

The Special Education Process: Assessment, Diagnosis, Classification and Placement of a Child with a Suspected Disability

Overview of the Multidisciplinary Team

Remember that the Child Study Team is a local school committee whose responsibilities include the monitoring and disposition of cases involving high risk students. Once the CST, of which you may be the sitting special education member, has tried everything possible and the issues still exits, a referral is made to the team that will be responsible for the formal assessment. This team is called the multidisciplinary team (MDT). Since this referral by the CST is for a formal assessment it will require another referral form to be filled out.

Membership of the Multidisciplinary Team (MDT)

While specific state regulations may differ on the membership of the MDT, the members are usually drawn from individuals and professionals within the school and community. It is important that you are familiar with the professionals that might be asked to participate on this team in the evaluation of a child with a suspected disability. These may include but are not limited to:

- **School Psychologist**: The role of the school psychologist on the MDT involves the administration of individual intelligence tests, projective tests, personality inventories, and the observation of the student in a variety of settings.
- **School Nurse:** The role of the school nurse is to review all medical records, screen for vision and hearing, consults with outside physicians, and may refer to outside physicians if necessary.

- **Classroom Teacher:** Works with the local school based Child Study Team to implement pre-referral strategies, plans and implements, along with the special education team, classroom strategies that create an appropriate working environment for the student.
- **School Social Worker:** The social worker's role on the MDT is to gather and provide information concerning the family system. This may be accomplished through interviews, observations, conferences etc.
- **Special Education Teacher:** The role of this individual includes consultation to parents and classroom teachers about pre-referral recommendations, administers educational and perceptual tests, may be called upon to observe the student in a variety of settings, may be involved in the screening of students with suspected disabilities, writes IEP's including goals and objectives and recommends intervention strategies to teachers and parents.
- Educational diagnostician: Administers a series of evaluations including norm-referenced and criterion referenced tests, observes the student in a variety of settings, makes educational recommendations that get applied to the IEP as goals and objectives.
- **Physical Therapist:** The physical therapist is called upon to evaluate a child who may be experiencing problems in gross motor functioning, living and self help skills, and vocational skills necessary for the student to be able to function in certain settings. This professional may be used to screen, evaluate, provide direct services or consult with the teacher, parent or school.
- **Behavioral consultant:** This individual works closely with the team in providing direct services or consultation on issues involving behavioral and classroom management techniques and programs.
- **Speech/Language clinician:** This professional will be involved in screening for speech and language developmental problems, be asked to provide a full evaluation on a suspected language disability, provide direct services, and consult with staff and parents.
- **Audiologist:** This professional will be called upon to evaluate a student's hearing for possible impairments and as a result of the findings may refer the student for medical consultation or treatment. The audiologist may also assist in helping students and parents obtain equipment i.e. hearing aids that may impact on the child's ability to function in school.
- **Occupational Therapist:** The occupational therapist is called upon to evaluate a child who may be experiencing problems in fine motors skills and living and self help skills, This professional may be used to screen, evaluate, provide direct services, consult with the teacher, parent or school and assist in obtaining the appropriate assistive technology or equipment for the student.
- **Guidance Counselor:** This individual may be involved in providing aptitude test information, provide counseling services, work with the team on consolidating, changing, or developing a student's class schedule, and assist the Child Study Team in developing pre-referral strategies.
- **Parents:** The parents plays an extremely important role on the MDT in providing input for the IEP, working closely with members of the team, and carry out, assist, or initiate academic or management programs within the child's home.

Initial Referral to the MDT

When a suspected disability is determined and the referral is made by the CST the team will be required to fill out a referral form. Further, no formal evaluations may begin until the district has received signed permission from the parent or guardian. This is usually obtained through another form which must be signed by a parent or guardian in order for the MDT to begin the comprehensive assessment of the child.

Assessment Plans/Consent for Evaluation

As previously mentioned, this form can be obtained in several ways but most of the time it is attached to the letter to the parent from the district office of special services indicating that their child has been referred for a formal evaluation. Because of legal requirements, you will need to know that this release is part of the assessment plan and according to the law should do the following:

- Be in a language easily understood by the general public
- Be provided in the primary language of the parent or other mode of communication used by the parent, unless to do so is clearly unfeasible
- Explains the types of assessments to be conducted
- State that no individualized educational program (IEP) will result from the assessment without the consent of the parent
- No assessment shall be conducted unless the written consent of the parent is obtained prior to the
 assessment. The parent shall have at least 15 days (may vary from state to state) from the receipt of the
 proposed assessment plan to arrive at a decision. Assessment may begin immediately upon receipt of the
 consent.
- The copy of the notice of parent rights shall include the right to electronically record the proceedings of the eligibility committee meetings
- The assessment shall be conducted by persons competent to perform the assessment, as determined by the school district, county office, or special education local plan area
- Any psychological assessment of pupils must be conducted by a qualified school psychologist
- Any health assessment of pupils shall be conducted only by a credentialed school nurse or physician who is trained and prepared to assess cultural and ethnic factors appropriate to the pupil being assessed.

Assessment and Evaluation

Only when the parents have been informed of their rights, a release is obtained, and the assessment plan is signed, can assessment begin. The MDT has several evaluation options from which to choose depending upon the specializations of the members of the MDT. The areas most often considered by the MDT to assess a child with a suspected disability include:

- **1-Achievement Evaluation:** Such an evaluation is frequently recommended when a child's academic skill levels (reading, math, writing, and spelling) are unknown or inconsistent and when his or her learning process shows gaps (e.g., memory and expression).
 - **2-Language Evaluation:** This recommendation usually occurs when the child is experiencing significant delays in speech or language development, problems in articulation, or problems in receptive or expressive language.
- **3-Psychological Evaluation:** This recommendation is appropriate when the child's intellectual ability is unknown or when there is a question about his/her inability to learn. It is useful when the CST suspects a potential learning, emotional, or intellectual problems. The psychological evaluation can rule out or rule in emotionality as a primary cause of a child's problem, ruling this factor out is necessary before the diagnosis of LD can be made. Some symptoms that might signal the need for such an evaluation follow:
 - High levels of tension and anxiety exhibited in behavior
 - Aggressive behavior
 - Lack of motivation or indications of low energy levels
 - Patterns of denial
 - Oppositional behavior
 - Despondency
 - Inconsistent academic performance, ranging from very low to very high
 - History of inappropriate judgment
 - Lack of impulse control
 - Extreme and consistent attention seeking behavior
 - Pattern of provocative behavior
- **4-Perceptual Evaluation:** A perceptual evaluation is suggested when the team suspects discrepancies in the child's ability to receive and process information.
- **5-Occupational Therapy Evaluation:** the team may consider this evaluation when the child is exhibiting problems involving fine motor/upper body functions.
- **6-Non standardized forms of Assessment:** when a child is referred to the MDT, the team is required by law to do a comprehensive assessment. This involves standardized and non standardized forms of assessment. Non-standardized forms of assessment include:

- **Ecological assessment** basically involves directly observing and assessing the child in the many environments in which he or she routinely operates.
- **Direct assessment** of academic skills is one alternative that has recently gained in popularity. While there are a number of direct assessment models that exist (Shapiro, 1989), they are similar in that they all suggest that assessment needs to be directly tied to instructional curriculum.
- **Curriculum-based assessment (CBA)** is one type of direct evaluation. "Tests" of performance in this case come directly from the curriculum. For example, a child may be asked to read from his or her reading book for one minute. Information about the accuracy and the speed of reading can then be obtained and compared with other students in the class, building, or district. CBA is quick and offers specific information about how a student may differ from peers.
- **Dynamic assessment** refers to several different, but similar approaches to evaluating student learning. The goal of this type of assessment "is to explore the nature of learning, with the objective of collecting information to bring about cognitive change and to enhance instruction" (Sewell, 1987, p. 436).

One of the chief characteristics of dynamic assessment is that it includes a dialogue or interaction between the examiner and the student. Depending on the specific dynamic assessment approach used, this interaction may include modeling the task for the student, giving the student prompts or cues as he or she tries to solve a given problem, asking what the student is thinking while working on the problem, sharing on the part of the examiner to establish the task's relevance to experience and concepts beyond the test situation, and giving praise or encouragement (Hoy & Gregg, 1994).

- **Portfolio Assessment:** Perhaps the most important type of assessment for the classroom teacher is the portfolio assessment. According to Paulson, Paulson and Meyer (1991 p.60), a portfolio is "a purposeful collection of student works that exhibits the student's efforts, progress, and achievement in one or more areas. The collection must include student participation in selecting contents, the criteria for selection, the criteria for judging merit, and evidence of student self-reflection." A portfolio collection contains work samples, permanent products and test results from a variety of instruments and measures.
- **Authentic Assessment:** Another technique used to assess classroom performance by the teacher could include the use of authentic assessment. This is a performance based assessment technique that

involves the application of knowledge to real life activities, real world settings or a simulation of such a setting using real life, real world activities (Taylor, 1997). For example, when an individual is being assessed in the area of artistic ability, typically he or she present art work and is evaluated according to various criteria; it is not simply the person's knowledge of art, the materials, artists or the history.

- Outcome Based Assessment: Outcome-based assessment has been developed, at least in part, to respond to concerns that education, to be meaningful, must be directly related to what educators and parents want the child to have gained in the end. Outcome-based assessment involves considering, teaching, and evaluating the skills that are important in real-life situations. Learning such skills will result in the student becoming an effective adult. Assessment, from this point of view, starts by identifying what outcomes are desired for the student (e.g., being able to use public transportation). In steps similar to what is used with task analysis, the team then determines what competencies are necessary for the outcomes to take place (e.g., the steps or subskills the student needs to have mastered in order to achieve the outcome desired) and identifies which subskills the student has mastered and which he or she still needs to learn. The instruction that is needed can then be pinpointed and undertaken.
- Task Analysis: Task analysis is very detailed; it involves breaking down a particular task into the basic sequential steps, component parts, or skills necessary to accomplish the task. The degree to which a task is broken down into steps depends upon the student in question; "it is only necessary to break the task down finely enough so that the student can succeed at each step" (Wallace, Larsen, & Elksnin, 1992, p. 14).
- Learning Styles Assessment: Learning styles theory suggests that students may learn and problem solve in different ways and that some ways are more natural for them than others. When they are taught or asked to perform in ways that deviate from their natural style, they are thought to learn or perform less well. A learning style assessment, then, would attempt to determine those elements that impact on a child's learning and "ought to be an integral part of the individualized prescriptive process all special education teachers use for instructing pupils" (Berdine & Meyer, 1987, p. 27).

Some of the common elements that may be included here would be the way in which material is typically presented (visual, auditory, tactile) in the classroom, the environmental conditions of the classroom (hot, cold, noisy, light, dark), the child's personality characteristics, the expectations for success that are held by the child and others, the response the child receives while engaging in the learning process (e.g., praise or criticism), and the type of thinking the child generally utilizes in solving problems (e.g., trial and error, analyzing). Identifying the factors that positively impact the child's learning may be very valuable in developing effective intervention strategies.

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There may be times when the MDT requires other professionals to evaluate a child referred for evaluation. While these types of evaluations may be used less frequently, they still play a very important role in the assessment process when utilized. Examples of instruments used in these categories follow:

Once the assessment is completed a packet of information is gathered and put together by a member of the CST designated as the Case Manager. This packet of material is then forwarded to the chairperson of the IEP Committee and a meeting is scheduled with the parent and the committee.

Eligibility Committee Meeting

Once the Eligibility Committee Presentation Packet is received by the chairperson of the committee, a date is set up for the initial meeting. At this meeting everyone involved with the case will be asked to present their information. After the Eligibility Committee reviews the case they will determine classification and proper service placement. If, as a general education teacher working with this student, you are part of the meeting, you should be active during this procedure since you will know the child better than most of the members sitting there.