
| Oral Language Cluster | 88 | 82 – 96 | 21 | Low Average |

**Initial Findings**

1. There is no evidence of a disorder in a basic psychological process involved in understanding or in using language, spoken or written, so Ralph cannot be identified as having a specific learning disability.

2. The discrepancy between Ralph's "ability" (WISC-IV FSIQ = 92, percentile rank 30) and lowest "achievement" (WJ III NU Broad Reading Custer = 70, percentile rank 2) is only 22 points, so Ralph cannot be identified as having a specific learning disability.

3. Ralph does not have a specific learning disability.

**Ralph's Additional Test Scores – Table 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Test | Stan-dard  Score[[7]](#footnote-7) | 90%  Confi-  dence[[8]](#footnote-8) | Per-cen-  tile[[9]](#footnote-9) | Classification[[10]](#footnote-10) |
| **Wechsler Intelligence Scale for Children (WISC-IV)** |  |  |  |  |
| Verbal Comprehension Index (VCI) | 96 | 91 – 102 | 39 | Average |
| Perceptual Reasoning Index (PRI) | 98 | 92 – 105 | 45 | Average |
| Working Memory Index (WMI) | 91 | 85 – 98 | 27 | Average |
| Processing Speed Index (PSI) | 91 | 85 – 100 | 27 | Average |
| Full Scale IQ (FSIQ) | 92 | 88 – 96 | 30 | Average |
| **Comprehensive Test of Phonological Processing (CTOPP-2)** |  |  |  |  |
| Phonological Awareness | 63 | 56 – 70 | 01 | Very Poor |
| Phonological Memory | 89 | 79 – 99 | 23 | Below Average |
| Rapid Symbolic Naming | 61 | 54 – 68 | 0.5 | Very Poor |
| **Woodcock-Johnson Achievement Normative Update (WJ III NU)** |  |  |  |  |
| Broad Reading Cluster | 70 | 65 – 79 | 02 | Low |
| Broad Math Cluster | 90 | 84 – 98 | 25 | Average |
| Broad Written Language Cluster | 71 | 66 – 80 | 03 | Low |
| Oral Language Cluster | 88 | 82 – 96 | 21 | Low Average |

**Revised Findings**

1. There is clear evidence of disorders in two basic psychological processes involved in understanding or in using language, spoken or written: phonological awareness and rapid automatized naming (RAN). These processes have been shown by research to be related to achievement in reading and writing. Ralph might be eligible for identification as having a specific learning disability.

2. However, the discrepancy between Ralph's "ability" (WISC-IV FSIQ = 92, percentile rank 30) and lowest "achievement" (WJ III NU Broad Reading Custer = 70, percentile rank 2) is only 22 points (less than the required 22.5 points), so Ralph cannot be identified as having a specific learning disability.

3. Ralph does not have a specific learning disability.

**Ralph's Final Test Scores – Table 3**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Test | Scaled Score10 | Stan-dard  Score[[11]](#footnote-11) | 90%  Confi-  dence | Per-cen-  tile | Classification[[12]](#footnote-12) |
| **Wechsler Intelligence Scale for Children (WISC-IV)** |  |  |  |  |  |
| Verbal Comprehension Index (VCI) |  | 96 | 91 – 102 | 39 | Average |
| Perceptual Reasoning Index (PRI) |  | 98 | 92 – 105 | 45 | Average |
| Working Memory Index (WMI) |  | 91 | 85 – 98 | 27 | Average |
| Processing Speed Index (PSI) |  | 91 | 85 – 100 | 27 | Average |
| Full Scale IQ (FSIQ) |  | 92 | 88 – 96 | 30 | Average |
| **Comprehensive Test of Phonological Processing (CTOPP-2)** |  |  |  |  |  |
| Phonological Awareness |  | 63 | 56 – 70 | 01 | Very Poor |
| Phonological Memory |  | 89 | 79 – 99 | 23 | Below Average |
| Rapid Symbolic Naming |  | 61 | 54 – 68 | 0.5 | Very Poor |
| **Woodcock-Johnson Achievement Normative Update (WJ III NU)** |  |  |  |  |  |
| Broad Reading Cluster |  | 70 | 65 – 79 | 02 | Low |
| Broad Math Cluster |  | 90 | 84 – 98 | 25 | Average |
| Broad Written Language Cluster |  | 71 | 66 – 80 | 03 | Low |
| Oral Language Cluster |  | 88 | 82 – 96 | 21 | Low Average |
| **Gray Oral Reading Test (GORT-5)** |  |  |  |  |  |
| Rate | 2 | (60) | 1 – 5 | 0.4 | Very Poor |
| Accuracy | 4 | (70) | 2 – 6 | 02 | Poor |
| Fluency | 3 | (65) | 1 – 5 | 01 | Very Poor |
| Comprehension | 7 | (85) | 5 – 9 | 16 | Below Average |

**Findings Revised Again**

1. There is clear evidence of disorders in two basic psychological processes involved in understanding or in using language, spoken or written: phonological awareness and rapid automatized naming (RAN). These processes have been shown by research to be related to achievement in reading and writing. Ralph might be eligible for identification as having a specific learning disability.

2. The discrepancy between Ralph's "ability" (WISC-IV FSIQ = 92, percentile rank 30) and reading fluency "achievement" on the GORT-5 (scaled score 3 = standard score 65 [2.33 standard deviations below the mean]) is 27 points (greater than 22.5 points), so Ralph might be eligible for identification as having a specific learning disability.

3. Given a documented history of adequate instruction and the absence of other possible causes for his low achievement, Ralph obviously has a specific learning disability in reading fluency and is unquestionably eligible for special education services. How could anyone ever have doubted it?

Goldstein, K. (1950, February). Prefontal lobotomy: Analysis and warning. *Scientific American*.

Galton, F. (1886). Regression towards mediocrity in hereditary stature. *Journal of the Anthropological Institute, 15*, 246-263.

McBride, G. M., Dumont, R., & Willis, J. O. (2012). *Essentials of IDEA for assessment professionals.* Hoboken, NJ: Wiley.

McLeod, J. (1968). Reading expectancy from disabled readers. *Journal of Learning Disabilities, 1,* 97-105. "A respect for the law of parsimony is a characteristic of science, but educational psychology's penchant for simple answers to questions of complex human behavior, particularly in the area of learning disability, has tended toward paucity rather than parsimony of explanation" (p. 97).

McLeod, J. (1974). Educational underachievement: Toward a defensible psychometric definition. *Journal of Learning Disabilities*, *12*, 322-330.

**Why do we persist in assessing "Processing Weaknesses"?**

Although extreme RtI-only advocates denounce comprehensive individual assessments, and the U.S. Department of Education has long insisted that it is sufficient merely to infer the "disorder in one or more of the basic psychological processes involved in understanding language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, write, spell, or to do mathematical calculations" [34 CFR §300.8(c)(10)], I believe that the point of looking for a so-called processing weakness is to – when all kinds of scientifically validated and thoughtfully chosen interventions have failed and the team is out of options – figure out WHY Johnny can't listen, think, speak, read, write, spell, or cipher.  If all else has failed and only the often-denigrated option of individual evaluation remains, we might be able to select interventions designed to address or to work within the child's specific weaknesses.  Perhaps it's not "scientific" in the minds of some, but we are talking about a last resort here.

If, for example, reading dysfluency exists AND it interferes notably with academic progress, it might help to know the reason(s) for the dysfluency.

* If it is dyspedagogia, it is back to ensuring treatment integrity.
* If it is motivation, then finding and addressing the causes of the low motivation would be essential (remembering that being asked to do the impossible tends to diminish motivation).
* If, as is often the case, it is a marker for insufficiently overlearned word attack and recognition skills (perhaps technically "mastered" but not to a sufficient level of automaticity, so reading decoding is slow and laborious. is so slow that memory load is increased, and takes attention away from comprehension), then settle down and really teach word attack skills in a structured, sequential, rule-based, intensive, daily program of direct instruction with lots of practice beyond mere mastery.
* If it is a lack of oral vocabulary, so word-recognition is not much use and sounding out a word the student does not know orally never leads to the ah-ha moment of recognizing the word, then it might make sense to work on oral vocabulary.
* If it is weak syntax, so context and word prediction are not much help and reading is slowed, you might want to work on oral syntax.
* If dysfluent reading is the tip of an iceberg of generally slow processing, you at least know what you are dealing with and could work on increasing the speed of reading processing.
* If dysfluent reading is the tip of an iceberg of generally slow word-retrieval (Not Especially Rapid And Not Particularly Automatized Naming [NERANPAN]), there is your target.
* If inefficient visual scanning is a cause, that might be something on which to work.
* If it is lack of practice, then practice (maybe tandem reading, sometimes called "Neural-Impress"; maybe just lots and lots of high-interest, relatively easy reading).
* Sometimes, the academic deficit and the processing disorder are the same.  As Guy McBride recently observed in a post to the National Association of School Psychologists listserv, there is no definitive, exhaustive list.  Ron Dumont and I include in our book on identification of SLD academic deficits that are sui generis.  Reading dysfluency may simply be reading dysfluency, both a process disorder and also its own academic deficit and may demand direct instruction specifically for reading fluency.

With a good program of RtI within a Problem-Solving Model, we may seldom reach the point of needing an assessment to gain this information. However, the search for these and for many other causes I was too forgetful to mention, some of which can reasonably be called processing deficits and some of which (e.g., motivation) cannot, accomplishes a couple of things.  First, the search may lead us to stumble across a non-SLD cause for the problem, keeping the solution within regular education.  Second, it may tell you what skills need to be worked on.   [It may also help you understand the problem, but nobody seems to care about that anymore, so I am not mentioning it.]

**Why is assessment of processing important?**

**It is difficult to prescribe effective remediation without knowing the cause(s) of the problem.**

**21 Ways not to be Able to Read the Word "Cat" – Basic processes**

1. I don’t know the sounds represented by the letters. G*a*
2. I can’t recall the sounds represented by the letters. G*lr*
3. I can’t recall the sounds represented by the letters quickly enough to finish sounding out the word. G*lr*, G*s*
4. I can’t blend the sounds represented by the letters. G*a*
5. I can’t blend the sounds represented by the letters quickly enough to finish sounding out the word before I forget what I am doing. G*s* vs. G*sm*
6. I don’t recognize the spoken word “cat” as including 3 distinct sounds. G*a*
7. I don’t recognize the spoken sounds in “cat” as /k/, ă, and /t/. G*a*
8. I don’t recognize the sequence of spoken sounds in “cat.” G*a*
9. I don’t know the spoken word “cat.” G*c*
10. My short-term memory span can’t handle three sounds at once. G*sm*
11. My working memory can’t handle two sounds for “c,” four likely sounds for “a,” and one more sound for “t” (8 possibilities). G*sm*
12. My processing speed is too slow for my memory G*s* vs. G*lr*
13. My memory is too limited to accommodate my processing speed. G*lr* vs. G*s*
14. My visual acuity can’t handle the print.
15. I have difficulty hearing spoken words. G*a*
16. I can’t see the difference between *t* and *f*. They’re both just hockey sticks with cross bars. G*v*
17. I have not had enough whole language experience with rich literature involving cats. G*c*
18. I can't read a word without I got no context or pictures! Sheesh!
19. Cats represent the archetypical cold, withholding mother to me, so I can’t read the word.
20. My father never learned to read above a first grade level, so learning to read creates an Oedipal conflict for me.
21. No hablo inglés muy bien.

**Using Publishers' Score Classifications for the Various Tests in Our Reports**

Many evaluators elect to use publishers' various score classifications for test scores throughout a report. This approach is flawless when only one test is used and when the classification scheme is explained to parents and teachers. It becomes confusing when several different tests are used in the same evaluation. An example follows.

Prophet, Cassandra Educational Evaluation page 12

comprehension was even lower than her scores for oral reading of words and phonetically regular nonsense words. One reason for Cassandra's weak reading comprehension might be her limited oral reading fluency, which is discussed below.

**Oral Reading Fluency**

Cassandra's scaled score for oral reading fluency on the GORT-5 was 5 (percentile rank 5), Poor[[13]](#footnote-13),[[14]](#footnote-14),[[15]](#footnote-15) for her age. Her oral reading fluency may have been diminished by her weak rapid automatized naming (RAN). On the Woodcock-Johnson III (WJ III), Cassandra's standard score for Rapid Picture Naming was 75 (percentile rank 5), Low[[16]](#footnote-16) for her age.[[17]](#footnote-17) Another factor might be Cassandra's slow visual and visual-motor processing speed. On the Wechsler Intelligence Scale for Children (WISC-IV), Cassandra's standard score for the Processing Speed Index (PSI) was 75 (percentile rank 5), Borderline[[18]](#footnote-18) for her age.

To rule out limited oral vocabulary as a factor in Cassandra's Low Rapid Picture Naming on the WJ III, Cassandra was administered the Peabody Picture Vocabulary Test (PPVT-4), on each item of which the examiner names one of four pictures on a page and the student tries to select the correct picture. On this test of receptive oral vocabulary, Cassandra achieved a standard score of 75 (percentile rank 5), Moderately Low for her age.[[19]](#footnote-19)

Cassandra's difficulties with oral reading fluency become crystal clear when we compare her Poor score on the GORT-514 to her Borderline PSI score on the WISC-IV,13 her Moderately Low score on the PPVT-4,18 and her Low score on the WJ III15 Rapid Picture Naming.

**Sample Explanations of Classification Labels for Test Scores**

"It is customary to break down the continuum of IQ test scores into categories. . . . other reasonable systems for dividing scores into qualitative levels do exist, and the choice of the dividing points between different categories is fairly arbitrary. It is also unreasonable to place too much importance on the particular label (e.g., 'borderline impaired') used by different tests that measure the same construct (intelligence, verbal ability, and so on)." [Roid, G. H. (2003). *Stanford-Binet Intelligence Scales, Fifth Edition, Examiner's* Manual. Itasca, IL: Riverside, p. 150.]

*A.  Use the various classification terms supplied by the test publishers and keep explaining why the same number gets different names. (I cannot find in any Wechsler manual any classification labels for subtest scaled scores, but everyone seems to use them anyhow.) This is the approach used with Cassandra.*

First The various tests that Ecomodine took use different classification schemes to describe

Mention: test scores. Therefore the same test score may be called different names on different tests. For example, a standard score of 110 is called "Average" on some tests, "High Average" on others, and "Above Average" on yet others. Verbal labels may seem to exaggerate small differences, as when 109 is "Average" and 110 is "High Average" or "Above Average" on some tests. Please see p. i of the Appendix for a complete description of the various sets of classification labels used with Ecomodine's tests.

Follow-up: Please remember that different tests use different verbal labels for the same scores. Please see p. i of the Appendix.

*B.  Pick one classification system and use it for all tests and keep explaining that these are not necessarily the same names used by the publishers of the various tests.*

*B.1. Stanines (page 5):*

First The various tests that Mordred took use different classification schemes to describe

Mention: test scores, so the same test score may confusingly be called different names on different tests. Therefore, I have taken the liberty of using stanine classification labels for all test scores in this report. Stanines 1, 2, and 3 (Very Low, Low, and Below Average) are the lowest 23% of students' test scores. Stanines 4, 5, and 6 (Low Average, Average, and High Average) are the middle 54%. The highest 23% of students' scores are called stanines 7, 8, and 9 (Above Average, High, and Very High). These are **not** the various classification labels provided with the different tests. Please see page i of the Appendix for a complete description of stanines and p. ii for a complete description of the various classification labels recommended by the publishers of the tests taken by Mordred.

Follow-up: Please remember that I am using stanine classification labels for Mordred's test scores. These are not the publishers' recommended labels. Please see pages i and ii of the Appendix. (*Use this parenthetical note or footnote frequently.*)

*Note*: *If I use stanine names for test scores, I usually provide in text or in an abbreviated table copied into the text from the appendix a standard score (Wechsler standard score, scaled score, T score, z-score, BOT-2 scaled score,* v*-scale score, or other), a percentile rank, or both along with the stanine. I always list the standard scores, confidence bands, and percentile ranks in the Appendix.* ***Be sure always to call stanines "stanines," not "ranges" or anything else!*** *"Mordred's score was in the Low Average stanine (4)." "Mordred's score was Below Average (stanine 3)." "Mordred's score was stanine 6 (High Average)."* ***Stanines deeply upset some people, but they seem to be clear and helpful for many parents and teachers. If you use stanines, explain them carefully!***

*B.2. Use one test's classification scheme (e.g., Woodcock-Johnson) for all of the tests.*

First The various tests that Quatherynne took use different classification schemes to describe

Mention: test scores, so the same test score may confusingly be called different names on different tests. Therefore, I have taken the liberty of using Woodcock-Johnson classification labels for all test scores in this report: Very Low, Low, and Low Average are the lowest 25% of students' test scores. The middle 50% of students' scores are called Average. The highest 25% are called High Average, Superior, and Very Superior. Please see page i of the Appendix for a complete description of Woodcock-Johnson classifications and the various other classification labels recommended by the publishers of the other tests taken by Quatherynne.

Follow-up: Please remember that I am using Woodcock-Johnson classification labels for Quatherynne's test scores. These are not the labels recommended by the publishers of the other tests taken by Quatherynne. Please see page i of the Appendix.

*B.3. Use a classification scheme lifted and perhaps modified from a highly reputable source.*

First The various tests that Ralph took use different classification schemes to describe

Mention: test scores, so the same test score may confusingly be called different names on different tests. Therefore, I have taken the liberty of using classification labels recommended by Professor Catherine Fiorello, Coordinator of the School Psychology Program, Temple University, for all test scores in this report. Please see page i of the Appendix for a complete description of these classifications and the various other classification labels recommended by the publishers of the tests taken by Ralph.

Follow-up: Please remember that I am using Professor Fiorello's recommended classification labels for Ralph's test scores. These are not necessarily the labels recommended by the publishers of the other tests taken by Ralph. Please see page i of the Appendix.

*C.  Avoid names for scores altogether (perhaps simply reporting only percentiles)*.

First In this report, Quatherynne's various test scores (please see page i of the Appendix for a

Mention: complete description of standard, scaled, T, and other test scores) are also all reported as percentile ranks. A percentile rank tells the percentage of students the same age (or in the same grade) who scored the same as Quatherynne or lower. For example a percentile rank of 37 would mean that Quatherynne scored as high as or higher than 37 percent of students his age and lower than the other 63 percent.

*D. Completely eschew test scores and verbal labels and simply describe how the student functioned on each task.*

Calpurnia's test scores, explanations of the test statistics, and descriptions of the tests she took may be found in the Appendix.

*E. Do something different and explain that.*

This discussion and a whole bunch of illustrative tables can be downloaded from <http://www.myschoolpsychology.com/testing-information/sample-explanations-of-classification-labels/>

**STYLE**

Don’t write merely to be understood. Write so that you cannot possibly be misunderstood.

– Robert Louis Stevenson

**Try to cram modifiers as close as possible to what they modify.** This quotation is from a respected professional: "*I often have kids who are behaviorally disordered and who are often out of their seats, bothering or socializing with others, disobeying and otherwise annoying their teachers who score high on ADHD scales.*" We are compelled to wonder about the reactions of their teachers who do not score high on ADHD scales.

**Hyphens in compound adjectives** may be old-fashioned, but they sometimes reduce ambiguity. (Don't use them when the compound adjective is used as a predicate adjective or when the first word ends in –ly.)

*multiple step directions* = a whole bunch of step-directions (as in a square dance)

*multiple-step directions* = two or more directions, each involving multiple steps

*fine motor skills* = motor skills that are really fine (no OT in the IEP)

*fine-motor skills* = skills involving control and coordination of small motor movements

**Conners.** Keith Conners, the author of many widely used behavior rating scales, has always spelled his last name "Conners." Earlier editions of his scales included a possessive apostrophe after his name (*Conners'*). Current editions do not (*Conners*). Dr. Conners has never spelled his name "Connors" and has never mispunctuated it as "Conner's." Nor should we. (Part of the fault may rest with the Microsoft Word Spell Check utility, at least some versions of which accept the wrong spellings and reject the correct one. I added "Conners" to my dictionary.)

**Beery**. Keith and Natasha Beery are also remarkably consistent in spelling their name "Beery."

**Wechsler**. The late David Wechsler continues posthumously to spell his name "Wechsler" in his current publications. It is not "Weschler." (It is not only authors named "Keith," after all.)

**Report cards** often use misleading terminology. When reviewing a student's history, I am gratified to see that the child has been "progressing" or "making progress" unless and until I learn that the full scale is: Exceptional Progress, Good Progress, Adequate Progress, Below Average Progress, Making Progress, Needs Improvement. It is prudent to explain in our evaluation reports the scales used for report cards. The term "Needs Improvement" is not only self-evident in many cases, but also potentially offensive, as when a profoundly deaf child is rated "Needs Improvement" for phonological awareness or a blind child "Needs Improvement" in print awareness. I wish I were making this up.

**Make English the Official Language of the United States.** I receive and am asked to sign occasional petitions to this end. I always correct the more glaring errors of content, grammar, and punctuation and return the petition to the sender for revision. However, I have now been asked (really) to repeat a couple of comments about US (vs. UK) punctuation rules, so here goes. (You're on your own in Canada, which uses the same style as the US in some, but not all instances. Sorry.)

In the US, the default setting for quotation marks is double quotation marks ("inverted commas" in the UK, where the usage is also the opposite of that in the US). For a quotation within a quotation, in the US, we then use single quotation marks.

*"Delbert is socially maladjusted," said Mr. Stuphitt. "He told me, 'You are the part of the horse that goes over the fence last.'"*

When we feel the need to put a word in quotation marks to show that we are much too refined to use such terrible slang or scatology ("scare quotes," which are usually unnecessary and silly), because the slang might really be misinterpreted (a better reason), because we are referring specifically to the word as a word, or because the word was said by someone else, we again (in the US) use double quotation marks.

*Maybellina "froze" when confronted with a direct question.* (I'd skip the quotation marks. We all know the metaphorical meaning of "froze.") (I put "froze" in quotation marks in my parenthetical comment because I was referring to the word itself.)

*Mordred is "freaked out" by Science class.* (Mordred's own carefully chosen phrase)

*Konniye used "like" nineteen times in her three-sentence essay.* (referring to the word itself)

In the US, we have, to my sorrow, decided to place commas and periods inside closing quotation marks, regardless of how senseless the result may be; exclamation and question marks where they logically belong; and semicolons and colons outside closing quotation marks.

*Marq mumbled, "I am again befuddled."*

*Salome said she was "befuddled."*

*Arthur told me, "You gross me out," and he stormed out of the room.*

*Arthur told me, "You gross me out"; then he stormed out of the room.*

*Philomena shouted, "Leave me alone!"* (US convention does follow logic with ! and ?)

*I am appalled and enraged that Philomena said, "Leave me alone"!*

*Did Willie say, "I cannot find the homework"?*

*Willie asked, "Where is my homework?"*

*Quatherynne, except on the test of "Spontaneous Writing," wrote spontaneously.* (Logic and UK usage would put the comma after the closing quotation mark. Current US convention puts it inside. Go figure.)

*It is not only authors named "Keith," after all.* (Again, the US convention sadly defies logic.)

Never use quotation marks for emphasis. That is why providence gave us **bold** face, *Italics*, underscoring, and exclamation marks!

*We used several "standardized" tests.* (If they were not really standardized, then what were they?)

**TEST NORMING**

**Pearson** is currently seeking feedback from Athletic Trainers who work with student athletes who have suffered from concussions. If you are an Athletic Trainer and test your athletes for concussions your feedback would be extremely valuable and appreciated. Please click the link below and take a 5-10 minute survey. After completing the survey your name[[20]](#footnote-20) will be entered into a drawing to win one (1) of two hundred (200) $20 Visa gift cards. The link to the survey is:

[https://www.research.net/s/6ZK9TJL](https://email.rivier.edu/owa/redir.aspx?C=1SH6ZHW1xEmmCKYZVqxboJJga-3e69AIesaJAx3Krf72NePb5sHgb2k_f8yXHeDCG6ZG7B0dfIc.&URL=http%3a%2f%2fpearsoned.rsys2.net%2fpub%2fcc%3f_ri_%3dX0Gzc2X%253DWQpglLjHJlTQGl0gIzfzcpYXypipzakhbuzegj2zg5TMTS7fRvLs6zbRVXtpKX%253DSSASYSAT%26_ei_%3dEolaGGF4SNMvxFF7KucKuWMAUt7rBrMiRZbF6iaQntAgN-i0qA7B8pwGFJN5jsg4OD9o_Kt3D4X65wLeXUrsphvtBgsOgjvk2FR6-S3WlnApee8.)

**URLS**

There is a new Web site addressing spedlaw and assessment: <http://www.myschoolpsychology.com/>

You might see familiar names and faces there.

John O. Willis

Adjunct Senior Lecturer in Assessment, Rivier University

Assessment Specialist, Regional Services and Education Center

419 Sand Hill Road, Peterborough, NH 03458-1616

(603) 924-0993 [johnzerowillis@yahoo.com](mailto:johnzerowillis@yahoo.com)

<http://www.myschoolpsychology.com/testing-information/sample-explanations-of-classification-labels/>

1. Neither ASAIF nor Rivier University is in any way, shape, or form responsible for the quirky personal, individual opinions in this newsletter. They cannot be blamed for what is written here. [↑](#footnote-ref-1)
2. <http://www.myschoolpsychology.com/federal-regulations/>

   <http://www.myschoolpsychology.com/spedlaw-blog/> [↑](#footnote-ref-2)
3. These are the standard scores used by the test publishers (please see the first page of this appendix). The percentile ranks in the fourth column provide a common measurement that is the same for all of the tests (please see the page i of this appendix). [↑](#footnote-ref-3)
4. Test scores can never be perfectly reliable, even on the very best tests. Lucky and unlucky guesses, barely beating or missing time limits, and other random influences inevitably alter scores. This score interval shows how much scores are likely to vary 90% of the time just by pure chance. [↑](#footnote-ref-4)
5. Percentile ranks tell the percentage of students of the same age or grade whose scores Ralph tied or exceeded. For example, a percentile rank of 36 would mean that Ralph scored as high as or higher than 36 percent of peers and lower than the other 64 percent. [↑](#footnote-ref-5)
6. The WISC-IV and WJ III use different classification labels for the same scores. Please see the first page of this appendix for an explanation of the various systems of classification labels on the different tests. [↑](#footnote-ref-6)
7. These are the standard scores used by the test publishers (please see the first page of this appendix). The percentile ranks in the fourth column provide a common measurement that is the same for all of the tests (please see the first page of this appendix). [↑](#footnote-ref-7)
8. Test scores can never be perfectly reliable, even on the very best tests. Lucky and unlucky guesses, barely beating or missing time limits, and other random influences inevitably alter scores. This score interval shows how much scores are likely to vary 90% of the time just by pure chance. [↑](#footnote-ref-8)
9. Percentile ranks tell the percentage of students of the same age or grade whose scores Ralph tied or exceeded. For example, a percentile rank of 36 would mean that Ralph scored as high as or higher than 36 percent of peers and lower than the other 64 percent. [↑](#footnote-ref-9)
10. The WISC-IV, WJ III, and CTOPP-2 use different classification labels for the same scores. Please see the first page of this appendix for an explanation of the various systems of classification labels on different tests. [↑](#footnote-ref-10)
11. These are the scaled and standard scores used by the test publishers (please see first page of this appendix). The percentile ranks in the fourth column provide a common measurement that is the same for all of the tests (please see the first page of this appendix). [↑](#footnote-ref-11)
12. The WISC-IV, WJ III, and the CTOPP-2 and GORT-5 use different classification labels for the same scores. Please see the first page of this appendix for an explanation of the various systems of classification labels on different tests. [↑](#footnote-ref-12)
13. Most of Cassandra's other academic achievement test scores in this report are from the Wechsler Individual Achievement Test (WIAT-III), on which a scaled score of 5 would be statistically equivalent to a standard score of 75, which would be classified as Below Average, rather than Poor. Please see the explanation of test scores on p. i of the Appendix to this report. [↑](#footnote-ref-13)
14. However, we are comparing Cassandra's academic achievement test scores to her intellectual ability scores on the Wechsler Intelligence Scale for Children (WISC-IV). A standard score of 75 on the WISC-IV would be classified as Borderline. Cassandra also took the PPVT-4, on which a standard score of 75 would be classified as Moderately Low. Please see the explanation of test scores on p. i of the Appendix to this report. [↑](#footnote-ref-14)
15. A Poor classification on the GORT-5 is equivalent to a Borderline score on the WISC-IV, a Moderately Low score on the PPVT-4, a Below Average score on the WIAT-III, or a Low score on the WJ III. [↑](#footnote-ref-15)
16. The Low classification on the WJ III corresponds to Poor on the GORT-5, Moderately Low on the PPVT-4, Below Average on the WIAT-III, and Borderline on the WISC-IV. Please see the explanation of test scores on p. i of the Appendix to this report. [↑](#footnote-ref-16)
17. Rapid symbolic naming of letters is a much better predictor of reading achievement than rapid non-symbolic naming of pictures, but this was the only rapid naming subtest in our test closet. [↑](#footnote-ref-17)
18. The Borderline classification on the WISC-IV corresponds to a Poor score on the GORT-5, a Below Average score on the WIAT-III, a Moderately Low score on the PPVT-4, and a Low score on the WJ III. Please see the explanation of test scores on p. i of the Appendix to this report. [↑](#footnote-ref-18)
19. The Moderately Low classification on the PPVT-4 corresponds to a Borderline score on the WISC-IV, a Poor score on the GORT-5, a Below Average score on the WIAT-III, and a Low score on the WJ III. Please see the explanation of test scores on p. i of the Appendix to this report. [↑](#footnote-ref-19)
20. I think they mean that, after you complete the survey, your name will be entered. [↑](#footnote-ref-20)