Slide 1

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Applying Referral-Question Based Decision Making Strategies to Conduct a Targeted Assessment

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Slide 2

Disclosure

Private Practice & School Employee

Consultant

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Slide 3

Objectives

At the conclusion of this webinar, participants will be able to:

- apply a referral-question based decision-making strategy in test selection
- analyze how data from behavioral and social-emotional assessments impacts test interpretation and intervention planning
- apply targeted assessment strategies to connect to eligibility determinations and instructional practices

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The Scenario-

Deficits (learning, social-emotional, etc.) following learning disruption

Private reports coming in at an unprecedented pace

How do you maximize productivity & results?

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Our Student

Entering middle school for grade 6
  Creative, described as "gifted"
  Aged 11-1

Home-schooled during COVID
  Prior school experience – Public school (K-2) & private school in another state (3-4)

History of "nervousness," social skills deficits, withdrawal, and task initiation difficulties for non-preferred activities
  "Agitation" & withdrawal increasing as transition approaches

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Why is the student being presented to the team?

Worried about transition – preparation
  Attention/organization, anxiety, compliance

What needs might require accommodation or intervention in public school setting?
  How?
  By whom?

Eligible for support?

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What do we have?

…AND, more importantly, what do we need to do?

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Ability Information

Extremely high verbal comprehension

Average visual spatial

High fluid reasoning

Average processing speed & working memory

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Broad-band Behavior/Social Emotional

Elevations: Atypicality, Adaptability, Social Skills

Inconsistencies: (average - elevated) Anxiety, Attention Problems, Withdrawal

Executive Functioning – fluctuations based on task/environmental demands, but greater tendency for behavioral & emotional regulation difficulties

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Choosing the right assessment(s)

- Determine your purpose(s)
  - General screening?
  - Part of an initial eligibility determination
    - 504?
    - Special Education?
  - Reevaluation?
  - Progress monitoring of IEP goals, group goals?
  - Due diligence?

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Importance of Multi-factored Assessment

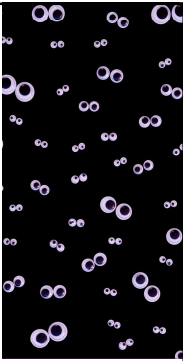| Multi-method, multi-informant permits analysis from all angles |
| --- |

↓

Best practice to reflect

| Different reactions and demands across environments | Different manifestations of social & emotional functioning | Actual student performance vs. perception of key individuals |

↓

| Level of impairment in educational setting |

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Activity

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Areas for possible investigation-

- Autism characteristics – social skills strengths and needs?

- Behavioral health – Anxiety?

- Executive functioning – task initiation, sensory functioning, regulation

- Ability confirmation?
  - Need for enrichment – impacts on attention/task initiation

- Achievement? Functional academic performance?

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Characteristics of Autism Spectrum?

*Autism Spectrum Rating Scale (ASDS)

*(*Distributed product)*

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Results from ASDS – Inconsistencies among raters

Very Elevated	Slightly Elevated	Average - Low
• Unusual Behaviors	• Social Communication • Peer Socialization	• Adult Socialization • Stereotypy • Sensory Sensitivity • Attention/Self Regulation

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Behavioral-Emotional Health

Revised Children's Manifest Anxiety Scale*
(Distributed Product)

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Anxiety

Tip: Evaluate in Conjunction with adaptive skills, depression & somatic complaints. Family hx too~

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RCMAS-2 Results (Self-Report)

SCALE	T-Score	%ile
Defensiveness (DEF)	35	7
Physiological Anxiety (PHY)	50	50
Worry (WOR)	52	58
Social Anxiety (SOC)	40	16
TOTAL	46	35

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Taking a Thorough History

- Age and rapidity of symptom onset
  - Developmental course
- Assessment of etiology
- Solution focused intervention design or asking "when, or under what conditions does she or he behave well"
- Assessment of risk and resilience factors
  - Family history

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Executive Functioning

Comprehensive Executive Functioning Inventory (CEFI)*

*(*Distributed Product)*

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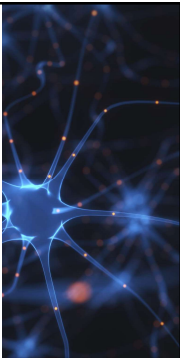

Executive Dysfunction

Psychiatric and Developmental Disorders Associated with Executive Dysfunction

- Depression
- Anxiety
- Schizophrenia
- OCD
- Tourette's Syndrome
- ADHD
- Autism

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CEFI Results

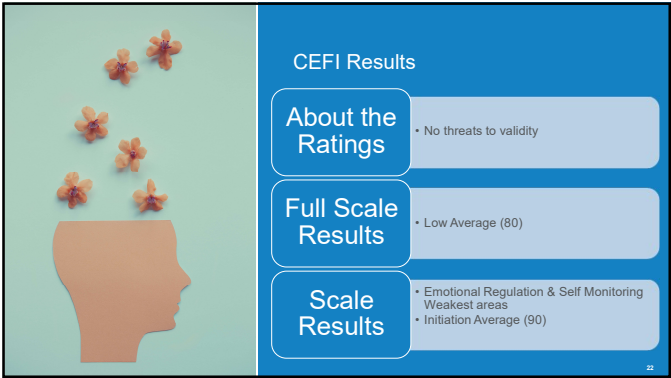| About the Ratings	• No threats to validity

Full Scale Results	• Low Average (80)

Scale Results	• Emotional Regulation & Self Monitoring Weakest areas • Initiation Average (90)

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Ability & Achievement?

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Applicability of *Gf-Gc (Woodcock Johnson Cognitive Battery)*

Brief

Confirmatory

Targets identification of strengths and needs
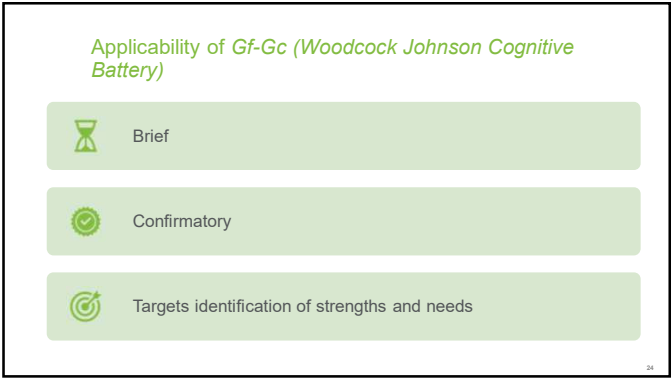
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Results Gf-Gc

TEST/CLUSTER	Standard Score / 95% Confidence Interval
Gf – Gc COMPOSITE	126 (119 – 133)
Comprehension – Knowledge	124 (115 – 132)
Fluid Reasoning	121 (113 – 128)
Oral Vocabulary	127 (116 – 139)
Number Series	124 (114 – 135)
General Information	119 (108 – 130)
Concept Formation	111 (102 – 119)

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Systematic Approach to Interpretation

RATING SCALE/ CHECKLIST DATA

INTERVIEW DATA

OBSERVATIONAL DATA

PERFORMANCE-BASED DATA

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What's Next?
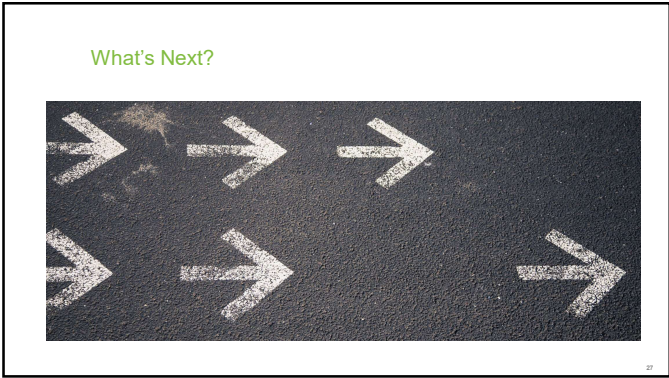
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What did we do?

Created effective team – all stakeholders

Applied context-based, systematic interpretation process

Developed a plan based on the most intensive risk factors & strengths
- Poor emotional and behavioral regulation
- Need to be involved in creative projects with element of choice
- "Desensitization" strategies
- Continued social skills work
- Eligible for support based on ASD characteristics and *functional* academic impact
- Further analysis of learning style and creativity (Renzulli Learning)
  - Appropriate levels of complexity & challenge to maximize attention and interest

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Strategies

FBA based on observations in new environment; check-in & check out process

Coaching/rehearsal with new routines & environments; self-monitoring strategies

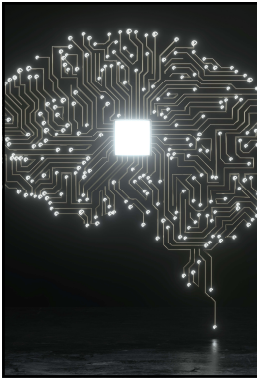Connection with club advisor(s) & mentor

Social skills group

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In the classroom-

Enrichment & Differentiated Instruction Based on Renzulli Learning Profiler

- Primary Interests– Technology, Science, History, Social Studies
- Instructional style – via technology & independent study
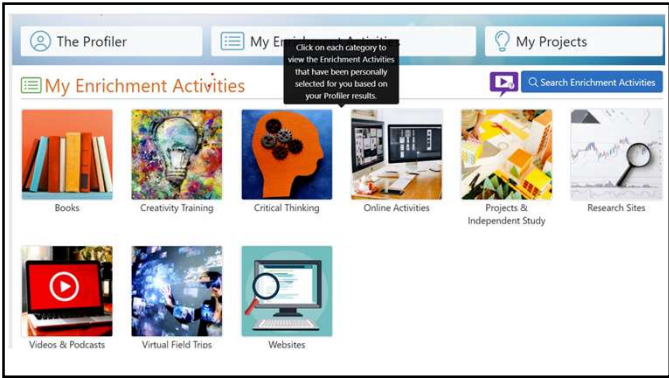- Product output – technological & hands-on

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QUESTIONS?

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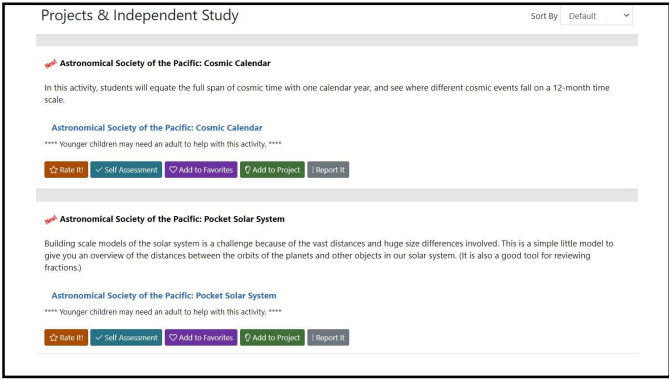
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Thank you!

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