Section II — The Evaluation Process

Parent Handbook
Parent Education & Diversity Awareness

Special School District of St. Louis County
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OUTLINE OF THE INITIAL EVALUATION PROCESS
FOR SCHOOL-AGE CHILDREN

I.   Problem Suspected

• Student may be referred by teachers, counselors, principals, parents or outside agencies

II.   Care Team/Building Level Team (BLT)

• Purpose is to brainstorm, develop intervention strategies and collect data before considering a referral to Special School District (SSD)
• Participants may include parent, counselor, general education teacher, special education teacher, speech-language pathologist, and a school psychologist or diagnostician or examiner
• Care team process time frame varies from student-to-student and may be as long as a year — many students who go to BLTs are not referred for special education evaluation if their needs can be met within the general education setting

III.   Referral

• Data gathering packet is completed by the BLT and forwarded to the Joint Review Committee to determine whether referral is warranted
• Joint Review Committee reviews the packet for completeness and appropriateness based on Missouri Department of Elementary and Secondary Education guidelines
• SSD and partner school district notifies parent by letter to inform them whether an evaluation will occur due to suspicion of a disability that requires special education and copies of the Procedural Safeguards and Parent Bill of Rights are given
• If parents feel their child needs to be referred for evaluation and their local school district refuses, parents may request due process

IV.   Review of Existing Data Conference

• If an evaluation will occur, a meeting between parents, teachers, counselor and SSD staff is held to review existing data and discuss areas to be assessed
• Written consent to evaluate is requested from the parents (should occur within 30 days of Joint Review Committee meeting)
• An eligibility conference is usually scheduled within 45 days of this meeting so that a final determination can be made within 60 days of the receipt of consent

V.   Eligibility Conference

• Parents are given a verbal report of the assessments by the school psychologist or examiner, the speech/language pathologist, the resource teacher and any other evaluator involved in the assessment
• Based on Department of Elementary and Secondary Education guidelines, initial eligibility for special education is made if the student meets applicable criteria

WHAT IS AN EVALUATION?

An evaluation is the detailed gathering of relevant information about a person's performance, behavior and/or suspected disabilities. An educational evaluation is completed utilizing assessment tools in order to identify a student who is in need of special education services and to determine the strengths and needs of the child.

Prior to an evaluation, the school district must provide information about vision and hearing acuity. A screening conducted in your child's school will eliminate problems of acuity as a factor for concerns noted by your school.

An assessment is needed in order to:

- Identify the need for special education

- Determine eligibility for special education according to state criteria

- Evaluate a student's performance level

- Identify interventions to help the child to be more successful in general education

- Make recommendations for the student's educational program, or

- Determine if the student can continue to receive special education services

The assessments performed by professionals are called formal assessments. The individuals who perform them (school psychologist or examiner, speech-language pathologist) have a license or are certified to give these tests.

Informal assessments, such as checklists, can be completed by those who have relevant knowledge of the child's performance and behavior, but should be interpreted by a school psychologist or examiner. These can be completed at home or within the school setting. There are many informal assessments that examine areas ranging from interpersonal behaviors to specific skills (such as how a child communicates).

Parents and/or caregivers are vital in the process of gathering information for both formal and informal assessments. No one spends more time with a child and knows him better than the parent or caregiver. Interviews with parents are essential tools that school psychologists and other examiners use to gather information.

WHAT WILL HAPPEN AT A REVIEW OF EXISTING DATA CONFERENCE?

- You may be asked many questions concerning you and your child. No one knows the capabilities of your child better than you. Be honest with your answers. The team is there to guide you in assisting your child.

- The SSD staff member will discuss with you and the school the concerns brought to the referral as well as specific interventions that have been implemented.

- Based on the concerns, the team will determine what type of assessments will be conducted. An eligibility conference time will be scheduled and written consent to evaluate will be obtained from you.

- Your legal rights will be discussed.

- Ask questions! If you do not understand something about the process, or if you disagree with the outcome, discuss this with the team.

WHAT WILL HAPPEN AT AN ELIGIBILITY CONFERENCE?

At an eligibility conference, your child's test results will be reported and explained to you. You may request further information or clarification at any time during the conference.

At the conclusion of the conference, an eligibility determination is made. This is a decision regarding whether the evaluation team finds your child meets eligibility criteria and, as indicated by federal and state law, requires special education and related services. A written copy of the evaluation report will be mailed to you.

WHAT IS A RE-EVALUATION?

A re-evaluation is required every three years to determine if your child continues to require special education services. The re-evaluation may be **waived** if you, the local district and SSD agree that a re-evaluation is not necessary. This re-evaluation may be completed **with or without** additional testing. The IEP team, of which you are a part, must review existing data to identify if any additional testing is needed to confirm eligibility for special education.

Formal testing is not required if there is enough information to confirm eligibility of your child for services and meet his or her educational needs. If additional testing is necessary, based on the review of existing data, your consent must be obtained.

No testing at the re-evaluation is required to terminate your child's services; however, the district must honor your request for formal assessment if all services are terminated. If you request testing at a reevaluation and the district is not terminating all services for your child, the IEP team can refuse your request for additional testing. The team must honor your request for assessment only when all services are ending for your child. The team will issue a notice of action informing you of this decision. You may then exercise your due process rights.

If testing is completed, you will be invited to an eligibility conference to discuss the assessment results and determine your child's continued eligibility.

QUESTIONS ABOUT THE EVALUATION PROCESS

The following is designed to answer some of the questions most frequently asked by parents concerning their child's educational evaluation.

I. Why does it take so long?

The referral process has been developed under state guidelines. In general, the building level team will first address concerns about your child through general education adaptations and modifications. The Missouri Compliance Plan lists a series of steps that begin with the identification of school related concerns. The required steps in order are: joint review regarding the referral; review of existing data; notice and consent for evaluation; and evaluation, eligibility, diagnosis and identification of strengths and weaknesses. According to the state plan, all of these steps must be followed in sequence since each one utilizes information from the previous step.

II. Who may refer a child for evaluation?

Teachers, counselors or principals, parents and agencies refer students in accordance with the steps outlined above. To begin a referral, a parent should call his or her child's teacher or school counselor. The evaluation is conducted in cooperation with local component school district personnel. Parents of children not enrolled in public school or who are enrolled in a private/parochial school should contact Special School District at 989-8123 for information.

III. How will I know that my child has been referred for an SSD evaluation?

Local districts should involve the parent in the data gathering process from the initial identification of concerns. Parents will be notified in writing by the Joint Review Committee of the decision as to whether or not a referral for special education evaluation will be made. A pamphlet describing your parental rights and responsibilities will accompany the letter along with a copy of the Missouri Parents Bill of Rights. The school counselor will call to arrange a review of existing data conference if a referral is made.

IV. Who will evaluate my child?

SSD evaluations are conducted by a multi-disciplinary evaluation team of specialists who are licensed and/or certified in their respective fields. The team may include a school psychologist, school psychological examiner, the child's teacher, SSD teacher(s), speech pathologist and other individuals as appropriate.

V. When is the evaluation conducted?

The evaluation is conducted after the review of existing data and signed consent to evaluate (Notice of Action) and before the eligibility conference. Evaluation must be completed within 60 days from the date your signed consent is received.

VI. **How will I know in which areas my child will be evaluated?**

At the review of existing data conference the school psychologist will complete a "Notice of Action: Intent to Evaluate" that identifies the proposed areas of assessment. You must sign the "Notice of Action" before any testing can begin. It is accompanied by an "Areas to Be Assessed" form that identifies tests that may be administered.

VII. **Where will the evaluation be completed?**

Testing and all conferences for public school students take place at your child's local school. The only exception is if your child requires a hearing evaluation, which is conducted at Litzsinger School. Parochial/private school students are evaluated at SSD's designated site.

VIII. **What is a diagnosis?**

As educational requirements for eligibility often differ from medical requirements, SSD refers to eligibility as identification instead of diagnosis. The evaluation team determines if the student meets criterion for identification as a child with a disability. If your child does not meet criterion, your child would be *not eligible*. If your child met eligibility criteria, they would be identified as a student with multiple disabilities, or specific learning disability, or autism, etc.

IX. **Must I attend the evaluation conferences?**

You are strongly encouraged to attend the review of existing data conference and the eligibility and individualized education program (IEP) conferences in order to better understand your child's difficulties and the services that will be provided.

X. **Will I receive a copy of my child's evaluation report?**

A copy of your child's evaluation results will be mailed to you within 15 to 20 days of the conference. Your child's local school also will receive a copy. If you would like anyone else to receive a copy, notify the school psychologist at the eligibility conference so that the appropriate release form can be obtained.

XI. **What if my child is found to be "not eligible"?**

If your child is found to be "not eligible" for special education, it does not mean your child may not have school problems. A request for evaluation would not have taken place if your child's local school personnel had not perceived significant education problems. The responsibility for meeting your child's educational needs will be addressed by the local school. Remedial reading, tutoring and counseling may be some of the many resources you and the school can use. In addition, a parent has due process rights and may disagree with the eligibility determination.

XII. Why would a child with school problems not be eligible for special education?

The state and federal laws define the specific disabling conditions that make children eligible for special education services. (See listing of eligibility criteria for each disability in Section IV of the handbook.) Many factors can indicate ineligibility. If your child is ineligible for services, the evaluation team will explain criteria for eligibility and why your child is not eligible.

XIII. Can a child who has been determined as not eligible be re-evaluated?

Yes. By federal law, parents may request their child be evaluated for special education services. Contact your local school if you believe your child may need to be evaluated again. If your local school does not resolve your concerns, contact SSD's Student Services at 989-8254.

XIV. What if I disagree with my child's eligibility determination?

Your parental rights and procedures will be explained at the conference. If you disagree with the evaluation team's diagnosis, you may request mediation or a due process hearing through the Missouri Department of Elementary and Secondary Education, Division of Special Education. You have the right to request an independent evaluation if you disagree with the results of the evaluation.

XV. What happens after my child is identified as a student with a disability?

Once your child is identified as a student with a disability who requires special education, s/he is eligible for SSD services. The specific services are determined at the IEP conference, conducted by SSD and general education staff.

XVI. What takes place at an IEP Conference?

An IEP conference is provided following a determination that a child has an educational disability. If you were unable to attend the eligibility conference, a representative of the evaluation team will summarize the information obtained at the eligibility conference. At the meeting, you and a team of educators, including an SSD teacher certified in the area of your child's disability, will discuss specific education/behavior goals for your child. Please refer to Section III of the Parent Handbook for a detailed explanation about the IEP conference.

XVII. If my child receives special education services, will s/he stay at his/her local school?

Your child's IEP is the basis of all special education services s/he will receive from SSD. The proper placement and location will be decided at the IEP conference; however, every effort is made to place the student in his/her home school. Some SSD services for children enrolled in a private/parochial school are available. You will be furnished this information if your child is eligible for such services.

XVIII. If my child transfers to a new school in St. Louis County, will Special School District's reports follow?

Educational records can legally be sent to officials of another school in which your child seeks to enroll; however, it is the policy of many school districts not to send SSD reports without the parent/guardians' written permission. If your child will transfer to a new school, discuss the records' transfer with your local school principal or guidance counselor. Your child will continue to receive special education services at his/her new public school, and Special School District records will be transferred to appropriate educational personnel located at that school.

XIX. Will records and reports be sent when an elementary school student goes on to middle high and high school within the same local school district?

Yes. Records will be sent to the SSD teacher at the appropriate school if your child requires continued services. If it has been determined that your child no longer needs SSD services and you do not wish to have his/her reports transferred, discuss this request with your local school principal or counselor.

XX. Will records and reports be sent to the new school if we move out of St. Louis County?

If you move from St. Louis County, we recommend that you take a copy of your child's current IEP and most recent SSD evaluation or re-evaluation. By presenting this current information at the time you enroll in the new school, you will receive special education services in your new school more quickly.

XXI. What if my child's services are terminated?

The IEP committee may determine that your child no longer requires special education services and is no longer identified as a child with a disability. You may request an evaluation at that time if you are concerned about that decision. Should your child start experiencing educational concerns, you or the school may request assessment to consider identification of a child with and educational disability. This decision may or may not require further formal evaluation depending upon whether or not the review of building level team data and current functional level is sufficient to make the decision.

COMMONLY USED ASSESSMENT TOOLS

ACADEMICS/ACHIEVEMENT

- Developmental Tasks for Kindergarten Readiness (DTKR-II)
- Diagnostic Achievement Battery (DAB-4)
- Differential Abilities Scale (DAS-2)
- Gray Oral Reading Test (GORT-5)
- Kaufman Test of Educational Achievement (K-TEA-3)
- Key Math Diagnostic Arithmetic Test-3
- Learning Disability Evaluation Scale (LDES-R:2)
- Peabody Individual Achievement Test (PIAT-R/NU)
- Test of Early Math Abilities (TEMA-3)
- Test of Early Reading Ability (TERA-3)
- Test of Early Written Language (TEWL-3)
- Test of Math Ability (TOMA-3)
- Test of Phonological Awareness Skills (TOPAS)
- Test of Reading Comprehension (TORC-4)
- Test of Written English (TWE-3)
- Test of Written Language (TOWL-4)
- Test of Written Spelling (TWS-5)
- Wechsler Individual Achievement Test (WIAT-III)
- Woodcock Johnson Tests of Achievement (WJ-ACH-4)
- Young Children's Achievement Test (YCAT)

AUTISM

- Asperger Syndrome Diagnostic Scale (ASDS)
- Autism Diagnostic Observation Schedule (ADOS-2)
- Autism Screening Instrument for Educational Planning (ASIEP-3)
- Childhood Autism Rating Scale (CARS-2)
- Gilliam Autism Rating Scale (GARS-3)

BEHAVIOR

- Achenbach Child Behavior Checklist
- Adaptive Behavior Assessment System (ABAS-3)
- Adaptive Behavior Inventory (ABI)
- Beck Depression Inventory (BDI-II)
- Beck Youth Inventories – Second Edition
- Behavior Assessment Scale for Children (BASC-3)
- Behavior Observation of Students in Schools (BOSS)
- Behavior Rating Inventory for Executive Functioning (BRIEF-2)
- Brown ADD Scales
- Burks Behavior Rating Scale, 2nd Edition (BBRS-2)
- Children's Depression Rating Scale – Revised (CDRS-R)
- Connors 3rd Edition
- Devereaux Behavior Rating Scales
- Differential Test of Conduct & Emotional Problems (DT/CEP)
- Draw-A-Person: Screening Procedure for Emotional Disturbance (DAP:SPED)
- Emotional Disturbance Decision Tree (EDDT)
- Kinetic Drawing System
- Piers-Harris Children's Self Concept Scale (2)
- Revised Children's Manifest Anxiety Scale (RCMAS-2)
- Roberts Apperception Test for Children
- Scales of Independent Behavior (SIB-R)
- Social Responsiveness Scale (SRS-2)
- Thematic Apperception Test (TAT)
- Vineland Adaptive Behavior Scales - 3

COGNITION

- Bayley Scales of Infant Development – 3rd Edition
- Comprehensive Test of Nonverbal Intelligence (C-TONI-2)
- Detroit Tests of Learning Aptitude (DTLA-4)
- Development Profile 3 (DP-3)
- Goodenough-Harris Drawing Test
- Kaufman Assessment Battery for Children (K-ABC-II)
- Kaufman Brief Intelligence Test (K-BIT-2)

- Leiter International Performance Scale (Leiter-3)
- Peabody Picture Vocabulary Test (PPVT-4)
- Stanford-Binet Intelligence Scale, Fifth Edition (SB5)
- Universal Nonverbal Intelligence Test (UNIT-2)
- Vineland Adaptive Behavior Scales 3
- Wechsler Adult Intelligence Scale (WAIS-IV)
- Wechsler Intelligence Scale for Children (WISC-5)
- Wechsler Nonverbal Scale of Ability (WNV)
- Wechsler Preschool and Primary Scale of Intelligence (WPPSI-4)
- Woodcock-Johnson Tests of Cognitive Ability (WJ-COG-4)

LANGUAGE

- Bankson Language Screening Test – 2
- Bankson Language Test - 2
- Bracken Basic Concept Scale - 3
- Clinical Evaluation of Language Fundamentals (CELF-5)
- Clinical Evaluation of Language Fundamentals-Preschool (CELF-Preschool - 2)
- Comprehensive Assessment of Spoken Language (CASL-2)
- Expressive One Word Picture Vocabulary Test (EOWPVT-4)
- Language Processing Test (LPT-3)
- Pre-School Language Assessment Instrument (PLAI-2)
- Pre-School Language Scale (PLS-4)
- Receptive-Expressive Emergent Language Scale (REEL-3)
- Social Language Development Test – Elementary (SLDT)
- Structured Photographic Expressive Language Tests (SPELT-3)
- Test of Adolescent Language (TOAL-3)
- Test for Auditory Comprehension of Language (TACL-4)
- Test of Early Language Development (TELD-3)
- Test of Language Competence (TLC)
- Test of Language Development (TOLD-P:4)
- Test of Pragmatic Language (TOPL-2)
- Test of Problem Solving 2 – Adolescent (TOPS 2-Adol.)
- Test of Problem Solving 3 – Elementary (TOPS 3 Elem)

MOTOR

o   Peabody Development Motor Scales & Activity Cards – 2

PROCESSING

o   Bender Visual Motor Gestalt Design - II
o   Developmental Test of Visual Motor Integration (BEERY VMI - 6)
o   Motor Free Visual Perception Test (MVPT-4)
o   Test of Auditory Perceptual Skills (TAPS-3)
o   Test of Visual Perceptual Skills (TVPS-3)
o   Wide Range Assessment of Memory and Learning, Second Edition (WRAML-2)

SPEECH

o   Fisher Logeman Articulation Test
o   Goldman-Fristoe Articulation Test - 3
o   Khan-Lewis Phonological Analysis – 3rd Edition

Assessment Tool Descriptions

ACHENBACH CHILD BEHAVIOR CHECKLIST Measure of behavioral functioning. This instrument allows for parent, teacher, student responses and generates a behavioral profile.

ADAPTIVE BEHAVIOR ASSESSMENT SYSTEM (ABAS-II) Measures overall adaptive functioning, including the ten adaptive skill areas specified by the DSM-IV-TR, and incorporates the AAMR guidelines for the diagnosis of mental retardation. Parent and Teacher Forms for ages 5-21 years; Adult Forms for ages 16-89 years; and infant-preschool Parent/Primary Caregiver and Teacher/Daycare Provider rating forms and normative data for children ages birth-5 years.

ADAPTIVE BEHAVIOR INVENTORY (ABI) Measures adaptive behavior. It is appropriate for students with mental retardation ranging from 6-18 years of age and for other students from 5-18. Useful in diagnosing mental retardation and in identifying students who may qualify for special education programs for mental retardation, developmental disabilities, or emotional disturbance.

ASPERGER SYNDROME DIAGNOSTIC SCALE (ASDS) This is a questionnaire designed to identify behaviors and abilities indicative of Asperger Syndrome in school age children

AUTISM DIAGNOSTIC OBSERVATION SCHEDULE (ADOS) Assesses and diagnoses autism and pervasive developmental disorder across ages, developmental levels, and language skills.

AUTISM SCREENING INSTRUMENT FOR EDUCATIONAL PLANNING (ASIEP-2) Identifies children who have autism (18 months of age and older) and develops appropriate instructional plans in accordance with PL 94-142. It can also be used to differentially diagnose autism from other severe disabilities.

BANKSON LANGUAGE SCREENING TEST-2 Measures young children's psycho-linguistic skills in Semantic Knowledge, Morphological/Syntactical Rules and Pragmatics.

BANKSON LANGUAGE TEST – 2 Provides examiners with a measure of children's psycho-linguistic skills.

BAYLEY SCALES OF INFANT DEVELOPMENT – 3RD EDITION A comprehensive assessment of behavioral development.

BECK DEPRESSION INVENTORY (BDI-II) The Beck Depression Inventory (BDI) is a 21-item test presented in multiple choice format which purports to measure presence and degree of depression in adolescents and adults.

BECK YOUTH INVENTORIES – SECOND EDITION – Designed for children and adolescents ages 7 through 18 years. Five self-report inventories can be used separately or in combination to assess symptoms of depression, anxiety, anger, disruptive behavior, and self-concept.

BEHAVIOR ASSESSMENT SCALE FOR CHILDREN (BASC-2) Measures behavioral functioning. Allows for parent, teacher and student responses and generates a behavioral profile.

BEHAVIOR OBSERVATION OF STUDENTS IN SCHOOLS (BOSS) Designed for grades Pre-K through 12, this software facilitates the systematic recording of direct observations of children's behaviors in the school environment. You can record whether students are actively or passively engaged in activities and how often they engage in off-task behaviors. This is especially important for monitoring intervention success.

BEHAVIOR RATING INVENTORY FOR EXECUTIVE FUNCTIONING (BRIEF) The BRIEF consists of two rating forms--a parent questionnaire and a teacher questionnaire--designed to assess executive functioning in the home and school environments. The BRIEF is useful in evaluating children with a wide spectrum of developmental and acquired neurological conditions.

BENDER VISUAL MOTOR GESTALT DESIGN – II Useful in assessing maturation of visual motor gestalt function in children and exploring retardation, regression, loss of function, organic brain defects & personality deviations in both children and adults.

BRACKEN BASIC CONCEPT SCALE A comprehensive system of basic concept assessment.

BROWN ADD SCALES The Brown Attention-Deficit Disorder Scales® (Brown ADD Scales) are among the first ADD assessment instruments that allow you to test adults and adolescents. Separate forms are available for each.

BURKS' BEHAVIOR RATING SCALE, 2ND EDITION (BBRS-2) Identifies behavior problems in children in grades 1-9.

CHILDHOOD AUTISM RATING SCALE (CARS) Helps to identify children with autism and to distinguish them from children with developmental disabilities who do not have autism. In addition, it distinguishes between mild-to-moderate and severe autism.

CHILDREN'S DEPRESSION RATING SCALE – REVISED (CDRS-R) Modeled after the Hamilton Rating Scale for Depression, the CDRS-R is a clinical interview tool designed for assessing 6-12 year-olds, and it has also been used successfully for adolescents.

CLINICAL EVALUATION OF LANGUAGE FUNDAMENTALS (CELF-4) Measures a broad range of expressive and receptive language skills.

CLINICAL EVALUATION OF LANGUAGE FUNDAMENTALS-PRESCHOOL (CELF- PRESCHOOL - 2) Measures language skills in preschoolers.

COMPREHENSIVE ASSESSMENT OF SPOKEN LANGUAGE (CASL) An in-depth, research- based, theory-driven assessment of oral language skills.

COMPREHENSIVE TEST OF NONVERBAL INTELLIGENCE (C-TONI) Language-free measure of intelligence aptitude, and reasoning. Requires no reading, writing, spelling, listening ability.

CONNORS RATING SCALE – 3RD EDITION Used to characterize numerous behavior patterns in children ages 3-17.

DETROIT TESTS OF LEARNING APTITUDE (DTLA-4) Useful in diagnosing learning disabilities and mental retardation. It can be used to isolate special intra-individual strengths and weaknesses and to measure both aptitude and discrete ability areas.

DEVELOPMENTAL PROFILE 3 (DP-3) Assessment of a child's development from birth to 9-1/2 years. The inventory assesses five key areas. These are profiled to clearly indicate the child's functional developmental deviations, both advanced and delayed according to age norms in each of the five areas assessed.

DEVELOPMENTAL TASKS FOR KINDERGARTEN READINESS (DTKR-II) Provides objective data on a child's skills and abilities as they relate to successful performance.

DEVELOPMENTAL TEST OF VISUAL MOTOR INTEGRATION (BEERY VMI 5) Used for an accurate examination of the integration of visual perception and motor behavior. It can help uncover visual-motor problems before they develop into more serious school-related difficulties.

DEVEREAUX BEHAVIOR RATING SCALES Identifies behaviors that may indicate severe emotional disturbance in children and adolescents.

DIAGNOSTIC ACHIEVEMENT BATTERY (DAB-3) Provides a comprehensive assessment of academic abilities in 6- to 14-year-old students. Profiles strengths and weaknesses in: Listening, Speaking, Reading, Writing, and Mathematics.

DIFFERENTIAL ABILITY SCALES (DAS-2) The Differential Ability Scales (DAS) is a nationally normed, and individually administered battery of achievement tests. It is comprised of a school achievement test that measures the basic skills in word reading, spelling and arithmetic. The range of the DAS covers children from 2 years and 6 months to 17 years and 11 months

DIFFERENTIAL TEST OF CONDUCT & EMOTIONAL PROBLEMS (DT/CEP) A screening tool to provide accurate identification of nonhandicapped conduct problem children and adults.

DRAW-A-PERSON: SCREENING PROCEDURE FOR EMOTIONAL DISTURBANCE (DAP:SPED) Through the drawings of children and adolescents provides the ability to differentiate between normal and disturbed children. Convenient and reliable way to identify children with emotional or behavioral disorders.

EMOTIONAL DISTURBANCE DECISION TREE (EDDT) Provides a standardized approach to the assessment of emotional disturbance (ED) that covers all of the federal criteria and addresses the broad emotional and behavioral nuances of children ages 5-18 years suspected of requiring special education services for an ED.

EXPRESSIVE ONE WORD PICTURE VOCABULARY TEST (EOWPVT-2000) Assesses the expressive vocabulary of adolescents. It is a valuable diagnostic tool for comparing expressive language skills with other measures of receptive language, for detecting speech defects, identifying learning disorders related to hearing loss and imperceptions of the auditory modality and for assessing auditory-visual association ability.

FISHER LOGEMAN ARTICULATION TEST Uses linguistic principles as its foundation. Furnishes valid and useful descriptions of a phonological system. Provides a methodology for eliciting spontaneous responses that are pre-structured for required phonemic occurrence, and a framework for analysis of data.

GILLIAM AUTISM RATING SCALE (GARS-2) This scale consists of several sub-scales including: Restricted Pattern of Behavior, Cognitive Patterns, Pragmatic Skills, Early Development, and Key Question. This scale can be completed by both parents and professionals.

GOLDMAN-FRISTOE ARTICULATION TEST A systematic measure of a child's articulation of consonant sounds.

GOODENOUGH-HARRIS DRAWING TEST A nonverbal test of mental ability for children and adolescents.

GRAY ORAL READING TEST (GORT-4) Provides an efficient and objective measure of growth in oral reading and an aid in the diagnosis of oral reading difficulties.

KAUFMAN ASSESSMENT BATTERY FOR CHILDREN (K-ABC-II) Defines intelligence as a child's ability to solve problems using simultaneous and sequential mental processes. Measures intelligence separately from achievement.

KAUFMAN BRIEF INTELLIGENCE TEST (K-BIT-2) A brief, individually administered screener of verbal and nonverbal intelligence.

KAUFMAN TEST OF EDUCATIONAL ACHIEVEMENT (K-TEA-II) An individually administered diagnostic battery that measures reading, mathematics, and spelling skills.

KEY MATH DIAGNOSTIC ARITHMETIC TEST, 3RD EDITION A comprehensive, norm-referenced measure of essential mathematical concepts and skills.

KHAN-LEWIS PHONOLOGICAL ANALYSIS-2 Provides a more comprehensive diagnosis of both articulation and use of phonological processes.

KINETIC DRAWING SYSTEM Assesses children's perceptions of important relationships at home and at school.

LANGUAGE PROCESSING TEST (LPT-R) Assesses ability to organize information and assign meaning to auditory input.

LEARNING DISABILITY EVALUATION SCALE (LDES-R:2) Provides instructional personnel the opportunity to document performance behaviors most characteristic of learning disabilities in children and youth. This profile classifies whether the student's difficulties are in the areas of Listening, Thinking, Speaking, Reading, Writing, Spelling, or Mathematical Calculations.

LEITER INTERNATIONAL PERFORMANCE SCALE (LEITER-R) Nonverbal intelligence test for ages 2 years through adult.

MOTOR FREE VISUAL PERCEPTION TEST (MVPT-3) Designed to assess visual perception in individual children but is frequently used with older individuals who have motor problems. May be used for screening, diagnostic, and research purposes, for all children, but especially those who have learning disabilities, motor impairments, physical disabilities, or mental retardation.

PEABODY DEVELOPMENT MOTOR SCALES & ACTIVITY CARDS Early childhood motor development program provides in-depth assessment and instructional programming for gross- and fine- motor skills.

PEABODY PICTURE VOCABULARY TEST (PPVT-III) Provides a thorough measure of receptive vocabulary and a quick estimate of verbal ability or scholastic aptitude.

PEABODY INDIVIDUAL ACHIEVEMENT TEST (PIAT-R/NU) Individual measure of academic achievement.

PIERS-HARRIS CHILDREN'S SELF CONCEPT SCALE Evaluates psychological health of children and adolescents, quickly identifying those who need further testing or treatment.

PRE-SCHOOL LANGUAGE ASSESSMENT INSTRUMENT (PLAI-2) Measures language level to indicate where to start instruction.

PRE-SCHOOL LANGUAGE SCALE (PLS-4) Measures language abilities in children from birth through age 6 in familiar, play-like testing situations.

RECEPTIVE-EXPRESSIVE EMERGENT LANGUAGE SCALE (REEL-3) A system of measurement and intervention planning based upon neurolinguistic development and is designed to help identify young children up to 3 years of age who have specific language problems.

REVISED CHILDREN'S MANIFEST ANXIETY SCALE (RCMAS-II) This scale helps pinpoint the problems in a child's life. The brief self-report inventory measures the level and nature of anxiety in 6- to 19-year-olds. It provides scores for Total Anxiety and four subscales.

ROBERTS APPERCEPTION TEST FOR CHILDREN Measures adaptive and maladaptive functioning in ages 6-15.

SCALES OF INDEPENDENT BEHAVIOR (SIB-R) Measure of adaptive and problem behavior.

SOCIAL LANGUAGE DEVELOPMENT TEST-ELEMENTARY (SLDT) This test will substantiate the influence of students' language disorders on their social disorders and qualify them for therapy.

SOCIAL RESPONSIVENESS SCALE (SRS) Measures the severity of social impairment associated with autism spectrum disorders.

STANFORD-BINET INTELLIGENCE SCALE (SB5) Comprehensive measurement of cognitive ability, including verbal and nonverbal skills.

STRUCTURED PHOTOGRAPHIC EXPRESSIVE LANGUAGE TESTS (SPELT-3) Uses color photographs paired with simple verbal questions and statements to elicit specific morphological and syntactic structures. Allows for analysis of specific language structures that do not occur in spontaneous samples. Child's strengths and weaknesses can be readily seen.

TEST OF ADOLESCENT LANGUAGE-3 (TOAL-3) A measure of receptive and expressive language skills.

TEST OF AUDITORY PERCEPTUAL SKILLS (TAPS-3) A measure of function in auditory discrimination, auditory sequential memory, auditory word memory, auditory sentence memory, auditory interpretation of directions, and auditory processing (based on learning and thinking) along with a measurement of the hyperactivity of children in preschool to the 7th grade.

TEST FOR AUDITORY COMPREHENSION OF LANGUAGE (TACL-3) Measures auditory comprehension of language.

TEST OF EARLY LANGUAGE DEVELOPMENT (TELD-3) Measures the spoken language abilities of children ages 3-0 to 7-11, giving information on semantic and syntactic components.

TEST OF EARLY MATH ABILITY (TEMA-3) Measures the mathematics performance of children between the ages of 3-0 and 8-11 years and older with learning problems.

TEST OF EARLY READING ABILITY (TERA-3) Measures the actual reading ability of young children ages 3 to 9. Items assess knowledge of contextual meaning, alphabet, and conventions.

TEST OF EARLY WRITTEN LANGUAGE (TEWL-2) Measures the emerging written language skills of young children ages 3 to 7 and is especially useful in identifying students with mild disabilities.

TEST OF LANGUAGE COMPETENCE (TLC) Gives a measure of both receptive and expressive language with an emphasis on more abstract language skills.

TEST OF LANGUAGE DEVELOPMENT-PRIMARY (TOLD-P:4) Assesses spoken language in children ages 4 – 8. Identifies children who are significantly below their peers in oral language proficiency, determine their specific strengths and weaknesses in oral language skills, and documents their progress in remedial programs.

TEST OF MATH ABILITY (TOMA-2) Measures skills in story problems and computation in grades 3 through 12, plus information on attitude, vocabulary, and general cultural application.

TEST OF PHONOLOGICAL AWARENESS SKILLS (TOPAS) Helpful in identifying children, ages 5 through 10, who have problems in phonological awareness.

TEST OF PRAGMATIC LANGUAGE (TOPL-2) Identifies individuals with pragmatic language deficits, determines individual strengths and weaknesses, documents an individual's progress, researches pragmatic language skills.

TEST OF PROBLEM SOLVING 2: ADOLESCENT (TOPS-2 ADOL) Identifies children's strengths and weaknesses in problem-solving skills. For ages 12-17.

TEST OF PROBLEM SOLVING 3: ELEMENTARY (TOPS-3 ELEM) Identifies children's strengths and weaknesses in problem-solving skills. For ages 6-12.

TEST OF READING COMPREHENSION (TORC-4) Measures silent reading comprehension for students 7-18 years of age. No oral reading is required, allowing students to concentrate on comprehension.

TEST OF VISUAL PERCEPTUAL SKILLS (TVPS-3) A measure of visual-perception skills. Assesses seven visual areas: Discrimination, Memory, Spatial Relationships, Form Constancy, Sequential Memory, Figure-Ground, and Closure.

TEST OF WRITTEN ENGLISH (TWE-3) - Informal test of written language skills to screen for student mastery in: capitalization, punctuation, written expression, and paragraph writing. Remedial activities are provided for each of the skill areas tested.

TEST OF WRITTEN LANGUAGE (TOWL-4) Uses both essay analysis (spontaneous) and traditional test (contrived) formats to assess various aspects of written language.

TEST OF WRITTEN SPELLING (TWS-3) Assesses student's spelling of (a) words whose spellings are readily predictable in sound-letter patterns, (b) words whose spellings are less predictable, (c) both types together.

THEMATIC APPERCEPTION TEST (TAT) Widely used projective assessment for diagnosis, therapy and research. Uses series of 31 pictures as stimuli for stories and descriptions.

UNIVERSAL NONVERBAL INTELLIGENCE TEST (UNIT) Entirely nonverbal stimulus and response administration format. Three testing options including: abbreviated, Standard and Extended batteries. May be used with exceptional students including: mentally retarded, learning disabled, and gifted. Fair measure for deaf and hearing-impaired students. Designed to reduce situational sources of test bias. Uses multiple response modes including: manipulatives, paper and pencil, and pointing.

VINELAND ADAPTIVE BEHAVIOR SCALES-II A measure of personal and social skills from birth to adulthood.

WECHSLER ADULT INTELLIGENCE SCALE (WAIS-IV) An individually administered instrument used by trained clinical examiners as part of a cognitive assessment or general psychological or neuropsychological assessment to measure capacity for intelligent behavior.

WECHSLER INDIVIDUAL ACHIEVEMENT TEST (WIAT-III) A comprehensive measure for determining academic difficulties and learning disabilities.

WECHSLER INTELLIGENCE SCALE FOR CHILDREN (WISC-IV) The WISC-IV taps many different mental abilities that are aspects of a child's intellectual functioning. Performance on these subtests reflects the child's general intellectual ability and is summarized in three composite scores: Verbal IQ, Performance IQ, and Full Scale IQ.

WECHSLER NONVERBAL SCALE OF ABILITY (WNV) A nonverbal measure of ability for anyone. Especially designed for culturally and linguistically diverse groups.

WECHSLER PRESCHOOL AND PRIMARY SCALE OF INTELLIGENCE (WPPSI-III) A standardized measure of intellectual abilities in young children.

WIDE RANGE ASSESSMENT OF MEMORY AND LEARNING (WRAML-2) This instrument allows the user to evaluate an individual's memory functioning, both immediate and delayed memory ability, as well as the acquisition of new learning.

WOODCOCK JOHNSON III NU TESTS OF ACHIEVEMENT (WJ-III ACH) A complete assessment of reading, mathematics, written language, and knowledge. The tests examine basic skills in each area, as well as application of those skills, sometimes in separate subtests and sometimes in a single subtest.

WOODCOCK JOHNSON III NU TESTS OF COGNITIVE ABILITY-II (WJ-III COG) Measure of cognitive abilities based on the Cattell-Horn-Carroll theory.

YOUNG CHILDREN'S ACHIEVEMENT TEST (YCAT) identifies young children (from preschool through first grade) who are at risk for school failure.