



NYCDOE Preschool Evaluations
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Fall 2011

The need to change current clinical approaches to NYCDOE preschool evaluations:

- “More minority children continue to be served in special education than would be expected from the percentage of minority students in the general population” (20 U.S.C § 1400(c)(12)(B)).
- Current clinical practice for NYCDOE focuses on test scores. “Tests and their scores operate much like MRIs, or other medical procedures, in which sociocultural factors do not apply.” Hehir urged an end this approach to increase diagnostic accuracy (Hehir, 2005. p. 54).
- Considerable research is available which provides insight into appropriate evaluations.
- Typically developing preschoolers acquire the languages/dialects and ways of interacting of their homes and communities.
- A preschooler with a disability is one who differs significantly from peers with the similar experiences and background including cultural, linguistic, and socio-economic influences.

Appropriate use of standardized scores in preschool disability evaluations:

- Assessment materials used to evaluate preschoolers must be valid and reliable. (20 U.S.C § 1414(b)(3)(A)(iii); NYS Part 200.4(b)(6)(i)). Most preschool tests fail to meet accepted standards for validity and reliability. Evaluators must have the knowledge and skills to analyze any assessment materials they use, including analyzing for discriminant accuracy.
- Standard scores may be reported when a test is found to be valid, reliable, and free of significant bias for the child being assessed. Given current tests, scores should not be reported for bilingual or bidialectal children, children from lower income families, or culturally and linguistically diverse students. An evaluator may determine it is appropriate to provide standard scores, such as when evaluating a monolingual-English speaker of Standard American English from mainstream American middle-class cultures. These scores, however, must be reported and analyzed within a confidence interval provided in the test manual (*CSE SOPM*, p. 53).

Test scores cannot be used to identify a child with a disability when:

- Tests contain significant cultural or racial biases in general or specific to the background of the child being evaluated. (20 U.S.C § 1414(b)(3)(A)(iii); NYS Part 200.4(b)(6)(i); *NYSED Guidelines*, 1990, page 9 No 6). E.g., Vocabulary-based tests for a child from a lower-SES background (Hart & Risley, 1995) and/or tests based in the dialect of Standard American English when the child has had significant exposure to other dialects of English.
- Tests fail to distinguish a disability from Limited English Proficiency. (20 U.S.C § 1414(b) (5) (C); NYS Part 200.4(b) (6) (i)). Currently there are no language, cognitive, or educational tests in English that distinguish a disability from Limited English Proficiency.

- Translated tests are used to evaluate a bilingual child. (*Test Resource Guide*, Vol. I (1997), p. 7; (*NYSED Guidelines* 1990, pp. 8 and 9); *CSE SOPM*, p. 52). Currently only translated tests for preschoolers are available in cognition, social-emotional development, and educational development. Any relevant information derived from such tests should be provided in a descriptive nature with no accompanying scores.

Appropriate assessment of NYCDOE preschool children includes:

Considerations of child's prior experiences:

- The assessment process must be guided by a consideration of the strengths which the student brings as well as consideration of the child's cultural, linguistic, and familial/community experiences. (*CSE SOPM*, p. 45, p. 53).
- "Families from diverse cultures may expect certain skills to emerge at different ages and may provide different experiences and materials for their children. Typical parent-child interactions and the interactions of children with peers and adults other than their parents also differ significantly between cultural groups as well as within a given cultural group" (*NYSED Preschool Guidelines*, p. 7; *CSE SOPM*, p. 53; *Test Resource Guide, II* (1998), p. 2).

Assessment Instruments:

- Because so few instruments have been normed on CLD populations, evaluators will need to rely on other methods of evaluation. (*NYSED Preschool Guidelines*, p. 14).
- Evaluators must consider the wide range of normal variability. "Just as a point score on a scale is not completely descriptive of individual functioning, a developmental milestone must not be regarded as a fixed point in time, but rather as descriptive of a period of time that may be weeks, months, or years" (*Test Resource Guide II*, p. 2).
- Evaluators must compare a preschooler's performance with accepted milestones for child development within his or her cultural and linguistic community (*NYSED Preschool Guidelines*, p. 14; (*CPSE SOPM*, 2001, p. 9).
- Evaluators must use clinical judgment to identify ways to probe for information. E.g., Sentence Comprehension subtest from Stanford Binet for with similar backgrounds as those in Peña & Quinn 1997 findings; dynamic assessment; parent interview; clinical observations; narratives; nonverbal and motor tasks not based on prior experiences, etc. (*Test Resource Guide II*, p. 3-4).

Evaluation reports:

- Age equivalency scores should not be used to report test performance or as summaries of functional level (*CSE SOPM*, p. 53; *Test Resource Guide I*, p. 8).
- Evaluation reports must distinguish a disability from lack of instruction in reading or math and Limited English Proficiency (IDEA 2004. 20 U.S.C. § 1414(b)(5)). Evaluators must demonstrate how results represent a disability and not a gap or cultural difference. Common errors include assuming that children have similar exposure to 1) labeling tasks and vocabulary (colors, shapes, and body parts); 2) stories and books; 3) fine motor tasks (scissors and ADLs); and 4) "toys" such

as puzzles and blocks used to assess cognition, learning, and fine motor skills. All evaluators must distinguish a disorder from normal second language learning and dialectal differences.

- Evaluation reports must provide descriptions of the child and “holograms” of what the child did that support the evaluators’ conclusions. These descriptions and “holograms” must allow the CPSE team to “see” the child including the basis for the evaluators’ severity ratings.
- Evaluators determine whether a disorder exists and quantify severity. Evaluators may use appropriately wide age ranges, but not age ranges based on biased and invalid test. A typically developing child is described as “at least age appropriate.” A child with a mild to moderate delay has a 25% delay. A child with a moderately severe to severe delay has a 33 % delay or greater.