



## **Arc Guide to Special Education Evaluation Tools**

Special Education evaluations guide districts in providing a Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE). A full evaluation should assess all areas that impact a child's school day. A special education evaluation must be completed by qualified, licensed staff for each area of assessment. Use of standardized testing will yield quantifiable information that can be used in screening eligibility for Special Education services, as well as identify areas of strength and need of a student when compared with same-aged/grade peers.

When planning an evaluation, a tool of assessment for each area must be identified, as well as who will assess. All areas of concern should be addressed in the evaluation process. It is important to know what is being assessed and what information an assessment tool may provide.

### **Special Education Assessment Areas and Examples of Tools**

**GENERAL INTELLIGENCE / IQ** measure a child's ability to reason, solve problems and use cognitive processing. IQ tests are typically administered by a school psychologist. Common IQ assessment tools may include:

#### **→Wechsler Intelligence Scale for Children (WISC) (6-16 years)**

The WISC has been considered the most valid measure of intelligence because it contains language and symbol-based items, as well as performance-based items. The four index scores (verbal comprehension, perceptual reasoning, working memory and processing speed) allow for verbal scores to be compared to performance scores, which help identify disparity between language and spatial intelligence.

#### **→Woodcock-Johnson Test of Cognitive Abilities (WJ-III) (2-90+ years)**

The WJ measures disparities between achievement and predicted achievement based on cognitive ability levels. A General Intellectual Ability (GIA) is derived from cognitive performance clusters in verbal ability, thinking ability and cognitive efficiency. These scores relate to verbal comprehension, visual auditory learning, spatial relationships, sound blending, concept formation, visual matching, and numbers reversal.



→**Comprehensive Test of Nonverbal Intelligence (CTONI - 2) (6-89 years)**

The CTONI is a non-verbal format that measures analogical reasoning, categorical classification, and sequential reasoning. There are six subtests in two different contexts of pictures of familiar objects and geometric designs.

→**Differential Abilities Scale (DAS-II) (6 months-17 years)**

The DAS assesses cognitive abilities that are important for learning across a broad range of developmental levels. Diagnostic subtests measure cognitive abilities in verbal and visual working memory; immediate and delayed recall; visual recognition and matching; processing and naming speed; phonological processing; and understanding basic number concepts.

→**Kaufman Assessment Battery for Children (KABC-II) (3-8 years)**

The KABC assesses children from a mainstream cultural and language background with testing batteries that minimize verbal instructions and responses. There are two separate core battery forms - Luria model excludes verbal ability, CHC model is for children from a mainstream cultural and language background. The scales and subtests include: Simultaneous/GV (triangles, face recognition, pattern reasoning, block counting, story completion, conceptual thinking, rover, and Gestalt closure); Sequential/Gsm (word order, number recall and hand movements); Planning/Gf (pattern reasoning and story completion); Learning/Glr (Atlantis/Atlantis delayed, Rebus/Rebus delayed); Knowledge/Gc (CHC model only) (riddles, expressive vocabulary and verbal knowledge).

**INDIVIDUALIZED ACHIEVEMENT / ACADEMIC PERFORMANCE** are designed to measure pre- academic and academic behavior / skills, and can be helpful in assessing academic learning needs. Academic Achievement assessments are typically administered by a Special Education teacher. Assessment tools may include:

→**Woodcock Johnson Test of Achievement (2-90+ years)**

This test provides diagnostic information as well as grade level performances on discrete literacy and mathematical skills, from letter recognition to mathematical fluency.

Testing scores can be converted into a grade or age (peer) equivalent.



→**Brigance Comprehensive Inventory of Basic Skills (pre K-grade 9)**

Through normed individual achievement testing, the Brigance provides diagnostic information on reading, math and other academic skills. The four subtests look at academic readiness, reading, language arts and math.

→**Wechsler Individual Achievement Test (WIAT) (4-85 years)**

The WIAT identifies academic strengths and weaknesses through 9 subtests that measure oral reading, math fluency, early reading skills, listening comprehension, oral expression and written expression.

→**Peabody Individual Achievement Test Revised (PIAT-R) (5-22 years)**

The PIAT assesses children with severe disabilities that require pointing responses for most items. A multiple choice format assesses academic skill in general information, reading recognition, reading comprehension, written expression, mathematics and spelling.

**AUTISM** testing is designed to help determine whether a child meets academic criteria for having an autism disorder. An ASD assessment is typically administered by a district ASD Resource Specialist. Assessment tools may include:

→**Autism Diagnostic Observation Schedule (ADOS) (toddler through adult)**

The ADOS is a semi-structured assessment that includes a variety of activities that are used to observe social and communication behaviors.

→**Gilliam Autism Rating Scale (GARS) (3-22 years)**

The GARS consists of 42 clearly stated items that describe behaviors of people with ASD. The tool is comprised of three subscales that look at stereotypical behaviors, communication, and social interaction. There is also a structured interview form that gathers information from parents.

→**Childhood Autism Rating Scale (CARS) (ages 2+)**

Based on direct observation, parent reports and other records, the CARS assessment identifies children with ASD and the severity of impact. The 15 item rating scale



indicates the degree to which a child's behavior deviates from children without a disability.

→**Social Responsiveness Scale (SRS) (4-18 years)**

The SRS identifies the presence and extent of ASD impairment by assessing social awareness, social information processing, capacity of reciprocal social communication, social anxiety / avoidance, and preoccupations. It is a quantitative scale that looks at behaviors in natural settings and includes a parent and/or teacher rating scale.

→**Assessment of Basic Language and Learning Skills - Revised (ABLLS-R)**

This is an assessment tool, curriculum guide, and skill-tracking system to help guide the instruction of language and critical learning skills for children with ASD and other Developmental Disabilities. (See broader description of tool under Communication)

**SOCIAL, EMOTIONAL, BEHAVIORAL** assessments help determine the behavior patterns, emotions, feelings, and potential academic and social issues that may arise in the school setting. This assessment may typically be completed by a school psychologist. Common standardized assessments may include:

→**Behavior Assessment System for Children (BASC-2) (1-21years)**

The BASC-2 is a comprehensive set of rating scales that gather information from teachers, parents, a self-report, observation, and review of developmental history. Assessment subtests of behavior look at hyperactivity, aggression, conduct issues, anxiety, depression, somatization, atypicality, withdrawn, attention issues, adaptability, social skills, leadership, activities of daily living, and functional communication.

→The Connors assesses behaviors, emotions, academic and social issues with a clear link to DSM. It includes a teacher and parent inventory for ages 6-17, and an additional self- report for students aged 8-17.



**ADAPTIVE BEHAVIOR/FUNCTIONAL SKILLS** assessments look at a student's behavior patterns and independent every day skills to help determine how they manage throughout the school day. Assessments are typically completed by the Special Education teacher and may include:

→**Behavior Rating Inventory for Executive Functioning (BRIEF) (5-18 years)**

The BRIEF assesses cognitive processes that regulate, control, and manage other cognitive processes such as planning, working memory, attention, problem solving, verbal reasoning, inhibition, mental flexibility, task switching, initiation, and monitoring of actions. It measures how a child manages, organizes and responds to learning and interpretation of information. Using validity scales of inconsistency and negativity, eight clinical scales measure a child's ability to: inhibit, shift, emotional control, initiate, working memory, plan/organize, organization of materials, and monitor.

→**Adaptive Behavior Assessment Scale (ABAS) (birth-89 years for people with DD)**

The ABAS assesses adaptive skills across the life span. Rating scales are completed by parent, teacher and a self-report for adults. Ten skill areas measure independence

and/or need for assistance. Three adaptive domains create a general adaptive composite. The domains include: Conceptual (communication skills, functional academics and self-direction); Social (social and leisure skills); and Practical (self-care, home/school living, community, work, health and safety).

→**Vineland Adaptive Behavior Scale (birth-90 years)**

The Vineland is a measure of personal and social skills necessary for everyday living. There are five domains that are assessed: Communication (receptive, expressive and written); Daily Living Skills (personal, domestic and community); Socialization (interpersonal relationships, play and leisure time, and coping skills); Motor Skills (fine and gross); and the optional Maladaptive Behavior Index (internalizing, externalizing, other).

→**Scales for Independent Behavior (SIB-R) (birth-80+ years)**

The SIB is a comprehensive assessment that looks at 14 areas of adaptive behavior and 8 areas of problem behavior. Assessment results are used to determine the support, supervision and resources a person may need throughout the day. The SIB can help determine support needs in broad independence, motor skills, social interaction and communication skills, personal living skills, and community living skills.



**COMMUNICATION** tests evaluate communication abilities in specific areas, language usage and understanding. Tools are administered by a Speech Language Pathologist and can measure core language, expressive/receptive language, vocabulary, etc. Communication evaluation requires the integration of a variety of information gathered through standardized and informal assessment procedures. Assessment tools may include:

→**Clinical Evaluation of Language Fundamentals (CELF) (5-21 years)**

The CELF evaluates language performance and helps determine language disorders through norms that include: core language, receptive language, expressive language, language structure, language content, language memory, and working memory.

→**Oral and Written Language Scales (OWLS) (3-21 years for listening comprehension and oral expression scales; 5-21 years for written expression scale)**

The OWLS provides information (depending on age and scale) on a child's listening comprehension, oral expression and written expression skills by assessing vocabulary, grammar, pragmatic structures, and higher order thinking.

→**Test of Auditory Comprehension of Language (TACL) (3-9 years)**

The TACL measures a child's ability to understand English language through 142 items divided into three subtests- vocabulary, grammatical morphemes, and elaborated phrases and sentences - by having the child point to the picture that best represents what is spoken.

→**Social Language Development Test - (elementary version 6-11 years, and adolescent version 12-17 years)**

This test is designed to assess language-based skills of social interpretation and interaction with peers, and predict language development. The elementary subtests look at making inferences, interpersonal negotiations, multiple interpretations, and supporting peers. The adolescent subtests look at making inferences, interpreting social language, problem solving (stating and justifying solutions), social interactions, and interpreting ironic statements.



→**Comprehensive Assessment of Spoken Language (CASL) (3-21 years)**

Assessment provides precise issues with language processing skills and structural knowledge. There are core tests that garner a global language composite with supplementary tests that provide additional diagnostic information. There are 15 tests that measure language processing skills in comprehension, expression, and retrieval.

There are four language structure categories that include: Lexical/semantic (knowledge and use of words through basic concepts, antonyms, synonyms, sentence completion, and idiomatic language); Syntac (syntax construction, paragraph comprehension, grammatical morphemes, sentence comprehension, and grammaticality judgement); Supralinguistic (comprehension of complex language through nonliteral language, context meaning, inference, and ambiguous sentences); Pragmatic (awareness of appropriate language, situation context, and ability to modify language). Verbal or pointing responses require no reading or writing.

→**Goldman-Fristoe Test of Articulation-2 (GFTA-2) (2-21 years)**

The GFTA measures a child's articulation ability through sampling of both spontaneous and imitative sound production. Sample speech identifies misarticulation in initial, medial and final positions through sounds in words, sounds in sentences, and stimubility (ability to correctly produce a previously misarticulated sound).

→**Peabody Picture Vocabulary Test-4 (PPVT-4) (2.6-90+ years)**

Paper and pencil test of 228 words per form, which measures receptive vocabulary and allows for direct comparisons between receptive and expressive vocabulary performance.

→**Assessment of Basic Language and Learning Skills-Revised (ABLLS-R)**

The ABLLS is an assessment tool, curriculum guide, and skills tracking system to help guide the instruction of language and critical learning skills for children with ASD and other DD. Assessment information can help facilitate the identification of skills needed to effectively communicate and learn from everyday experiences through a comprehensive review of 544 skills in 25 skill areas used in language, social interaction, self-help, academic, motor skills, etc. Assessment tasks are arranged from simple to complex and can track a child's progress in critical skill acquisition, as well as identify obstacles that prevent a child from acquiring new skills. The curriculum guide can assist in development of a comprehensive, highly personalized language-based program and develop IEP goals and objectives that target learning needs.



**MOTOR (GROSS / FINE)** looks at the development and utilization of large muscles (arms, legs, torso, etc.) and fine muscles (hands, fingers, etc.). Both motor skills are important in order to function through a typical day. Assessments are typically administered by a Developmental Adaptive Physical Education teacher and may include:

→**Bruininks Oseretsky Test of Motor Proficiency (BOT) (4-21 years)**

The BOT measures fine and gross motor skills by evaluating 46 items for physical performance. The complete battery looks at fine motor precision, fine motor integration, manual dexterity, bilateral coordination, balance, running speed and agility, upper limb coordination, and strength. The complete battery will give scores in fine manual control, manual coordination, body coordination, strength and agility, and a total motor composite.

→**Beery-Buktenica Developmental Test of Visual-Motor Integration (2-100 years)**

This is a paper and pencil test that measures the ability to integrate visual and motor abilities by assessing basic gross motor, fine motor, visual, and visual-fine motor skills.

→**Test of Gross Motor Development (3-10 years)**

This assessment has only two subtests - loco motor and object control - mostly measuring ball skills.

**SENSORY PROCESSING** is assessed to evaluate how sensory input is received and perceived through sights, sounds, touch, tastes, smells, movement and balance, body position and muscle control. Emotional and behavioral issues can stem from the misinterpretation and misperception of sensory input. Assessment of sensory processing is completed by a district Occupational Therapist and may include:

→**Sensory Profile (3-10 years with ASD and/or intellectual ability in mild/moderate range)**

This profile is a standardized assessment that is used to determine behaviors/sensory reactions that differ from average peers. Profile questions may be answered by parents, and/or self-reported.



→**Sensory Processing Measure (elementary aged children with varying abilities)**

This assessment contains three parts - Home Form, Main Classroom Form, and School

Environments Form. The standardized questionnaires report behaviors or performance observed in the classroom, home and other school environments (may include art, music, PE, cafeteria, recess/playground, etc.), allowing comparison between environments. This assessment has a team-focused approach that looks at the child in all usual environments/contexts. Because the test is performance-focused, it can be used to determine differing behaviors/sensory reactions and can be used to measure progress.

→**Sensory Integration Inventory -Revised (SII-R)**

The SII is a non-standardized checklist that is often utilized when the child is not able to participate in standardized testing and depends on good interpretive skills to garner useful results.

**TRANSITION** assessments relate to training, education, employment and when appropriate, independent living skills. Transition assessment should be an on-going process for the Special Education teacher to collect information on a student's strengths, needs, preferences, and interests as they relate to the demands of current and future living, learning, and work environments. Transition must be addressed in 9th grade. Information gathered from transition assessment, should be used as a basis for IEP and transition planning. Standardized assessment tools may include:

→**Enderle Severson Transition Rating Scale (middle and high school students)**

This assessment generates a narrative description of a student's strengths and possible areas of concern in the five transition areas of employment, recreation and leisure, home living, community participation, and postsecondary education. There are a variety of

versions so the assessment can match a student's language and skills. It is geared to address desired future goals, current skills, skills needed to achieve goals, and planning for success in vocational, residential, and community environments. An anecdotal description of strengths and areas of concern evolves as independence and need for assistance with behaviors and skills are identified.



### →**Brigance Transition Skills Inventory (middle and high school students)**

The Brigance is an inventory of life skills and employment skills that assess the four transition skill areas of: Academics (planning for post-secondary education/training); Post- Secondary (includes employment and education/training); Independent Living (managing food, clothing, housing, finance, etc.); Community Participation (interact with community resources, good citizenship, etc.).

### →**Transition Planning Inventory (14-22 years)**

This inventory generates a student planning statement profile of over 600 transition goals through results gathered from student, parent, and school staff. The inventory uses rating scales and open-ended questions to identify student preferences, interests, and strengths, based on ability and experiences. The assessment compares responses to see whether they align with each other, and identifies areas of transition and instructional need.

### →**Casey Life Skills (CLS) (14-21 years)**

The CLS assesses the behaviors and competencies necessary to develop healthy, productive lives. The self-evaluations look at healthy relationships, planning and goal-setting, using community resources, daily living skills, budgeting and paying bills, computer literacy, and permanent connections to caring adults. This assessment is designed to be used in collaborative conversation with an educator, mentor, case worker, or other service provider.

## **ASSISTIVE TECHNOLOGY (AT)**

An AT evaluation of the needs of a student, including a functional evaluation of the student in their customary environment, is to be completed by an Assistive Technology Specialist and/or a district member with knowledge and experience in AT. As outlined in IDEIA (§300.105), all students birth through 21 years of age with an IEP must be considered for Assistive Technology (AT). There is not a standardized assessment tool, but assessment should include consideration of strengths and limitations that AT tools will help bypass, and play to the strengths of a student.

Assessment should consider appropriate AT tools to assist with reading, writing, math, memory, organization, listening, etc. Observation and comparison of the student with and without the use AT tools should be completed. Assessment for AT usage in setting and context (classroom, home, other) needs to be completed.



Also, a review of AT tools for reliability, compatibility with other technologies, ease of operation, staff familiarity with AT use and function, visual/auditory output, etc., must be completed.

The MN Assistive Technology Guidelines manual can be found at:  
<http://mn.gov/mnddc/past/pdf/00s/00/00-MAT-MDE.pdf>

**Observations** - Typically, three separate observations are scheduled as part of the evaluation process. Observations should include parts of the school day that may be of concern, and/or are noted as difficult classes/times for a student.

**For further information or advocacy services, contact The Arc Minnesota at 952-920-0855 or toll-free at 833.450.1494 or visit [www.arcminnesota.org](http://www.arcminnesota.org). (Please note: *This document is not legal advice, and should not be construed as such. Thus, no information herein should replace the sound advice of an attorney.*)**

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