

Demystifying Assessments for Children: A Parent's Guide

Have you wondered about why your child behaves a certain way or why he/she is having difficulty in school? Have professionals or school personnel recommended that your child be tested by a psychologist to better identify his/her strengths and weaknesses for learning and/or behavior? If so, you know how overwhelming the process can seem. This article will help parents and educators understand:

- ⚙ Why and when assessments are helpful
- ⚙ What types of assessments are available
- ⚙ Why a diagnosis matters
- ⚙ The breakdown of an assessment
- ⚙ Interpreting an assessment
- ⚙ Recommendations
- ⚙ Limitations of assessments
- ⚙ Tips for parents

WHY ASSESSMENTS ARE HELPFUL:

If your child has some special needs (developmental/cognitive/social-emotional) that are identified and are being met, your child probably does not need an assessment. **However, assessments become important when you have a question about your child's developmental, cognitive, or emotional functioning that you cannot answer.** For example, "Avi is six years old. He seems intelligent, but teachers note that he is very distractible in the classroom. He cries easily and has had a few anger outbursts with friends at recess, which resulted in hitting and kicking. He is also having trouble learning to read. Does he have attention deficit issues, a reading disability, or both? How does his emotional state contribute to his issues at school? What is the best way to help him?" Sometimes your child's doctor, therapist (speech, OT, PT, psychologist, social worker) or school personnel (principal, teacher, or school counselor) will recommend that your child be assessed. **The purpose of getting an assessment is to have a person with training or experience different from your own provide additional information about your child.**

Below are common questions

that parents may have that lead to a referral for an assessment:

If a child has difficulties with particular academic areas: *"Is there a learning disability?" "Can Avi use different learning strategies to help him learn better?"*

If a child has difficulty with rigidity, shutting down, emotional outbursts: *"Is there an emotional*

"How can I support Avi socially?"

There are many overlapping symptoms observed in children, despite the fact that they may stem from different root causes. For example, Avi is fidgety in class. This may reflect hyperactivity, anxiety, or mere boredom. Therefore, a comprehensive evaluation can clarify and distinguish between



disorder?" "How can Avi learn better coping strategies?"

If a child has difficulty with focusing, impulsivity, disorganization: *"Does he have ADHD?" "How can Avi focus better in the classroom?"*

If a child has difficulty with social skills, flexibility and understanding another's perspective: *"Does he have an autism spectrum disorder?"*

different possible causes of symptoms. To drive this point home more dramatically, all of the following disparate disorders have something in common {Depression, Oppositional Defiant Disorder, Anxiety Disorder, Learning Disability, Tourette's Disorder, Lead Poisoning, physical or sexual abuse, Post-Traumatic Stress Dis-

order, and head injury}; they have all routinely been mistaken for Attention Deficit Hyperactivity Disorder (ADHD). A good assessment is vital for differentiating between these overlapping symptoms.

THERE ARE A VARIETY OF DIFFERENT TYPES OF ASSESSMENTS:

A **Psychological Assessment** evaluates a child's overall psychological functioning and well-being. This assessment includes a cognitive (IQ) screening, academic screening, visual-motor skills, and emotional/behavioral functioning. Since cognitive and academic testing is brief, the main focus of a psychological assessment is on a child's behavioral and emotional functioning. The testing is generally completed in one session and takes 1-3 hours. In most states, a licensed psychologist is required to perform or supervise the testing. Psychological Assessments may be covered by health insurance.

A **Psychoeducational Assessment** has a particular focus on a child's learning and academic abilities. It is frequently used to identify whether a child is eligible for accommodations in school or on standardized tests (e.g., SAT), and whether a child is gifted. Learning disabilities, ADHD and sometimes spectrum disorders can also be diagnosed through these assessments. This type of assessment evaluates cognitive functioning (a full IQ test), achievement (full achievement tests), visual motor skills, and social and emotional functioning. This assessment may take more than one day of testing, and usually requires approximately 5-10 hours of testing. Some evaluators observe the child being tested in his/her school and request information about the child from parents and teachers. For these assessments as well, most states require a licensed psychologist to perform or supervise the testing. Psychoeducational assessments are usually not covered by health insurance. School districts may provide this form of testing for children at no cost, but this route often involves a

long waiting period, and often does not include a diagnosis.

A **Neuropsychological Assessment** is the most extensive of these evaluations. It covers a broad array of areas and goes beyond the scope of the psychological and psycho-educational assessments. The following areas are assessed: intelligence, visual attention, auditory attention, academic achievement, executive functions (organization and problem solving), visual memory and verbal memory, expressive and receptive language, vocabulary, fine motor skills, visual-motor integration, mood, personality,

parent/teacher information, and review of relevant academic/medical records. Neuropsychological reports generally conclude with a summary, recommendations and if relevant, a diagnosis. A trained neuropsychologist should administer this evaluation. A neuropsychologist has doctoral training in psychology with additional coursework and postdoctoral training in assessing and diagnosing abnormalities in cognitive functioning. Neuropsychological assessments may be covered by health insurance, especially if the child has a medical/neurological diagnosis.

In Avi's case, if he is excessively sad, worried or angry at home but his teachers do not notice these behaviors and they are not affecting him at school, a psychological evaluation could be adequate. However, since Avi's symptoms are affecting his academic performance, a psychoeducational or neuropsychological assessment would be most appropriate.

WHY "LABEL" A CHILD WITH A DIAGNOSIS?

To diagnose or not to diagnose: the question of whether or not to label your child with a diagnosis is a reasonable one that parents of-

ten ask themselves. This question is even stronger when considering how every child presents differently, even within the same diagnosis -- so that one child with an anxiety disorder will behave very differently than his/her peer with anxiety. Parents are often concerned about the stigma that a diagnosis carries, and that it may limit their child in terms of both the expectations of others and, more importantly, their expectations of themselves. These concerns about the negative implications of receiving a diagnosis are real. The primary benefit of a diagnosis is that it provides a model that guides treatment and facilitates thinking about the child. Parents with limited time and limited financial resources often struggle with where or how to begin helping their child. Having a diagnosis will allow for more efficient, focused treatment and also provides a basis for expectations of growth, based on data and research. Parents concerned about the stigma of a diagnosis should consider that children with difficulties that are not being managed effectively may experience a stigma greater than that associated with a diagnosis.

In Avi's case, after a comprehensive assessment, his parents learned that he was not struggling with Attention Deficit Hyperactivity Disorder (ADHD) or a specific learning disability, but he was experiencing generalized anxiety. The anxiety led to fidgetiness and poor concentration in the classroom, which interfered with his learning. It also explained his frequent crying and anger outbursts on the playground.

THE BREAKDOWN OF AN ASSESSMENT:

For a comprehensive understanding of your child's needs, the evaluator requires multiple sources of data. This should include a parent report in the form of a parent interview, and/or parent completion of standardized forms (e.g., BASC, Conners, Achenbach). It should also include a teacher report for school-aged children. It is most helpful if parents bring in any information related to the child's school and behavioral history, such as past report cards and standardized test scores. Medical records and information should also be provided to the evaluator. Another source of data is the

Continues on Next Page →



Continued from Previous Page →

evaluator's own observations of the child's behavior. The evaluator will be looking at the child's appearance, mood, affect, ability to focus, and overall behavior during the testing session.

The rest of the data will come from objective test scores using a variety of different standardized tests. The evaluator is responsible for integrating all of the findings and looking for patterns that are consistent with particular diagnoses. Once the testing is completed, the results of the evaluation are written up in the form of a comprehensive report (8-20 pages) detailing the following information:

- ☀ Child's medical, developmental and social history
- ☀ Summary of previous evaluations/treatments
- ☀ Behavioral observations
- ☀ Test results
- ☀ Integrative summary of findings placed in the context of medical, developmental and psychosocial history
- ☀ Diagnostic formulation
- ☀ Recommendations

RECOMMENDATIONS FOR INTERVENTION/REMEDATION:

The evaluator will formulate individualized recommendations for the child based on the findings of the assessment. Sometimes the recommendations will include a referral for related assessments or services such as speech therapy, occupational therapy, physical therapy, and educational services such as tutoring and learning disability interventions (e.g., Orton Gillingham's approach for dyslexia). Other recommendations can be related to the child's social functioning, such as social skills training, extracurricular activities and mentoring (e.g., big brother/sister program). The evaluator may also recommend medical interventions such as a referral for a psychiatric consult to see whether medication is indicated, and psychological interventions such as psychotherapy, psychoeducation and advocacy.

KEY POINT: The recommendations section is generally the most important part of the evaluation for school personnel. They will be interested in reviewing the recommendations with the goal of implementing them in the classroom to maximize the child's success at school. Some examples of common

recommendations that schools can use to accommodate students include: extra time on tests, preferential seating in the classroom, being able to take tests outside of the classroom in a quiet environment, using multiple choice questions instead of open-ended questions, verbal instead of written responses, and use of a laptop for more efficient and clearer handwriting.

In Avi's case, his testing recommendations did not include different methods for learning, or for paying attention, but recommendations were made for him to see an individual therapist to work on coping strategies and managing his worries.



Recommendations were also made for Avi's parents and teachers so they are better equipped to help him when his anxiety gets in the way of his everyday functioning.

LIMITATIONS OF ASSESSMENTS:

Although comprehensive assessments can be invaluable for helping our children, it is important to remember that they still have some limitations. The evaluator can only make an assessment based on the available data, which may be incomplete or inaccurate. It is possible that subjective reports from teachers and parents may not be accurate representations of the child's actual functioning in certain areas. In addition, the picture that the evaluator has of the child is only a "snapshot in time" based on the few hours that the evaluator spent with the child.

Below is a list of tips that will increase the likelihood of an accurate and helpful assessment for your child:

TIPS FOR PARENTS:

☀ Attempt to schedule the appointments at a time that your child performs best.

☀ Bring all available records (developmental milestones, school information, and medical information). The evaluator will usually make copies of what he/she needs and will return the records

☀ Be as detailed as possible about your child's history. Give specific examples of a child's behavior instead of just saying (for example) that your child is anxious. Some parents will use short video clips to illustrate a behavior (e.g., temper tantrum, stereotypical flapping of hands, etc.)

☀ Try to assure that your child has a good night's sleep before the evaluation so that he/she will perform

☀ Parents don't usually join their child during testing. If for some reason there is a need to join your child during testing, parents should be mindful not to assist the child in any way, even with subtle gestures or expressions of expectations when questions are being asked since this can skew the accuracy of the results.

☀ Although most testers will explain the purpose of the testing to your child right before beginning the testing, it is helpful for parents to talk to their child in advance of the testing in order to prepare them for the experience. Children may feel anxious when they hear the word "testing" and wonder how they can prepare for this "test" as they do for school tests. It is important to let them know that all children have different strengths and weaknesses vis-à-vis their learning and behavior and that the purpose of the testing is to understand how your child learns and behaves best. This will enable your child's teachers and parents to best help him/her in school and at home. You can emphasize that your child need not study or prepare for this testing because these tests will evaluate what he/she already knows. You can explain to your child that this kind of testing is like having your own teacher for the day, who will provide information at his/her level and pace. They should feel free to let the evaluator know if they need a break, or if they need to use the restroom. Some questions will be very easy for them and others may be harder. Just encourage your child to do his/her best.

IN SUMMARY:

- ☀ Assessment is necessary when you have a question about your child that you cannot answer
- ☀ The type of assessment depends on the kind of questions you have about your child
- ☀ Accurate diagnosis requires good assessment
- ☀ Good assessment requires multiple sources of data
- ☀ Accurate diagnosis guides effective treatment

Sarah Lewis-Levy, PhD, is a licensed psychologist/neuropsychologist who lives in Atlanta, GA. She writes and speaks widely on the topics of child development and social/emotional learning programs in Jewish schools. She works as the Director of Counseling Services for Torah Day School of Atlanta and conducts assessments in private practice. For more information, she can be contacted at www.sarahlevy.org.



master faster
mastering life together.

We provide after school ABA Therapy in the convenience of your home or other setting.

Our skilled professional Board Certified Behavior Analyst (BCBA) customize a comprehensive treatment plan individualized to your child's and family's needs.

Our dedicated and competent ABA Therapists implement the treatment plan under the supervisions of a BCBA.

Feel the joy as your child progresses

Most insurances accepted



A 3 Lemberg Ct. #001
Monroe NY 10950

P 845-477-5130
F 845-477-5131

E services@masterfaster.org
W www.masterfaster.org

**ATTENTION PARENTS
OF SPECIAL NEEDS
CHILDREN & ADULTS:**

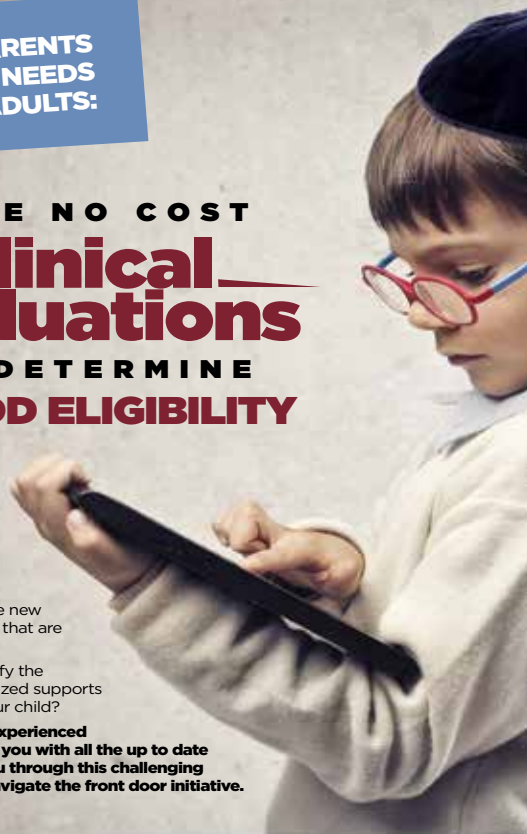
FREE NO COST
clinical
evaluations
TO DETERMINE
OPWDD ELIGIBILITY

Do you know what special programs are available for your child and how to access them?

Are you aware of the new front door initiative and the new opportunities and services that are available for you?

Do you need help to identify the appropriate and individualized supports and waiver services for your child?

Our knowledgeable and experienced professionals can provide you with all the up to date information and guide you through this challenging process by helping you navigate the front door initiative.



please call immediately to ensure your
**FREE NO COST CLINICAL
EVALUATIONS TO DETERMINE
OPWDD ELIGIBILITY**
718-252-3365 EXT 105

IVDU WORKS!

FOR OUR STUDENTS • FOR OUR FAMILIES • FOR OUR COMMUNITY



**ELEMENTARY
SCHOOL**



**MARILYN DAVID IVDU
UPPER SCHOOL
AGES 13-21**

SEPARATE BOYS AND GIRLS DIVISIONS



**DIVERSE ACADEMIC CURRICULUM
MAINSTREAMING OPPORTUNITIES
INDIVIDUALIZED INSTRUCTION**

**LIFE & SOCIAL SKILLS TRAINING
LIMUDEI KODESH AND CHOL
FOUNDATION FOR THE FUTURE**

**ALL CLASSES
ENJOY**

Social programming • music therapy • art therapy •
counseling • speech therapy • field trips • swim
instruction and much more



Yachad is an agency of
the Orthodox Union



**FOR REGISTRATION OR MORE INFORMATION
CONTACT THE SCHOOL OFFICE AT 718.758.2999
OR IVDUSCHOOLS@OU.ORG**

Transportation provided from all five boroughs

