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 10/27/13 # 248**

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 have topics on which you would like ASAIF to do a workshop or Shorty, please tell me at** 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 free copies of this newsletter, email me at johnzerowillis@yahoo.com. Email versions include notices of ASAIF and other conferences in and near New Hampshire.

**CONTENT**

Strictly speaking, an examinee who scores in a given **percentile rank** scored "as high as or higher than" that percentage of peers. As you know, when you calculate percentile ranks for raw data (as when you are creating local norms), each rank includes all the lower scores plus half of the identical scores. "As high as or higher than" is quite a mouthful. I explain in the splainin section of my report that percentile ranks simply tell the percentage of students who scored the same as Ecomodine or lower. For example, a percentile rank of 67 would means that Ecomodine scored as high as or higher than 67 percent of students her age or in her grade and lower than the other 23 percent. Then I repeat that information parenthetically the first time I mention a particular percentile rank in the text (which is usually in the History section) and perhaps once more the first time I cite a percentile rank from my own testing and then add the information once more in a footnote attached to the Percentile Rank column heading in my first table of test scores. At that point I give up. If the reader is going to persist in interpreting percentile ranks as percent correct, I have done all I can. The two explanations in text read something like: "Ecomodine's Math Fluency (speed of simple math calculations for three minutes) score was in the 8th percentile rank (as high as or higher than the scores of 8 percent of students her age and lower than the other 92 percent). This Math Fluency score was significantly and uncommonly23 lower than her score for accuracy of Math Computation without time limits (percentile rank 73)."

Footnote 23 above says:

23. On even the best tests, random influences make scores vary, so differences between scores vary even more. In this report, a "significant" difference is one too great to occur just by random variation more than 5 times in 100. The difference in scores probably represents a genuine difference between tested abilities. Even significant differences are not uncommon. Human abilities vary. In this report, an "uncommon" difference is a significant difference so great that it is found in no more than 10 percent of persons taking the tests.

Jerry Sattler[[2]](#footnote-2) would probably consider that explanation much too unnecessarily technical (TMI), but you will have noted that even that level of detail still follows C. E. Ayres's aphorism, "A little inaccuracy saves a world of explanation." Furthermore, I have relegated it to a footnote that well-informed or uninterested readers can skip, while making it available to the attorneys who will eventually cross-examine me about the report. The "in this report" disclaimer lets the few who care recognize that I acknowledge and reject other levels of significance and other uncommon base rates. After much soul searching, I elected to omit a long, highly entertaining discussion of one- vs. two-tailed tests.[[3]](#footnote-3) Even I have to draw the line somewhere.

**More on clarity.** It is incredibly easy to become comfortable with the jargon that we share with our colleagues. We quickly forget that words we use with each other and words that we read every day in test manuals, research reports, and evaluations written by others are not part of the vocabulary of the vast majority of English speakers. Even worse, some of the technical terms are part of standard English vocabulary, but with entirely or subtly different meanings. The abbreviations and acronyms are a nightmare for people outside the field. I was caught recently confusing GIA, GAI, and GCA in a PowerPoint ironically created to help clarify testing issues; luckily, one of the dozens of people who have viewed the slide show over the past few years had the confidence to ask me what in the world I was talking about. I wonder how many parents, teachers, and administrators stagger bleary eyed out of meetings with unanswered questions and unresolved confusion. Attorneys seem to be better at asking.

 It does not help that Index Scores, Composite Scores, IQs, Quotients, and Standard Scores often mean the same thing, but Standard Scores on some tests are called Scaled Scores on most tests. Then we throw in T scores, z-scores, Bruininks-Oseretsky scale scores,[[4]](#footnote-4) and percentile ranks. We previously discussed the confusion added by using publishers' different verbal labels for the same score or by applying a single set of labels to all scores, which startles and annoys those readers who are familiar with the publishers' labels. [We also make up verbal labels for Scaled Scores on the various Wechsler intelligence scales, even though I cannot find such labels in any Wechsler manual. Please let me know if you have found any.]

 I think it is prudent to capitalize the verbal score labels we elect to use in our reports. Official score labels, such as average, below average, very poor, or extremely low, can easily be confused with common English words that do not convey special statistical meanings. As I have often suggested, it is also prudent to avoid using those score-label words with any other meaning in the report, so we don't write that "Mordred's average score on the DWEEB was below average and well below the class average, which is about average for him."

 The table below uses some footnotes in a desperate attempt to convince myself that I am adding clarity to the presentation. Standard Scores, Scaled Scores, CTOPP, and WJ III were explained earlier in the report, the first time each was mentioned in text. If only one type of score were used in the Test Score column, I would write Stan-dard Score or Scaled Score or T Score in the head and omit the footnote. (The hyphen is to allow "Stan-dard" to wrap around in the narrow column; I decrease the font size for "Scaled."). After one or two uses, I begin omitting the footnotes for the confidence band and percentiles. I use the footnote for the last column every time. In this example, I used stanines. I might have chosen to use Woodcock-Johnson or some other set of labels for all scores, which would have required a different footnote, but I would have repeated that footnote every time. If I had stuck with the various publishers' various labels, I would have needed a repeated footnote explaining that different tests use different verbal labels for the same scores.

**Evangeline's Current Phonology and Phonics Test Scores in Scaled Scores,**

**Standard Scores, Percentile Ranks, and Stanines for her Age (10:8)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Test | TestScore[[5]](#footnote-5) | 90%Confi-dence[[6]](#footnote-6) | Per-cen-tile[[7]](#footnote-7) | Stanine[[8]](#footnote-8) 123456789 |
| **Phonology (sounds in spoken words)** |  |  |  |  |
| **CTOPP**: elision (repeating words with one sound removed) |  8 |  6 – 10  | 25 |  4 Low Average  |
| **CTOPP**: blending (repeating separated sounds as one word) |  7 |  5 – 9  | 16 |  3 Below Average  |
| **CTOPP: Phonological Awareness Composite score** |  **85** |  **78 – 92**  | **16** |  **3 Below Average**  |
| **Phoneme/Grapheme Knowledge (phonics)** |  |  |  |  |
| **WJ III A**: reading phonetically regular nonsense words aloud  |  85 |  78 – 92  | 16 |  3 Below Average  |
| **WJ III A**: written spelling of dictated nonsense words  |  93 |  84 – 102  | 32 |  4 Low Average  |
| **WJ III A: Phoneme/Grapheme Knowledge Cluster** |  **87** |  **83 – 91**  | **20** |  **3 Below Average**  |

I also specified the norm group (age-based norms) in the title and the form (A) of the WJ III. "Current" appears in the title because there were also tables of previous (but not future) test scores. I am not kidding myself that this table is user friendly for a parent or classroom teacher in their first team meeting, but it is better than I used to do. Suggestions are welcome.

**Accommodations on National Tests**. A recent request for ACT Accommodations for Extended Time was denied. I thought that the rationale for the denial was instructive and worth sharing, so I have copied below some relevant excerpts.

**Reason for Denial**

The documentation submitted does not establish a disability within the meaning of the Americans with Disabilities Act (ADA) and/or demonstrate the need for the requested accommodations to access the ACT because:

   A diagnosis based on a deficit in processing speed is not a diagnosis recognized formally in the clinical or research literature.  There really is no learning disability for speed, in part because there are so many reasons why certain people perform some tasks more slowly than others.  These reasons could be related to one’s work style, fatigue, depression, medication use, unconscious or conscious malingering, anxiety, or any number of disorders (i.e., brain injury, ADHD, LD).  An unexplained isolated lower score on timed tests of simple, clerical tasks does not constitute a substantial limitation in any major life activity, and consequently does not meet the ADA’s definition of disability.  If it is felt that these isolated low scores are representative of a pervasive pattern of behavior (i.e. slowness at home, in the classroom, in the workplace, etc.) please submit this information for review.

   Academic fluency subtests of the *Woodcock-Johnson III Tests of Achievement* and the *Wechsler Individual Achievement Test-III* are brief, timed subtests requiring rapid responses. These tasks are clerical in nature, and in isolation, are not diagnostic of a learning disability resulting in a substantial limitation.

A Reading Disorder cannot be diagnosed solely on a brief measure of fluency. Reading fluency (comprised of accuracy, speed and appropriate expression) is a by-product of both accurate word identification and text comprehension.  It does not occur in isolation and is not assessed in isolation.  Fluency is most often tested in a comprehensive reading assessment that addresses comprehension of oral and silent reading, and accuracy and expression of ideas in oral reading.

   The scores reported in the psycho-educational evaluation are within normal limits. Average standard scores range from 85 (16th%ile) to 115 (84th%ile). An occasional subtest score (or scores) that is (are) below average is not considered diagnostic.  Diagnoses are usually based on patterns of low scores.  Scores that are in the average range do not establish that a student has a “substantial limitation” to a major life activity as compared to “most people” as required for a designation of an ADA disability.

   Our consultants were unable to detect a substantial limitation as a result of the diagnosed condition as required by the Americans with Disabilities Act (ADA), as amended in 2008.  The case for accommodations for this student would be improved by the submission of further documentation that establishes a “paper trail” describing the record of academic impairment and the limitations experienced over time.

 Examples of this type of additional documentation include:

1.      copies of past report cards/grade transcripts,

2.      prior psychoeducational testing reports,

3.      evidence of tutoring,

4.      standardized test scores, and

5.      descriptions in narrative or rating scale form from current and past teachers.

**Americans with Disabilities Act (ADA)**

ACT, in its effort to be equitable to all test takers, looks for documentation of a disability as defined by Title III of the Americans with Disabilities Act (ADA).  The ADA defines a disability as a *mental or physical impairment that substantially limits a major life activity compared to most people or the “average person in the general population.”*

 Additionally, the guidelines of the Diagnostic and Statistical Manual of Mental Disorders, 4th or 5th Edition (DSM-IV or DSM-5), are used to substantiate the presence of a disabling condition.

**Documentation Must Show Substantial Limitation**

To qualify for accommodations under the ADA, documentation that shows that the diagnosed condition substantially limits one or more major life activities must be provided.

These activities include but are not limited to:  performing manual tasks, caring for one’s self, walking, seeing, hearing, speaking, breathing and learning.

Descriptions of adverse effects on learning or other major life activities must be supported by current test results to reflect the student’s present functional limitations. . . .

Please visit the ACT website <http://www.actstudent.org/regist/disab>.  Click on Services for Students with Disabilities regarding details about the ACT testing accommodations policies for students with disabilities.  Click on the link in the first paragraph entitled ACT Policy for Documentation for the specific documentation requirements.

**ETS** (the artist formerly known as Educational Testing Service) publishes its accommodations guidelines at <http://www.ets.org/disabilities> [the blue topics below are links]

* [Learn about what documentation is necessary to support requests for accommodations](http://www.ets.org/disabilities/documentation)
* [See what testing accommodations may be available for the test you’re taking](http://www.ets.org/disabilities/accommodations/)
* [View tips for preparing your documentation and getting ready for the test](http://www.ets.org/disabilities/tips_test_taker/)

Please review all of the materials before submitting your request. You might also be interested in …

* [A Documentation Update for LD or LD/ADHD](http://www.ets.org/disabilities/documentation/ld_adhd_update)
* [Students With Learning Disabilities Transitioning From High School to College](http://www.ets.org/research/policy_research_reports/pic-pnv15n2)
* [Disabilities-related Assessment Research](http://www.ets.org/research/topics/assessing_people_with_disabilities)

**IDEA** does not, as far as I can tell, require a school district to provide testing for college accommodations (unless, of course, such testing is written into a Transition Plan). Some high schools do routinely provide such accommodations, and I think it is a nice gesture, although potentially pricey. Surprisingly few private-practice evaluators are willing to offer such testing at low or no cost to low-income college applicants. If you do provide such testing, be absolutely certain to visit and study the Web site of each and every college to which application is being considered. Some schools have unusual (or completely nutty) requirements for documentation, and there is no point in wasting an entire evaluation only to discover that SNAFU University will accept only the WAIS-R and WJ-R and not the WAIS-IV, WJ III, or any other test. The rules tend to be carried out by admissions personnel who know nothing whatsoever about assessment and who rigidly rely on rules that may have been written toward the end of the previous millennium. I kid you not.

**STYLE**

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

 – Robert Louis Stevenson

American Psychological Association (APA) (2010). ***Publication Manual of the American Psychological Association*(6th ed. 2nd printing)**. Washington, D.C.: Author. This manual includes some useful grammar, style, and punctuation tips as well as official APA style. [Be sure to get the second or a later printing! There is a certain irony to the number of errors in the first printing of this manual of writing style and manuscript preparation. If you bought the first printing, go to <http://supp.apa.org/style/pubman-reprint-corrections-for-2e.pdf> to download the corrections and to use a link to FAQs about the style errors in the style guide.] [See also <http://www.apastyle.org/> to browse around for lots of useful information.]

**Illusory False Dependency** is Richard Lederer's term for misuse of an "if" phrase or clause.

*If you missed them, the* ***2013 Ig Nobel prizes*** *can be found at:* [*http://abcnews.go.com/US/wireStory/winners-2013-ig-nobel-awards-weird-science-20244056*](http://abcnews.go.com/US/wireStory/winners-2013-ig-nobel-awards-weird-science-20244056)

[Regardless of what you did, the prizes are still listed at that address. I should have written, for example, "In case you missed them" or "If you missed them, go to this address to see them."]

*If you need to attend Ralph's IEP meeting, it will be in Room 324 on the second floor.*

[Where will the meeting be held if I don't need to attend it?]

*If the team needs it for disability determination, Maribella's FSIQ is 106.*

[Otherwise, it is 110.]

*If I don't see you, have a good vacation.*

[If you do see me, is my vacation ruined?]

**URLS**

Several kind folks, including Guy McBride, Carol Anne Evans, and A. Lynne Beal, generously provided addresses for the now-updated list of URLs attached to this message. The URLs in red are the new ones. Here are four of them.

<http://www.fcc.gov/cgb/dro/> Fed. Communications Commission Disability Rights Office

<http://www.fcc.gov/cgb/consumerfacts/trs.html> FCC Consumer Fact Sheet: Telecom. Relay Services (TRS)

<http://www.fcc.gov/guides/711-telecommunications-relay-service> FCC guide for TRS and use of 711 telephone number

<http://www.hincksdellcrest.org/ABC/Welcome> ABCs of Mental Health – Hincks-Dellcrest Centre

ABCs of Mental Health: "Parents and teachers often have questions about the behaviour of children and adolescents. They may worry about whether a behaviour is appropriate for a particular age or developmental stage, or a sign that something might be wrong. They may wonder why it is occurring, and how best to respond. The ABCs of Mental Health provides two free, web-based Resources - one for teachers and one for parents – to help answer these questions. The Resources include ideas for promoting the mental health of children and adolescents, information about how children change as they get older, descriptions of behaviours that might indicate a problem, and practical suggestions for steps to take. If this is your first visit to this website, we suggest that you start with the Introduction. Otherwise, go directly to one of the Resources. *(See links to the right.)*" As A. Lynne Beal, who steered me to this site, told me, "The unique thing about this resource is that it is driven by behaviours observed (actions), rather than by diagnoses.  A parent or teacher may look up the behaviour that concerns them, learn what is typical for that age, and what is cause for concern (green light, yellow light, red light for the beliefs or why it is happening).  Then they can use the intervention strategies (actions) to address the behaviours, depending on its severity."

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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. Sattler, J. M. (2008). *Assessment of children: Cognitive foundations* (5th ed.). La Mesa, CA: Jerome M. Sattler, Publisher. I rely on Chapter 19 on writing reports (pp. 704-758), including Sattler's "Twenty-One Principles of Report Writing" (p. 757). Don't forget that ASAIF is bringing Dr. Sattler and his Sixth Edition to New Hampshire on Monday 5 May 2014. [↑](#footnote-ref-2)
3. For example, the tables of base rates for differences between scores on the KTEA-II and WJ III achievement tests and achievement predicted from the DAS-II GCA and other composite scores on the CD that accompanies Ron Dumont, John Willis, and Colin Elliott's *Essentials of DAS-II Assessment* (Hoboken, NJ: John Wiley & Sons, 2008) are one-tailed: "The table shows the percentage of children whose achievement standard scores are ***below*** their predicted-achievement score by the specified amount or more." The assumption was that evaluators would be interested only in uncommonly low achievement. [↑](#footnote-ref-3)
4. I have attached a Bruininks-Oseretsky (BOT-2) cheat sheet to this email. See <http://www.pediatricapta.org/events/ACP/2012/handouts/pedsfwdcampbell2/BOT-2MG.pdf> [↑](#footnote-ref-4)
5. These are the standard or scaled scores used by the test publishers (please see pages i and ii of the Appendix to this report). The percentile ranks and stanines in the last columns provide a common measurement that is the same for all of the tests. [↑](#footnote-ref-5)
6. 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 random variation. [↑](#footnote-ref-6)
7. Percentile ranks tell the percentage of students of the same age or grade whose scores Evangeline tied or exceeded. For example, a percentile rank of 25 would mean that Evangeline scored as high as or higher than 25 percent of peers and lower than the other 75 percent. [↑](#footnote-ref-7)
8. Stanines, as shown on p i, 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 publishers' classifications, which are shown on p. ii of the Appendix. [↑](#footnote-ref-8)