



# Advocates for Children of New York

Protecting every child's right to learn

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## Special Education Evaluations

School districts are required to identify and evaluate all children who may need special education services under a legal requirement called **child find**. An initial set of evaluations must include at least a psycho-educational evaluation, social history and classroom observation, and may include other evaluations. It also must include a recent physical evaluation, usually done by the child's pediatrician and provided by the parent. Although the Department of Education (DOE) must assess students in all areas of suspected disability, it is a good idea to request an evaluation yourself if you feel that a child needs a particular type of evaluation. The DOE may ask for a prescription or letter from the child's doctor before conducting certain evaluations, such as an occupational or physical therapy evaluation.

Every student with an Individualized Education Program (IEP) must be re-evaluated every three years, unless the parent agrees in writing that testing is not necessary. This is called a **triennial evaluation**. However, you do not need to wait to get new evaluations; a child can be referred for new evaluations at any time, and the DOE must complete testing unless the child has already been evaluated within the last year. New evaluations should be requested when the student is not making adequate progress, when the current program is not sufficiently supportive, or when the child has progressed to the point where a less restrictive program is needed.

### Independent Evaluations

DOE evaluations typically will not assess a child's mental health needs or diagnose a child with a specific condition, such as ADHD or dyslexia. An outside evaluation is usually necessary for a specific diagnosis, and may be paid for through a child's Medicaid or private medical insurance. Some clinics also offer evaluations on a sliding scale fee, based on family income.

A parent also can request an independent evaluation, paid for by the DOE, if he or she disagrees with the DOE's evaluations or feels they are not sufficiently comprehensive. Requests should be in writing and go to the school and/or Committee on Special Education (CSE). The DOE can respond by 1) paying for the independent evaluation; or 2) refusing the independent evaluation and bringing an impartial hearing to prove that its own evaluations are appropriate. If the DOE does not respond to your request in a reasonable amount of time, you may ask for an impartial hearing yourself to force the DOE to defend its evaluations. In case of a disagreement, it is always best to have documentation that shows why a student needs additional evaluations.

The following are some types of evaluations you may encounter when working with students with disabilities.

## **Assistive Technology (AT) Evaluation**

WHAT – Assesses a student’s daily activities and environment to determine if he or she could benefit from an AT device. Evaluators should consider the student’s need for augmentative communication, mobility, environmental control, recreation and computer access. All evaluations should include a hands-on component in the student’s natural environment where he or she tries out different equipment, which usually requires a team of specialists.

WHY – Looks at the student’s IEP goals and determines which areas might improve with AT. An AT assessment helps identify devices to meet the demands of specific tasks in specific contexts.

WHEN – Request an AT evaluation if the student has difficulty performing age appropriate tasks, such as producing written work, communicating effectively, sitting independently, or reading, AND access to AT may help the student accomplish these tasks.

## **Audiological Evaluation**

WHAT – Consists of a battery of hearing tests, a balance test, a case history and a physical exam to identify if a child has a hearing loss.

WHY – Determines the degree, type and configuration of a hearing loss to create a treatment and management plan for a child. Once that plan is in place, periodic audiological evaluations are important to monitor the stability of the hearing loss.

WHEN – Request a hearing screening if you have concerns about a child’s hearing. The school nurse or speech and language therapist, as well as a child’s pediatrician, may initiate an audiological evaluation following a failed screening.

## **Auditory Processing Evaluation**

WHAT – Measures an individual’s central auditory processing skills, including the ability to process language at the phonemic level, remember oral information or understand speech in a noisy setting. Audiologists may draw from a variety of tests, such as the Willeford Auditory Processing Test Battery, the Staggered Spondaic Word Test (SSW), or the Phonemic Synthesis test.

WHY – Provides a detailed description of the child’s central auditory processing skills to pinpoint strengths and weaknesses in auditory processing functioning and suggest useful intervention strategies, particularly in the context of speech therapy.

WHEN – Recommended when a child does not have a hearing loss, but demonstrates behaviors that suggest trouble understanding auditory information. Auditory processing difficulties often contribute to academic problems, especially in reading and spelling. A student must have a current auditory processing evaluation, available from the DOE or at hospitals and speech and language centers, to get an FM unit.

## **Functional Behavioral Assessment (FBA)**

WHAT – A series of observations that identifies problematic student behaviors, suggests possible causes or triggers of the behaviors, and determines appropriate consequences to address the behaviors. School staff should conduct the observations, in consultation with the student’s teachers, over a period of several days, at different times of the day, and in different environments.

**WHY** – Required before developing a Behavioral Intervention Plan (BIP), a set of positive behavioral supports and services to help manage and address a student’s persistently difficult behavior. Helpful to determine why and when a student’s negative behaviors may be triggered.

**WHEN** – Schools must consider conducting an FBA whenever a student’s behavior impedes his or her learning or the learning of others. An FBA is required whenever a student is suspended for behavior that is a manifestation of his or her disability.

### **Neuropsychological Evaluation**

**WHAT** – Comprehensive assessment of cognitive and behavioral functioning using a set of standardized tests and procedures. A neuropsychological evaluation tests a student’s intelligence, organization & planning, language, attention, memory, visual, fine and grapho-motor skills, academic achievement and social-emotional functioning. There are a wide variety of tests that might make up a neuropsychological evaluation.

**WHY** – Helps pinpoint underlying causes for problems with memory, intellectual and cognitive functioning, daily activities or behavior and emotions. Neuropsychologists often provide detailed recommendations for accommodating and treating students’ disabilities.

**WHEN** – Recommended when a brain-based impairment is suspected. Consider referring students for a neuropsychological evaluation when there is a history of seizure disorder, fetal alcohol syndrome, positive toxicology or birth trauma, a head injury, or ADHD, especially if symptoms are erratic or do not improve with medication. Generally, you should go to an independent provider for a neuropsychological evaluation; many hospitals conduct them and accept insurance.

### **Occupational Therapy (OT) Evaluation**

**WHAT** – Assesses a child’s sensory integration and gross, fine, oral and visual motor skills using standardized assessments, a parent interview and clinical observations.

**WHY** – Identifies deficits that impact a child’s ability to care for him or herself, play and complete schoolwork, and makes recommendations for treatment. Goals may include working on skills like doing buttons, using scissors, or copying letters, improving motor planning and self-regulation, or increasing a child’s tolerance for different textures of clothing or food.

**WHEN** – Refer a child for an OT evaluation when there are concerns about the child’s fine motor or sensory development, including whenever there is a diagnosis of autism. A pediatrician will often recommend OT, and a doctor’s note is required for a student to begin receiving OT services in school. Poor scores on the Bender or Beery-Buktenica VMI, which often are administered during psycho-educational evaluations, also may indicate the need for a referral for OT.

### **Physical Therapy (PT) Evaluation**

**WHAT** – Uses tests and observations to measure a child’s gross motor skills, including his or her range of motion, gait, muscle strength and tone and motor control.

**WHY** – Necessary to develop a program that will improve a child’s gross motor and balance skills, especially as they affect his or her functioning in the classroom.

**WHEN** – Recommended whenever a child has difficulty moving in such a way that it limits his or her daily activities. Children with a diagnosis of Spina Bifida, Cerebral Palsy, neuromuscular diseases, or certain genetic syndromes should be assessed for PT. A note from a pediatrician is required for a student to receive PT in school.

### **Psycho-Educational Evaluation**

**WHAT** – Combines psychological (see below) and academic achievement testing. Academic achievement testing measures a student's current academic levels in areas such as reading, writing, math and listening comprehension. Common achievement tests include the Wechsler Individual Achievement Tests (WIAT-2) and Woodcock Johnson Tests of Achievement (WJ-3).

**WHY** – The DOE usually combines psychological and achievement testing into a 'psycho-educational' evaluation. Results are compared to identify discrepancies between a child's cognitive scores and his or her current academic levels. For example, if a student has average cognitive potential but below average academics, this may be evidence of a learning disability.

**WHEN** – Typically occur as part of the initial special education evaluation and should be updated at least every three years to monitor a student's progress.

### **Psychological (Cognitive) Evaluation**

**WHAT** – Testing used to measure a person's intelligence, including the ability to reason, use language, process information and store memory. Common assessments include the Wechsler Intelligence Scale for Children (WISC-4), the Wechsler Pre-school and Primary Scale of Intelligence (WPPSI), and the Stanford Binet Intelligence Scales. Psychologicals often include tests of social-emotional functioning, such as the Thematic Apperception Test (TAT), House-Tree-Person drawings and Sentence Completion test, and may include behavior scales, such as the Connors' Continuous Performance Test or the Behavior Assessment System for Children (BASC-2).

**WHY** – Used to estimate a student's potential to learn and identify areas of weakness, such as attention, oral and visual perception, and memory. Students with learning disabilities, as well as students with limited exposure to school settings, often have lower IQ scores, and results should be interpreted with caution. Social-emotional difficulties can also depress a student's scores and affect the student's ability to learn.

**WHEN** – Should always be administered as part of an initial special education evaluation. Psychological testing may be combined with other assessments as part of a Psycho-Educational evaluation (see above). Also generally required as part of a mental health assessment for students to receive psychotherapy or psychiatric services outside of school.

### **Psychiatric Evaluation**

**WHAT** – Evaluates a child for potential emotional, behavioral or developmental disorders by gathering information about the child's symptoms, medical history, behavior and family history through interviews, behavior scales and tests of social-emotional functioning. While a psychiatric and psychological evaluation may include many of the same measures, a psychiatric is conducted by a medical doctor who can prescribe medication if needed.

**WHY** – Determines whether a child has a mental health disorder and makes recommendations for treatment, which may include accommodations or services in the school setting.

**WHEN** – Refer a child for a psychiatric evaluation when there are concerns about the child's behavior, such as aggression, hyperactivity, sexual acting out, self-injurious behavior or a marked change in behavior, or concerns about the child's emotional functioning, such as severe anxiety, sustained depression, mood swings, or strange or unusual thoughts and feelings. The DOE generally does not conduct psychiatric evaluations unless specifically requested and the results of the evaluation are likely to affect the student's school placement. If a student needs a

residential school or day treatment program, a psychiatric evaluation, performed by the DOE or an outside provider, is required.

### **Social History**

**WHAT** – A meeting where the school social worker explains the special education process, reviews due process rights, and requests consent to evaluate the student from the child's parent. Once consent is obtained, the social worker completes the social history by asking a series of questions about the child's development and medical history, the family's background and composition, and the student's educational history, including parental concerns.

**WHY** – Gives parents information they need to make an informed decision about consenting to special education evaluations, and helps schools determine the nature of a student's disability and make appropriate referrals for additional evaluations, as necessary.

**WHEN** – The first evaluation administered after a child is referred for special education services. No other special education evaluation may occur until the parent has given consent for evaluations at the social history. The social worker also should update the social history whenever a student is referred for new evaluations, including at triennials.

### **Speech and Language Evaluation**

**WHAT** – Measures communication skills, such as articulation, fluency, vocabulary, grammar and understanding directions using formal assessments, observations and reports from teachers and caregivers. Common assessments include the Pre-School Language Scale (PLS-4), Clinical Evaluation of Language Fundamentals (CELF-4) and Peabody Picture Vocabulary Test (PPVT-3).

**WHY** – Describes a student's ability to comprehend, express and exchange information, and helps formulate goals to improve the acquisition of skills.

**WHEN** – Recommended when a parent, teacher or other professional notices difficulties in the student's ability to communicate. This does not always mean a stutter or other speech impediment; a student who needs help understanding vocabulary, directions or the sounds of different letters also may benefit from speech therapy. A non-verbal IQ score significantly higher than a verbal IQ score is another reason to consider a speech and language evaluation.

### **Vocational Assessment**

**WHAT** – Gathers information from the student and his or her parents and teachers to determine the student's vocational skills, aptitudes and interests. Generally consists of an interview, survey of interests and review of records.

**WHY** – Critical to developing a student's long term goals, including post-secondary goals, especially if they are receiving an IEP diploma only. A good vocational assessment will help determine what types of programs might further the student's vocational interests.

**WHEN** – All special education students must receive a Level I vocational assessment when they are 12 years old. Schools should update the assessment as part of a student's transition plan, which must be in effect by the time the student is 15, and is reviewed annually thereafter.