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When to Consider Testing

- Ages 4 through young adulthood
- Struggling in school with:
- Behavior
- Emotional concerns
- Work completion Social skills
- Have ruled out medical causes (e.g., medical condition, sleep problems, vision and hearing problems)

Have discussed with teachers and interventions in place, but still struggling or would struggle without continued accommodations



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What is psychoeducational testing?

- Evaluation to determine:
 How a child processes information
 - Learning strengths and weaknesses
- Diagnosis of psychological, developmental, and/or learning disorders or disabilities
 e.g., ADHD, OCD, Tourette's, ASD, dyslexia/dysgraphia/dyscalculia (SLD), Anxiety, Depression
- Determine eligibility and classification for special education
- Determine eligibility for college accommodations/extra time on the SAT
- Determine eligibility for gifted services
- Ninety percent of children with Tourette's Syndrome also have comorbid conditions, such as Attention deficit hyperactivity disorder (ADHD). Obsessive-compulsive disorder (OCD), or an impulse control disorder. (Cohen, Lechman, & Block, 2013). Stress related to school performance and learning issues exacerbates tics. Evaluation may help pinpoint areas of need and relieve stress.



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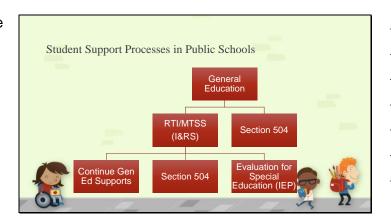
What is psychoeducational testing?

- Developmental/Social/Educational History and Record Review
- · Clinical Interviews
- Classroom observation
- · Cognitive/IQ testing
- Achievement testing (reading, writing, math, oral language)
- Neuropsychological tests and/or tests of processing weaknesses
- Behavioral Rating Scales



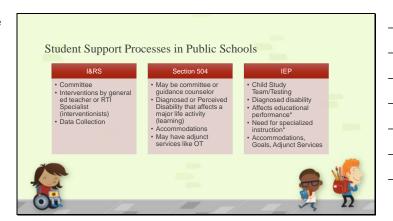


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Testing Process In NJ - Child Study Team: School Psychologist, Learning Consultant, Social Worker. Most other states: School Psychologist Private Psychologist – in a private practice or clinic/hospital setting Interviews with parents and teachers – what are concerns? Behavioral (attention, executive functioning, social, emotional) Educational (reading, writing, math, oral language, memory) Developmental and medical history Interventions already tried – data? Clinical Interviews – review psychological symptoms for diagnosis

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Testing Process

- Classroom Observation (not always done with private evals)
- During instruction, during group or independent work, during free time (lunch recess), various settings if behavior is different
- May be structured (on task/off task) or qualitative or both
- · Compare to behavior of other students
- Observe teacher interventions/responses





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Testing Process

- Behavioral Rating Scales
- Parent, Teacher, Self report of behavior compare to national norms/other boys or girls child's age
- General scales (BASC, CBRS)
- Specific scales (Conners or Vanderbilt for ADHD, ASRS/CARS for ASD, BRIEF or CEFI for executive functioning, MASC for anxiety, CDI for depression, Tic Inventories)
- · Multiple Informants





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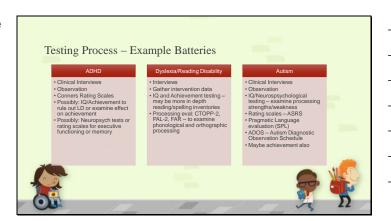
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Testing Process

- Standardized Tests why use them?
- Cognitive Tests/IQ e.g., WISC-V, Stanford Binet-V, DAS-II, K-ABC, UNIT, CTONI, WJ Cognitive
- Achievement Tests e.g., WIAT-III, WJ-IV, K-TEA, DAB
- Processing Tests e.g., NEPSY-2, D-KEFS (exec functioning), CTOPP-2, PAL-2, FAR, FAM, WRAML-2, Wechsler Memory Scale
- Speech/Language (optional) completed by speech/language pathologist (SPL)



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Outcomes of Testing: Creating a Plan Thorough reports should include: Background information and full description of the problems and child's strengths Behavioral Observations – either during testing, in classroom or both Description of each test and how to interpret the scores Test scores and observations of behavior during those tests if necessary Interpretation of test scores and analysis of full profile Diagnoses, if any (may not be included in school report) Recommendations for support at school, home, and personally (may not be included in school report) Resources (books, websites, etc.) (may not be included in school report)

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What happens next?

- Private Report
- Suggestions for general ed teacher
- Enter RTI/MTSS process
- Be considered for 504
- Be considered for IEP meeting to discuss eligibility for SPED (school may want to do further evaluation or RTI first)
- Give to other providers (e.g., physician for medication, OT or SPL, therapist, tutor)





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What happens next?

- School Evaluation
- IEP meeting to discuss eligibility for Special Education (or move to 504)
- If eligible for SPED, also discuss under what category for example:

- If eligible for SPED, also discuss SLD Specific Learning Disabled OHI Other Health Impaired AU Autism C I Communication Impaired ID Intellectually Disabled ED Emotionally Disabled
- Discuss placement LRE (Least Restrictive Environment)
 Inclusion/Co-teaching/In Class Resource/Push-In
- · Resource/Pull-Out
- · Self-Contained
- Services, Curriculum, Goals, and Accommodations
- Interventions if not at the level of IEP or 504



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Using Results as an Educator

- Understand the disability May not change placement of the student
- Be aware of accommodations and goals
- Be prepared to differentiate and modify
- · Leveling the playing field what is "fair"?
- Fair = everyone gets what they need to learn
- Many disabilities are not visible or may appear to be "bad behavior"
- E.g., eyeglasses, not everyone needs them so don't give them to everyone
- "Just because I could do it yesterday, doesn't mean I can do it today" shape toward more consistent or better behavior



Play to strengths – e.g., allow oral answers for the verbal child with dysgraph

Work and communicate with parents as an ally/team member

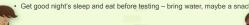


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Explaining the Process To Your Child

- Avoid using the word "testing" when possible especially "IQ" testing
- Each person has their own unique brain that is not like anyone else's, so each person learns differently
- Activities to see how THEIR brain works and how they learn best
- ${\ensuremath{\,\cdot\,}}$ Then we can help teachers know the best ways to help them learn
- Many activities are fun! Put blocks together, pick out pictures that finish patterns, talk about what words mean many "school" activities are short
- Starts out very easy, but gets harder as it goes along because the tests go all the way up to college age just try your best!





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Explaining Results to Your Child

- If old enough, child may sit in on feedback session (let examiner know in advance if you plan to do this!)
- Do not focus on numbers talk about strengths first, and then areas that were more difficult; some people strong at music or soccer, some need more practice to do well
- Connect those areas to their experiences (e.g., "this is why it feels like reading is so much harder for you than math, but now that we know why we can work on making it easier for you!")
- Empower kids to self-advocate not something wrong, just do it differently than some other kids know when you need help and whyl

Understand the positives of a diagnosis – e.g., ADHD = more energetic, creative, think "outside-the-box"

Not an excuse – it doesn't mean you "can't" – might take more work



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What next for parents?

- · Lots of info can be overwhelming
- Ask provider to prioritize what is most important step to do first?
- May have referrals therapists, speech, OT, social skills groups, etc.
- Consider family impact/schedules provide downtime & time for strengths
- Consider family therapy or individual therapy for parents if stress is high
- Find support local parent groups and organizations





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Resources

- Understood.com general information about learning issues
- CHADD Children and Adults with Attention Deficit Disorder
- Decoding Dyslexia NJ
- International Dyslexia Association
- Hoagie's Gifted



Wright's Law



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Resources – Dr. Ahern's favorite books

- Taking Charge of ADHD by Russell Barkley
- Overcoming Dyslexia by Sally Shaywitz
- What to Do When... series by Dawn Huebner (workbooks for anxiety, OCD, anger management, sleep issues, negative thinking)
- Freeing Your Child from Anxiety by Tamar Chansky
- 1,2,3 Magic and Surviving Your Adolescents by Thomas Phalen
- The Explosive Child by Ross Greene





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