Selective Testing Considerations

Selective testing refers to the identification of those assessments and the subtests to administer that will most efficiently provide the information needed to make the appropriate recommendations about the presence or absence of a disability.

Many referrals are coming from the Review of Existing Evaluation Data (REED) process that assign the evaluation teams to determine if the student has one of many possible disabilities. This situation may be justifiable when there is sufficient evidence to justify a full and individual evaluation to establish in multiple areas. In most instances, the referral to evaluate for multiple disabilities is unnecessary and indicative of "just in case, we'll do the paperwork now" actions of convenience. Other reasons for REED results leading to over-testing may include lack of knowledge or confidence on the part of school personnel conducting the REED, fear of complaints, or parent demands.

The first issue to address when considering selective testing is the management of the REED as an important tool for screening information and refining the referral question. Take the time to do a thorough record review, interviews of the parent, teachers, and student, document existing patterns of learning based on instruction/intervention that is on-going and use the evidence. Instead of completing the form "Just in case, we'll do paperwork now", complete the process as intended to "Identify the area of suspected disability".

Reasons to Focus the Referral Area of Suspected Disability

- Elevated messages to the student and family that something is "wrong" with the student
- Time the student is removed from instruction for formal testing
- Reduces time available for instruction/intervention by teachers and professional staff
- Potential stigma among peers imposed by the presence of evaluators in the classroom
- Eliminates the problem of time spent evaluating when there was not sufficient evidence to evaluate in that area of suspected disability
- Reduces confusion for parents and teachers as to the potential outcomes of the evaluation process
- Reduces a "shopping" for disability mindset that may create a bias to identify
- Improves the quality of the evaluation and recommendations

Each area of suspected disability has very clear criteria that is provided by Michigan and Federal rules. Further, there are key markers that distinguish them from one another. The following table was developed to assist personnel in establishing the areas of suspected disability.

Suspected Disability Characteristics	**Areas that may be confused with SLD**	**What might be observed in school?**
Specific Learning Disability (SLD) Significant academic underachievement that does not improve with intervention in an otherwise normally developing individual.	**Low Achievement:** There are many students with poor academic skills who do not have a learning disability. There are many reasons why a student may be struggling in school. It is normal to expect variation in student learning patterns.	**SLD:** Specific deficits in academic skills and in cognitive/processing skills, such as memory, processing speed, sound discrimination, recall, or abstract thinking. **Low Achievement:** Skills weak for grade. Student makes progress with supports.
Otherwise Health Impaired (OHI) Limited strength, vitality, or alertness due to chronic or acute health problem that adversely impacts educational performance.	**ADHD:** It is common for ADHD to be co-morbid to a learning disability. The existence of ADHD does not preclude that the student does or does not also have a Specific Learning Disability. **OHI:** Limited vitality or alertness that is adversely impacting educational performance may be confused with learning problems related to thinking/executive skills.	**SLD with ADHD:** In addition to specific deficits among academic and cognitive skills, the student shows ADHD characteristics impacting organization, behavior, and performance. **OHI:** Causation of the learning problem is health related. The student may display variable performance patterns connected to changes in health status.

Suspected Disability Characteristics	Areas that may be confused with SLD	What might be observed in school?
Autism Spectrum Disorder (ASD) Onset before the age of 3 years. Features include marked developmental deficits in the quality of social, communication, and restricted, stereotypical behaviors.	**With ASD students who do not have significant cognitive delays:** Difficulties with recognizing other's feelings, getting organized, clumsiness, tactile defensiveness, difficulty with words.	**ASD:** The main struggle involves social understanding, communication and repetitive routines or behaviors—including narrow and obsessive interests. **SLD:** Students do not display the above listed qualitative behavior differences. The symptoms of ASD are not typical with students who have learning and attention issues.
Cognitive Impairment (CI) Intellectual development and personal adaptive behaviors are significantly below expectations for age-mates.	**CI:** Slow rate of learning and delayed cognitive skills. Lack of transfer of training or information. Immaturity for age. Developmental delays in language, thinking, learning, and behavior present at early ages.	**CI:** Consistently low academic and cognitive skills. Lack of strengths. Difficulty transferring learning. Need for supervision of independent/adaptive skills. **SLD:** Patterns of strengths and weaknesses among academic and cognitive skills. Age appropriate personal/self-care skills.
Emotional Impairment (EI) Behaviors in the affective domain over an extended period of time that impacts Interpersonal relationships; Inappropriate behaviors/feelings; General pervasive mood of unhappiness; or physical symptoms and fears associated with school.	**EI:** Mood swings and impulsive behaviors are often difficult for adults to interpret and understand. Hallmark features to EI include the pervasiveness of the affective behaviors over time and across school, home, and other contexts.	**EI:** The student is displaying externalizing behaviors such as inappropriate reactions, outbursts, impulsivity or internalizing behaviors such as withdrawal, moodiness, sadness, or avoidance that is qualitatively different than normal age expressions of mood. **SLD:** Some students with executive functioning deficits display emotionality or impulsivity.

Once the evaluator has the referral and area of suspected disability, it will be important to select the appropriate psycho-educational battery for the referral concern, age of student, and considering the quality, relevance, and recency of the existing evaluation data.

Critical Test Selection Considerations

- Always begin with co-normed test batteries. This will increase the reliability of your test pattern analysis
- Consider the age of the student, time for testing, and appropriateness of testing demands for the individual student
- Consider the high impact test clusters for predicting academic learning at different grade ranges
    - In the early grades (K-2), Gc, Gsm, Glr and Gs and their narrow bands are the most important factors for academic success
    - In the later grades (3 – 12), Gc, Gf, Gsm, and Glr, and their narrow bands appear to be the most important factors
- Consider administering the high impact subtests that will provide the most efficient information to screen for markers in the area of suspected disability
    - For example, a student is referred for suspected disability in Reading Comprehension, administer a Reading Comprehension subtest to establish how many more measures are needed
- Examine the structure of the test and identify the subtests that comprise the composite scores. Is the information sufficient to understand the student's skill in that area?
- With re-evaluations, it may only be necessary to select tests in the area of weakness as the area of strength has been established in previous evaluations