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 4/13/13 # 246**

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 offer CPD credits.**  **If you have topics on which you would like ASAIF to do a workshop or Shorty, please tell me at** [johnzerowillis@yahoo.com](mailto:johnzerowillis@yahoo.com)**. We have worked with school districts to co-sponsor workshops in the districts. We are happy to travel outside New Hampshire if someone wants to pay the speaker's travel expenses.**

If you wish to receive copies of this newsletter, email me at [johnzerowillis@yahoo.com](mailto:johnzerowillis@yahoo.com). Email versions include notices of ASAIF and other conferences and jobs in and near New Hampshire.

**CONTENT**

If you **email an encrypted or password-protected report**, be sure to change the name of the file. Otherwise, the first thing anyone intercepting the email or sneaking onto your laptop while you have the barista refill your double-venti café mocha will be a box at the top of the email naming the attachment: "Ralph Williams Confidential Report." That sorta defeats the purpose of encryption.

There is a lot to be said for buying a program, such as Adobe, that will convert your report to a difficult-to-edit format, such as a pdf file. It is distressing to find a copy of your report with the word "not" added or deleted in critical sentences or whole paragraphs deleted (especially among the exhibits in a hearing). It has happened.

**Reports in Pursuit of Accommodations.**  There is useful information available at these addresses:

<http://www.ets.org/disabilities/accommodations/>

<http://www.actstudent.org/regist/disab/chart.html>

I find it prudent to visit the Web page of each college to which the student is applying so I can determine for myself what is required to document disabilities and requests for accommoda-tions. Some colleges have lists of approved tests and some of them will not budge (for example insisting on the WJ-R, not the WJ III, because the WJ-R is still on the list).

**Accommodations for Psychoeducational Testing.** There was a recent, lively discussion on the NASP listserv (Subscribe: Send blank email to [NASP-Listserv-subscribe@yahoogroups.com](mailto:NASP-Listserv-subscribe@yahoogroups.com)) of the question of accommodations for psychoeducational assessments. The discussion began with the utterly false assertion that accommodations simply are never permitted and a request for help in getting a parent to believe and accept this falsehood. The discussion is worth reading in the archives. Go to <http://groups.yahoo.com/group/NASP-listserv/> and search for <accommodations>. Carol Evans posted a link to a very valuable paper on assessment of children with visual impairments: <http://www.aph.org/tests/intelligencetesting.html>.

**Understandable reports.** I just received a letter telling me, "The results of your recent tests are explained below." Thanks to my hospital's recent conversion to computerized medical records, the full page of information was clearly and helpfully printed out as shown in a few examples below with my reactions in Italics. [Bear in mind that these are the reactions of a reasonably literate patient with a doctoral degree who is moderately MSOL (Medicalese as a Second or Other Language) or at least MLL.]

Carbon dioxide 23, Range: 22-32. *I am going to assume that "Range" refers to a desirable or acceptable range rather than to a confidence interval for the score, but nowhere in the report am I given this information. If my assumption is correct, my carbon dioxide is barely within the desirable, acceptable, or non-lethal range, which would be nice. If my guess is wrong, I have no idea what it means. The score of 23 is awfully close to the lower end of the range. Is that OK? Are lower scores better or worse than higher scores? Is it bad to fall outside either end of the range? Does this have anything to do with global climate change?*

Blood Urea Nitrogen 21, Range 9-20. *Ah ha! Another atmospheric gas, but this one has each word capitalized, whereas "dioxide" had an initial lower-case letter, and this gas was in my blood. Where was the carbon dioxide? Wasn't all of this in the blood the nice young woman drew last week? I am outside the range. Oh oh! How bad is that? Is one point significant? It's 5% above the top end of the range. For that matter, is being above the range good or bad? If it is bad, how bad is it? If it is really bad, what should I do about it – stay away from urea fertilizer? Am I going to die? [Of course I am; the question is when and how.]*

GFR CALCULATION >60.0, Range: *Why is there no range?*

GFR-FEMALE 55.5, Range: *Why are there no range and no spaces around the hyphen? Why*

*are there no data for males and Whites?*

GFR – BLACK >60.0, Range: *Better check with Ancestry.com®*.*I had always guessed I was mostly White. Why does this one have an em dash with spaces?*

GFR – BLACK FEMALE >60.0, Range: *Evidently, I am a Black female. Who knew?*

The second page just said "Sincerely," with a scan of somebody's signature and the printed name of my doctor and the title "MD." (yes, with only one period). The point of this over-sharing (TMI) is that I was forcefully reminded that our evaluation reports are often just as unintelligible as my blood-test report (and just as scary – I didn't share here my cholesterol and triglyceride numbers [but I thought the abbreviation "TRIGLY" was cute]). We would all do well to occasionally redact one of our reports and have it reviewed by a smart, literate, skeptical, painfully honest friend who has never worked in special education or psychology. My late father, R. S. Willis, Professor Emeritus of modern languages at Princeton University, used to do this for me, which was jarring but very enlightening. My writing became progressively less intelligible after my second year of college, as I began taking more psychology courses. I was using jargon that even my father could not understand! Some suggestions (mostly repeated from earlier issues of *Report Comments*) follow in the next section.

**STYLE**

**Be very cautious about including computer printouts of scores.** If we import, paste, or attach computer-generated reports, we should study them very carefully (or have our skeptical friend review them for us) to identify information that should be deleted or explained with a footnote. I have gone so far as inserting rectangles (white fill, no outline) to cover column headings and data showing raw scores and grade-equivalent scores. [Readers will strive to attach meaning to raw scores (even statements in text, such as "Mordred read 37 of the words on the list correctly") if we provide the opportunity.]

**Explanatory footnotes must be clearer than whatever they are explaining.** [My blood-test report did explain "\*ESTIMATED GLOMERULAR FILTRATION RATE REFERENCE INTERVAL: >60ml/min/ 1.73 m2, Range:" and "\*Accurate estimation of GFR from serum creatinine requires a steady state of creatinine balance., Range:" so everything was then clear, except for the unexplained omission of ranges. Seriously, I happen to sort of know what "glomerular filtration rate" means and I used to know what creatinine is, and this still makes no sense to me!] A footnote that says, "This is the 95% confidence interval around the true, rather than the obtained score, which takes into account regression toward the mean" or "p < .05 and base rate 9.34%" or "significantly different from the Mean Core T" "or Comprehension was significantly lower than Similarities" is worse than useless. We might try something like or better than the examples below. Sometimes I use footnotes (now that I don't write on a typewriter) and other times I add the information parenthetically in text. [I would be grateful for better examples you might wish to send me.]

* Even on the best tests, scores can never be perfectly accurate. This range shows how much scores are likely to vary randomly 95% of the time.
* A "significant difference," as used in this report, is one that is too great to occur more than 5 times in 100 just by random variation.
* Even significant differences may not be uncommon. Human abilities vary. In this report, an "uncommon" difference is one so large than it was seen in less than ten percent of people taking the test when it was normed.
* "Percentile ranks" tell the percentage of students of the same age or same grade who scored the same as Namexx or lower. For example, a percentile rank of 38 means that Namexx scored as high as or higher than 38 percent of students and lower than the other 62 percent. [*I use the percentile rank to which the footnote is attached or the first percentile rank in the column where I footnoted the column heading "Percentile rank."*]
* A "Personal Strength (S)" is a score that is significantly higher than the average of Namexx's subtest scores on the SNAFU. [*I used to write "Namexx's own average score on the SNAFU subtests," but some people read that to mean that Namexx's score (standard score 57) was Average. We need to listen to comments and questions from parents and teachers.*]
* A "Personal Strength (S)" is a score that is significantly higher than Namexx's total score on the FUBAR. [*I use, for example, the Comprehensive Achievement Composite (CAC) of the KTEA-II to calculate strengths and weaknesses, but I seldom include that score in my narrative and only occasionally list it in my appended table of scores. Ecomodine's Math Composite standard score was 140. Her Oral Language Composite was 120. Her Reading Composite was 80. Her Written Language Composite was 60. Based on her Comprehensive Achievement Composite of 100, the team concluded she was not eligible for special education services."*]
* A "Normative Weakness" is a score in the lowest 14 percent of scores for students Namexx's age.
* Stanines range from 1 (Very Low) to 9 (Very High). The middle half (actually 54%) of scores falls in the broad average range or stanines 4, 5, and 6 (Low Average, Average, and High Average). These are ***not*** the classifications used by the publishers (please see p. ii of this appendix).

* "Standard scores" or "index scores" or "composite scores" or "quotients" in this report range from about 40 to about 160. The middle 50% of students' standard scores fall between 90 and 110.
* "Scaled scores" (called "standard scores" on some tests[[2]](#footnote-2)) range from 1 to 19 or 20. The middle 50% of students' scores fall between 8 and 12.
* "Bruininks-Oseretsky (BOT-II) Scale Scores" range from 1 to 35. The middle 50% of students' scores fall between 12 and 18.
* The scores for the subtests in this composite are significantly different from each other, so the total composite score is not a complete picture of Jaykobb's abilities in this area.
* ~~The scores for the subtests in this composite are significantly and uncommonly different from each other, so the total composite score is about as useful as two handles on a shovel.~~
* The various tests used in this evaluation have different classification terms (such as "Below Average") for the same scores and different ranges of scores for the same classification (e.g., "Average" might be standard scores of 90 – 109, 90 – 110, or 85 – 115). Please see p. xx for an explanation of the different classification systems used with the several tests.
* The various tests we used come with their own, peculiar systems of test statistics and verbal labels (e.g., “average”) for test scores. Rather than use several different systems, in which the same score might have two or more different labels, I have taken the liberty of additionally translating all of the scores into *stanines* as described in the appendix. *Please note that these are not necessarily the verbal labels furnished by the test publishers.* The scores have not been changed in any way, but I have used a different, and consistent system of verbal classifications, rather than calling the same score "average" on one test, "low average" on another, and "below average" on a third. The classification systems used by the publishers of the various tests are shown in detail on the second page of the Appendix, so readers who prefer those classification systems can use them.

**Provide the explanatory footnote or parenthetical explanation the very first time the unclear term appears.** The first appearance is often in the History or Previous testing section long before we get to our own test results. Unexplained statistics and unexplained classification labels early in the report may mislead, confuse, and antagonize readers and leave them in no mood to study our footnotes four pages later and then go back to reread the history. If we put the Summary and Recommendations at or near the beginning, we may need the footnotes in the Summary. Once I have explained a technical term once in the narrative (either in the text or in a footnote) and once in a table (for those who skip the words and go for the pictures), I am done. I don't have to keep explaining the term over and over.

**Significance levels.** Once I have explained the .05 (or .01 or .10) significance level and explained a 10% or other base rate and told the reader that those are the levels I am using for statistical significance and unusualness, I don't have to keep writing such lovely prose as "(p < .05)" or "(only 3.264% of students in the WHIPPET norming sample had differences this large or larger)" after every difference. I have already told the reader what I mean by "significant" and by "uncommon." Now I can just use those words and pretend to be writing English.

**Jargon**. I ran across a report diagnosing a student with "oligophrenia." The term is familiar to some post-retirement-age evaluators and to those who read early psychological literature and certain medical literature and is interpretable by readers of Greek. Not all parents and team members fall into those groups. Plain English and the native languages of the parents are preferable to jargon. Back when "oligophrenia" was in common use, my supervisor criticized my use of a sesquipedalian word in a report. I returned the next day with my 12-volume *Oxford English Dictionary* (photoreduced to two volumes and sold with a big magnifying glass) to prove it was a genuine English word (it was not in my one-volume *Merriam-Webster*). My supervisor asked whether I thought the parents owned the OED. Point taken.

**Test names often need clarification.** One subtest of the RIAS is baned "Guess What." It is a useful subtest in a useful instrument, but the name can lead to Abbott and Costello routines in team meetings (<http://www.youtube.com/watch?v=sShMA85pv8M> ). "Your child had a low score on Guess What." Another extreme example might be "Atlantis" on the KABC-II. Brief descriptions may help. For example:

. . . scored significantly higher on *Guess What* (identifying things from sets of clues, such as "What has four legs, is covered with spots, and runs extremely fast?") than on . . .

. . . struggled with *Similarities* (explaining how two things [such as *box* and *sack*] or concepts [such as *hope* and *fear*] could be alike) . . .

. . . scored significantly higher on *Sound Blending* (saying a word after hearing it spoken as separate sounds [/k/…ă…/t/ would be "cat"]) than on the other tests of phonology (recognizing and manipulating sounds in spoken words).

. . . scored in percentile rank 2 on *Elision* (saying a word with one sound removed [for example, *take* without the /t/ would be "ache" and *blend* without the /l/ would be "bend"]) . . .

. . . effortlessly solved difficult problems on *Matrix Reasoning*, a multiple-choice test of selecting the correct picture of abstract design to complete a logical pattern of pictures or designs, and achieved a score in the 95th percentile for his age.

. . . a personal strength on *Comprehension*, an oral test with questions of social and practical understanding (such as "Why should you tell an adult before you go outdoors?" or "Tell me two reasons streets have traffic lights"). Her score was significantly higher than the average of her scores on all of the WISC-IV subtests.

You might want to save your accumulating test descriptions in a file from which you could copy and paste or train the AutoCorrect function to automatically insert your descriptions when you type the test name. [CONTROL + z will undo the insertion if it happens when you do not want it.]

**FYI**

**TSA Cares** <http://www.tsa.gov/traveler-information/travelers-disabilities-and-medical-conditions> "is a helpline to assist travelers with disabilities and medical conditions. TSA recommends that passengers call 72 hours ahead of travel to for information about what to expect during screening.

Travelers may call TSA Cares toll free at 1-855-787-2227 prior to traveling with questions about screening policies, procedures and what to expect at the security checkpoint. TSA Cares will serve as an additional, dedicated resource specifically for passengers with disabilities, medical conditions or other circumstances or their loved ones who want to prepare for the screening process prior to flying. The hours of operation for the TSA Cares helpline are Monday through Friday 8 a.m. – 11 p.m. EST and weekends and Holidays 9 a.m. – 8 p.m. EST. Travelers who are deaf or hard of hearing can use a relay service to contact TSA Cares or can e-mail [TSA-ContactCenter@dhs.gov](mailto:TSA-ContactCenter@dhs.gov).

When a passenger with a disability or medical condition calls TSA Cares, a representative will provide assistance, either with information about screening that is relevant to the passenger’s specific disability or medical condition, or the passenger may be referred to disability experts at TSA.

TSA recommends that passengers call approximately 72 hours ahead of travel so that TSA Cares has the opportunity to coordinate checkpoint support with a TSA Customer Service Manager located at the airport when necessary."

John O. Willis

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)

1. Neither ASAIF nor Rivier University is in any way, shape, or form responsible for the quirky opinions in this newsletter. They cannot be blamed for what is written here. [↑](#footnote-ref-1)
2. I could explain to the reader that all of the scores except percentile ranks are technically "standard scores" defined by the mean and standard deviation of the test, but I also could skip this information, which I do. [↑](#footnote-ref-2)