

Introduction to Assessment and Ethical Considerations

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Learning Objectives

After completion of this chapter, you should be able to:

- Define assessment in an educational context.
- Distinguish between the purposes of assessment: screening, pre-referral considerations, diagnosis, eligibility, and the relationship between instruction and assessment.
- Explain Multi-tiered System of Support (MTSS) and Response to Intervention (RTI).
- Discuss progress monitoring and benchmarks as they apply to the assessment process.
- Investigate considerations for students from culturally and linguistically diverse backgrounds during the assessment process.
- Examine ethical considerations surrounding assessment.

Key Terms

assessment loop (p. 30)	mediation (p. 48)
assessment (p. 24)	multi-tiered system of support (MTSS) (p. 33)
benchmark assessment (p. 38)	pre-referral (p. 25)
diagnosis (p. 28)	procedural safeguards (p. 46)
due process (p. 48)	progress monitoring (p. 38)
eligibility (p. 29)	Response to Intervention (RTI) (p. 34)
evidence-based strategies (p. 25)	screening (p. 24)
formative assessment (p. 31)	Section 504 plan (p. 30)
independent educational evaluation (IEE) (p. 48)	summative assessment (p. 31)

Introduction to the Chapter

Assessment is fundamental to the successful identification, placement, and programming of children with disabilities. **Assessment** in education “refers to the wide variety of methods or tools that educators use to evaluate, measure, and document the academic readiness, learning progress, skill acquisition, or educational needs of students” (Great Schools Partnership, 2015, para. 1). Assessments can take many forms, from standardized formal assessments to informal criterion-referenced assessments. No single test or assessment demonstrates a child’s full range of abilities or challenges, and a variety of educators often contribute to the overall assessment process. Depending on the state, the special educator’s involvement in the diagnostic evaluation can vary. Criteria differ by state as to who can conduct the various assessments in an evaluation; however, all special educators should fully understand the diagnosis, the diagnostic process, and the eligibility for each disability. Without this knowledge, there can never be a true understanding of the disability, how it affects the child, and subsequently the decisions that are made when planning for instruction. This chapter examines the screening process for potential disabilities through the comprehensive evaluation.

Purposes of Assessment

Assessment plays a critical role in helping special educators understand the strengths and challenges that our students bring to school. In realizing our students’ strengths, we can capitalize on their abilities, to help them to learn more effectively. If challenges exist, assessments help us pinpoint their exact problem areas and determine whether those are academic, behavioral, or social in nature. In order for us to best educate our students with disabilities, we must first know how they are performing. The process of determining such performance begins with the screening process, then evaluation, followed by providing a diagnosis, determining eligibility for special education services, and planning for instruction.

Screening

Screening is a process that alerts educators and medical professionals to developmental problems a child may be experiencing and suggests whether a more in-depth evaluation is needed. Most public schools screen children for developmental problems that can put them at risk of school failure.

Screening occurs in large numbers and is not a precise process. There are some common characteristics among screening instruments, however: they are easy to administer, contain few items, and can be completed in a

short time. They may be in the form of pencil-and-paper tests, checklists, rating scales, or even direct observations of skills and/or abilities. Examples of screening instruments are the Snellan chart for visual acuity and the Iowa Test of Basic Skills for Reading, Language, Mathematics, Social Studies, and Science (Rosenberg, Westling, & McLeskey, 2010). Educators should be cautious not to infer too much about eligibility. IDEA specifically states, “the screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services” (IDEA, 2004, § 300.302).

As mentioned in Chapter 1, public schools are required to screen students for suspected disabilities. This is a primary function of the Child Find program. Child Find requires all school districts in the United States to identify, locate, and evaluate children with disabilities from birth through age 21. Medical professionals also conduct screenings to determine how children are developing. Doctors, nurses, and other healthcare professionals are all qualified to conduct such screenings. For example, young children undergo periodic screenings at their well-child visits to the pediatrician (CDC, 2018). Such screenings are typically a brief test or a questionnaire that a parent completes about his child. These include questions addressing a child’s language, movement, thinking, behavior, and emotions. In addition to those mentioned, autism-specific screenings have been added to the list of recommended screening tools. The American Academy of Pediatrics (2018) recommends developmental screenings for children during regular well-child visits at the following ages:

- 9 months
- 18 months
- 24 or 30 months

Pre-Referral Consideration

Once the screening process has occurred and specific challenges have been identified, the next step is often to begin the pre-referral process. **Pre-referral** is a preliminary process by which **evidence-based strategies** and accommodations are implemented for general education students who are having academic, behavioral, and/or social challenges. The primary goal of pre-referral is to resolve existing challenges a student is demonstrating before a referral to special education is made on his behalf. Pre-referral typically is initiated in the general education classroom by the general education teacher, who consults with other general education teachers, special education teachers, or related personnel for ideas on how to address challenges that a student is exhibiting. Sometimes, a child’s difficulties can be remedied by providing him with an accommodation, such as preferential

seating or use of an alternate teaching method. Other times, however, a referral to special education for a comprehensive diagnostic evaluation is needed. IDEA does not require schools to have pre-referral teams, but many times such teams do exist to help support the child and his needs. Members of a pre-referral team often include individuals similar to those on the IEP team, such as general education teachers, parents, special education teachers, administrators, and school psychologists, to name a few. It should be noted that if a parent makes an official request for a comprehensive evaluation of his child, this bypasses the pre-referral process entirely.

The pre-referral process (see Figure 2.1) occurs across a series of six distinct stages that are both sequential and developmental in nature.

Stage 1: Initial Concern Regarding Student's Progress

During this stage, the student is in a general education setting and his teacher and/or parents become concerned about his performance and/or behavior. Often, a student in this situation will lag academically behind his peers both in terms of his classwork and his performance on assessments. Teachers might notice behaviors that indicate a student is struggling, such as frustration, anxiety, or withdrawal. Parents might notice their child is not interested in going to school and might even display a poor self-concept.

Stage 2: Information-Gathering

During this stage, the teacher and parents begin to gather information about the student's performance, with the intent of using it later on to make educational decisions. Examples of information that could be gathered are test/quiz scores, observations, or even parent or teacher interviews. A pre-referral team might examine a student's educational background, or, in the case of a student with behavioral challenges, explore past classroom behavior management techniques that have been implemented and the degree to which they were successful. All of these can provide valuable insight into the challenges that a student is presenting.

Figure 2.1 Pre-referral Process: 6 Stages



IRIS Center. (2018). *What are the stages of the pre-referral process and what do they involve?* Retrieved from <http://iris.peabody.vanderbilt.edu/module/preref/cresource/q2/p03>

Stage 3: Information-Sharing and Team Decision

During this stage, the pre-referral team meets to share the information that was gathered about the student's performance and to make decisions about how to proceed. For example, the team might share and discuss test results in specific academic areas where the student is having problems, or the parent(s) might inform the team that the child has recently started taking a new medication that could be affecting his learning and/or behavior. New evidence-based classroom strategies are often used in the general education classroom to help the child succeed.

Stage 4: Discussion of Possible Strategies

The pre-referral team will identify specific interventions to implement, based on the needs of the student. These are evidence-based practices, such as direct instruction, peer-mediated instruction, and cooperative learning, to name a few. Accommodations might also be considered, such as preferential seating, extended time for test taking, and the use of a scribe. The types of strategies considered will be specific to each student and his own particular needs. The overarching idea, however, is to try different strategies that will reduce or eliminate the difficulties that the student is exhibiting.

Stage 5: Implementation and Monitoring of Strategies

During this stage, the general education teacher, with the support of special education professionals (if needed), will implement the interventions discussed. Adequate time will be allowed for the new interventions to take effect, and they will be closely monitored for effectiveness. For academics, using a curriculum-based measurement (CBM) is a fast and easy way to track data. For behavior, a data recording sheet that focuses on one or more dimensions of behavior (frequency, duration, latency, etc.) might be used to record important behavioral data. Implementation and monitoring of strategies will help the pre-referral team determine whether there is a way to manage the student's learning and/or behavioral needs in general education.

Stage 6: Evaluation and Decision-Making

During this stage, the pre-referral team will review the results of the intervention strategies. They will examine the data taken and make decisions about whether the student can be successful in the general education classroom with the changes that have been implemented or whether the interventions tried were unsuccessful. If the strategies implemented were successful, the child will remain in the general education setting using these new interventions. If the strategies were unsuccessful, the pre-referral team will discuss the need for the child to have a comprehensive diagnostic evaluation to determine whether there is a disability and, if so, whether the child is eligible for special education.

It should be stated that the pre-referral process requires quality communication between the school and the child's parents. Throughout the pre-referral process, it is important that the pre-referral team keep the student's family aware of what is happening and what next steps will be taken. Although the parents are not required to give consent for the pre-referral process to be conducted, they are key stakeholders in the process and are typically the ones most familiar with the student's development, in addition to having a vested interest in his well-being.

Check Your Understanding 2.1

1. Why is screening children for a potential disability necessary? Who is qualified to conduct screenings?
 2. What is the purpose of a pre-referral team? Are all states required to have them?
 3. Summarize the six stages of the pre-referral process.
- Who customarily composes a pre-referral team?

Diagnosis and Eligibility

As discussed, pre-referral is the process in which general education strategies are implemented in specific ways in an attempt to resolve the academic, behavioral, or social problems a child is experiencing. If the pre-referral strategies that have been implemented are successful, the child remains in general education, having received the needed help and attention to his challenges. If the pre-referral interventions are unsuccessful, the next step is often to refer the student for a comprehensive diagnostic evaluation for special education services. According to IDEA (2004), either a parent or the public agency (school) may initiate the request for an initial evaluation to determine the presence of a disability.

Diagnosis is the process by which an individual's specific disability is identified. To date, there is no standard battery of tests or procedures that will determine whether a child has a disability. Depending on the disability, different individuals can make a diagnosis. These may include a school psychologist, a private clinician (e.g., learning specialist, mental health provider, audiologist), or a medical provider. This is the first step in determining whether a child will need special education. As discussed in Chapter 1, 14 disability categories (autism, traumatic brain injury, intellectual disabilities, etc.) are recognized under IDEA. Unless diagnosed with one of these 14 disabilities, the child will not be eligible to receive special education services. It is important to note, however, that simply having a disability, condition, or syndrome does not guarantee a child's eligibility for special education.

Eligibility for special education refers to a child being *qualified* to receive special education services. Eligibility is determined by an IEP team (aka “multi-disciplinary or child study team”) composed of various school professionals. The purpose of this team is to collaborate on behalf on the student to determine the reason(s) why he is exhibiting challenges.

Table 2.1 sets out the typical members of the IEP team and their respective roles.

There are three requirements for a child to be eligible to receive special education services. First, he must be diagnosed with one of the 14 disabilities under IDEA, as mentioned above. Second, the disability must negatively impact the child’s educational performance. Third, the child must need and benefit from specially designed instruction.

In some cases, these requirements are easily met. To illustrate, an 8-year-old child is diagnosed with a traumatic brain injury (TBI) following a car accident. After the accident, this child, who was previously educated in the general education classroom, begins to demonstrate significant challenges in learning across his academic subjects. After pre-referral strategies are implemented with little success, he is referred for a special education evaluation, in which necessary assessments are performed. The results of the assessments indicate that the child’s abilities (e.g., sensory, behavioral, or emotional abilities) have been significantly impacted by the brain injury, warranting specially designed instruction in order for him to effectively learn in school. Therefore, this child is eligible for special education services.

Table 2.1 IEP Team Members and Their Roles

<i>Parents/guardians</i> —a mother, father, or other person who legally raises and cares for a child
<i>School psychologist</i> —an individual who conducts or oversees the comprehensive evaluation, which includes a diagnostic battery of tests to determine the presence of a disability and eligibility for special education services
<i>School administrator</i> —an individual who oversees administrative duties at school (e.g., leadership, curriculum, goals, state regulations, testing) and who can inform the team about policy as well as enforce it
<i>Special educator</i> —an individual who provides instruction and support to students with disabilities
<i>General educator</i> —an individual who has a deep knowledge of the general education curriculum and provides instruction and support within the general education setting to both students with and students without disabilities
<i>Related service personnel</i> —individuals who provide services such as occupational therapy, speech therapy, physical therapy, and transportation to students with disabilities
<i>Local education agency representative</i> —an individual who represents the school system and possesses knowledge about its special education system and resources
<i>Evaluation diagnostician</i> —an individual who is trained in assessment and is able to interpret and discuss assessment results with the IEP team as they relate to designing a student’s individualized educational program (Depending on the state, this individual may be able to administer a variety of assessments.)
<i>Student</i> —the K–12 child who is being considered for or receiving special education services

Conversely, a child can have a disability covered under IDEA and not be eligible for special education services. For example, a developmental pediatrician diagnoses a child with autism spectrum disorder (ASD). This child is considered to be high-functioning, or having many skills. His IQ is average or above average, and he performs well academically in the general education setting. In addition, he is able to manage his own behavior and has a couple of friends. Therefore, although this child has been diagnosed with a disability, ASD, he does not qualify for special education services. Why? Because his disability does not negatively impact his educational performance and he is not in need of specially designed instruction in order to be successful at school. In these types of circumstances, although ineligible for special education services, a child might be eligible for accommodations under Section 504 of the Rehabilitation Act of 1973 (as discussed in greater detail in Chapters 1, 11, and 14). These are also referred to as **Section 504 plans**. In this case, a Section 504 plan may be developed to provide needed accommodations because specially designed instruction and special education services are not needed or warranted.

The Relationship Between Assessment and Instruction

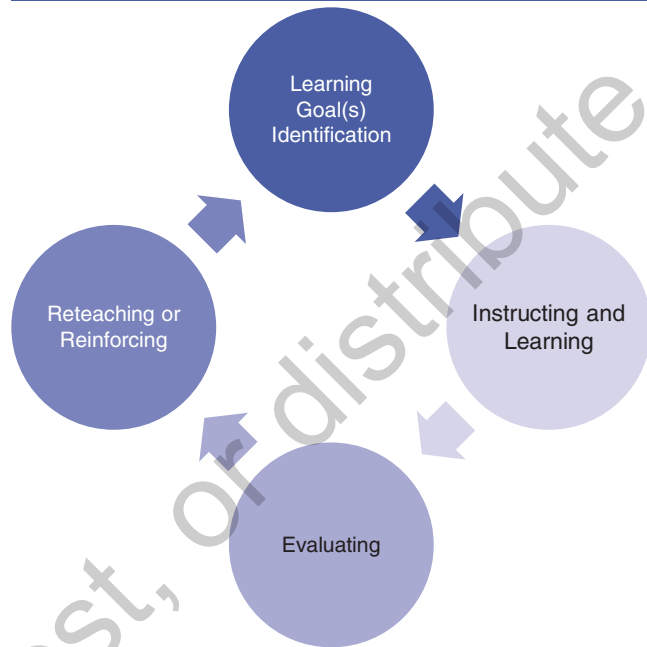
Once screening, diagnosis, and eligibility have been discussed, the IEP team then moves on to making instructional decisions based on both the results of the completed assessments and the characteristics of the disability or disabilities that have been identified. There are several instructional matters that will be taken into consideration in order to provide a student with the most appropriate education that addresses his particular needs. Considerations such as the educational setting(s) in which he will be educated, the duration and frequency of a particular therapy, and the degree to which he will be included in the general education setting will all be part of this planning process. All of these instructional decisions are directly linked to the results of the comprehensive evaluation, making the relationship between assessment and instruction undisputable. Once the testing has been completed, the IEP team will work closely together to create the best possible individualized educational program (IEP), including special education services and related services for the student, taking into consideration the student's personal strengths and challenges. After the IEP has been implemented and adequate time has been afforded, the IEP team will need to revisit the goals and objectives they have set forth for the student to determine whether the plan they have created is appropriate. Once again, the concept of assessment is directly linked to instruction. Chapter 14 will more thoroughly discuss the IEP and the process surrounding its development and implementation.

Assessment and instruction are interwoven in many ways. One process that is currently used by special education teachers to determine the gains that students are making at school which demonstrates this apparent connectivity is referred to as the **assessment loop** (see Figure 2.2). The assessment loop is the cyclical process of identifying learning goals, instructing and learning, evaluating, and reteaching or reinforcing, as appropriate.

The assessment loop begins with identifying learning goals. The special educator must ask himself: *What is it that I am trying to teach my students? What is my ultimate*

goal(s) for student learning? It might be a simple concept, such as learning to count to five, or a much loftier goal, such as how to write a research paper. Once a learning goal(s) has been identified, the special education teacher will begin his instruction by employing evidence-based teaching practices, and student learning will take place. The special educator will then evaluate the students to determine whether they have sufficiently mastered the concept(s). This can be done either formally or informally, at the discretion of the teacher. Students might be administered a quiz or a test. They might be asked to write a short essay, or the special education teacher might review their portfolios or simply observe them while they work. At this point in the assessment loop, one of two things will occur: (1) the students will have not adequately learned the content presented to them and the special education teacher must reteach the content using new and more effective strategies; or (2) the students will have mastered the content and they are reinforced for a job well done. If the latter is the case, the assessment loop has been completed and will begin once again. Ultimately, the assessment loop reinforces the notion that assessment does not exist by itself; rather, it is closely tied to instruction.

Figure 2.2 The Assessment Loop



There are two processes by which a student can be assessed in the assessment loop process: formative and summative. In **formative assessment**, the primary goal is to observe student progress and to provide regular feedback that can improve teaching and student learning. It is considered a low-stakes form of assessment, because it typically does not assign a point value. According to Carnegie Mellon University (2019), this process allows students to identify areas of strengths and weaknesses as well as pinpoint areas that need improvement. Additionally, formative assessment provides teachers knowledge of students who are struggling and allows them to address their problems in an expedited manner (para. 1). Examples of formative assessments are journaling, exit tickets, “vote with thumbs,” self-assessment, one-minute essays, and observation.

Summative assessment, on the other hand, is used for the purpose of evaluating student learning. In summative assessment, the teacher is looking at the student’s culminating progress in a high-stakes manner by comparing it against a benchmark or standard and assigning point value (Carnegie Mellon University, 2019). Examples of summative assessments are chapter tests, standardized tests, portfolios, and achievement tests.

In the following case study, depicting the cyclical nature of an assessment loop, a middle-school math teacher demonstrates the steps in a typical assessment loop when teaching her students the algebraic concept of integer factorization.

Case Study 2.1: Pre-Algebra Instruction via the Assessment Loop

Mrs. Auer is an eighth-grade pre-algebra teacher at Nottingham Middle School. This week she is teaching her students integer factorization. She carefully plans out her lessons for the week, allowing ample time for instruction and guided practice. After all, this has been a concept that her students have struggled with in the past. When her students come to class on Monday morning, she introduces the topic and provides explicit instruction on how to factor integers. Her students listen attentively as she goes over each step in the process. The following day, Mrs. Auer has the students engage in guided practice problems factoring integers. Carefully, she works her way around the classroom, answering questions and checking her students' understanding to ensure that they are on the right track when solving these practice problems. As class time moves on, Mrs. Auer feels more confident that her students are able to factor integers. On Tuesday, Mrs. Auer assigns homework problems on this pre-algebraic concept. Mrs. Auer begins class on Wednesday by going over each of the homework

questions. She asks for volunteers to go to the whiteboard to share their answers with others. The students spend the remainder of the class period working through these problems. At the end of class, Mrs. Auer announces that the following day there will be a quiz on integer factorization. On Thursday, she gives her students a 10-item quiz. As she looks around the room, she can see her students busily solving the quiz problems. This gives her a sense of relief, because she has worked hard to teach them this challenging concept. Upon grading her quizzes, Mrs. Auer calculates that more than the majority of the students have earned a score of mastery or higher. She rewards her students with free computer time at the end of class and tells them that she is proud of their progress. This pleases her students, because they enjoy playing educational games on the classroom computers. Realizing that her students have grasped integer factorization, Mrs. Auer plans to teach a new algebraic concept the following day. She will follow the same teach/assess process as she did with integer factorization.

Check Your Understanding 2.2

1. What is the assessment loop? How it is demonstrated in Mrs. Auer's pre-algebra classroom?
2. How does Mrs. Auer ensure that her students will want to do well on the next quiz?
3. Think back to your own P–12 educational experiences. Provide an example of when one of your teachers used the assessment loop when teaching a concept.

Multi-Tiered System of Support (MTSS)

It is paramount that special education teachers understand the notion that students with disabilities need to be adequately supported in their learning process. When teaching students with disabilities, we cannot simply deliver content to them in the same way as we do typically developing students, because they will need extra assistance to reach their academic, behavioral, and social goals. **Multi-tiered system of support (MTSS)** is a *framework* of standards-aligned, comprehensive school improvement that began as an effort to improve the way that educators were identifying and supporting children who need special education services. This broad-based approach addresses the academic, social, emotional, and behavioral development of children through their school experiences. MTSS incorporates Response to Intervention (RTI), curriculum design, positive behavior intervention and supports (PBIS), teacher-learner collaboration, and home-school collaboration in problem-solving (Lexia, 2018, para. 6). In order to procure the best outcome, MTSS also requires considerable collaboration between general education and special education teachers. All educators are responsible for maintaining their specific roles and responsibilities in order to support continuous improvement.

The concept behind MTSS is to document student performance as a means of indicating their need for additional services once the pre-referral changes have been made to classroom instruction. Table 2.2 gives examples of MTSS components.

Response to Intervention (RTI)

Another way that we can support the learning needs of students with disabilities is to identify their challenges in a timely manner. The sooner that we are able to identify students' challenges, the sooner we will be able to intervene and make

Table 2.2 MTSS Components

1. *High-quality, differentiated instruction*—every student receives high-quality instruction by highly qualified teachers in the general education classroom. There is a focus on culturally and linguistically relevant instruction.
2. *Systemic and sustainable change*—continuous improvement is evident at all levels (district, school, grade).
3. *Integrated data system*—districts and schools create an integrated data-collection system that includes state tests, universal screenings, diagnostics, and progress monitoring to help inform decisions about student placement in the tiered system.
4. *Positive behavioral support*—districts and schools focus on implementing both schoolwide and classroom positive behavioral support so that their students will increase their social and learning outcomes.

California Department of Education. (2019). MTSS components. Retrieved from <https://www.cde.ca.gov/ci/cr/ri/mtss-components.asp>

their educational programming more effective in meeting their needs. **Response to Intervention (RTI)** is another multi-tiered support system used when identifying students with learning and behavioral needs during the early years of their education. The purpose of this approach is to (1) provide all students with the best opportunities to succeed in school, (2) identify students with learning and behavioral problems, and (3) ensure that they receive appropriate instruction and related services (National Center on Response to Intervention, 2010).

RTI is one component of MTSS. It was founded in the 1970s when researchers were trying to determine a better way to identify students with specific learning disabilities. At this time, schools relied on the discrepancy model to identify students with potential learning disabilities. This model assessed students by determining whether there was a discrepancy between their IQs and their achievement in particular subject areas. A discrepancy suggested the presence of a learning disability (this will be discussed more in Chapter 6). RTI, on the other hand, has offered a relatively new approach to targeting students with learning difficulties through the use of “tiered” instruction. This approach has proven to be both effective and possibly faster than the discrepancy model alone at identifying potential learning problems. In 2004, IDEA not only included RTI as a process by which school districts could identify students with specific learning disabilities (SLDs) but also began to provide funding to start RTI programs at both the district and the state level (NEA, 2017).

RTI has many features that aid in identifying students who might need special education services. As previously mentioned, RTI is an approach that occurs in the general education setting, and typically students are not considered for a referral to special education until they have been unsuccessful at Tier 3 (the three tiers will be discussed in depth in the next section). Table 2.3 lists four essential requirements of a successful RTI classroom.

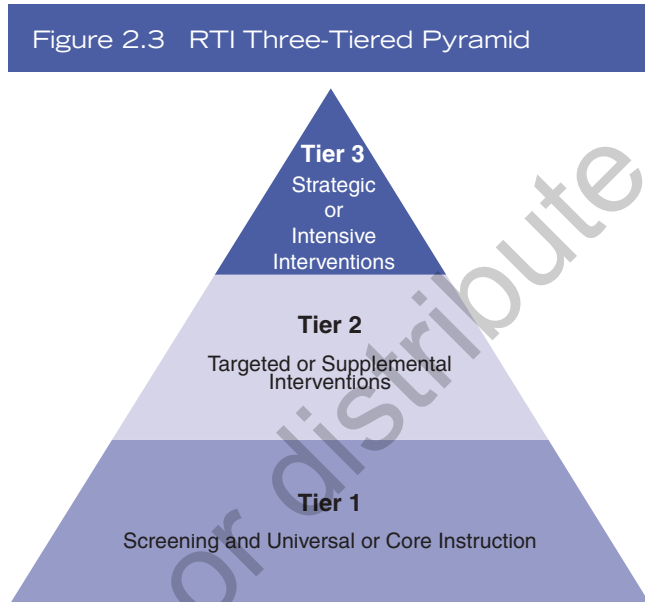
Table 2.3 Response to Intervention (RTI) Components

1. *High quality, scientifically based instruction*—teaching that employs systematic, empirical methods that use rigorous data analysis, relies on reliable and valid data, and is validated using an experiment
2. *Ongoing student assessment*—a continual process of determining a student’s progress through evaluation. This type of progress monitoring helps teachers keep track of a student’s academic performance, quantify a student rate of improvement or responsiveness to instruction, and evaluate the effectiveness of instruction (Center for Response to Intervention, n.d., para. 1). Parents may also request a psycho-educational evaluation for special education services at any point in the RTI process.
3. *Tiered instruction*—differentiating instruction to meet the child’s needs
4. *Parent involvement*—communication with parents/guardians to inform them of their child’s progress as well as obtain suggestions for supporting the child’s progress

RTI Action Network. (2018). *What is RTI?* Retrieved from <http://www.rtinetwork.org/learn/what/whatisrti>

RTI uses a tiered approach to identifying students with academic and behavioral concerns. There are typically three tiers (see Figure 2.3). Each tier dictates a specific amount, intensity, and frequency of instruction and support a student will need to be successful. The following is the common sequence of RTI:

Before a child enters an RTI placement, a universal screening should occur. Universal screenings usually are conducted a few times a year to identify students who are at risk of academic, behavioral, or social challenges. A universal screening is a brief assessment of targeted skills to determine early on whether a child will need additional support and instruction. If a child's scores fall below a specific cutoff point on the universal assessment, he will then be assigned to Tier 1 in an RTI program. The following is a discussion of the three different tiers.



Tier 1 (Primary Level of Prevention): Universal or Core Instruction

All students assigned to general education placements in an RTI classroom will begin their education in Tier 1. Tier 1 placements constitute the majority of the public school students receiving this intervention (approximately 80%). In this placement, all students receive high-quality classroom instruction by highly qualified teachers. This tier is sometimes referred to as the “universal or core” instructional intervention and is considered the least intense level of RTI. Typically, the goal of Tier 1 is for all students to meet minimal proficiency on benchmark assessments reflecting state standards. Students who are not academically and/or behaviorally successful in Tier 1 will move up to Tier 2.

Tier 2 (Secondary Level of Prevention): Targeted or Supplemental Interventions

Tier 2 allows for more targeted or supplemental intervention. Students who are placed in this tier have demonstrated lower than expected proficiency on benchmark assessments. Therefore, they are performing below grade level and require intervention. This constitutes approximately 15% of the student population. While

in Tier 2, students receive small-group instruction (three to five students per group) and individualized instruction (as needed) in the areas of academic skills (typically reading or mathematics) and/or behavior. Sessions are generally 20 to 40 minutes in length, and students typically meet three to four times a week (National Center on Response to Intervention, 2010). This is considered a moderate-intensity intervention that uses evidence-based interventions. Progress is monitored weekly or biweekly. If students are not successful in Tier 2, they will be moved up to Tier 3.

Tier 3 (Tertiary Level of Prevention): Strategic or Intensive Interventions

Tier 3 is the most intense level of the RTI model. Approximately 5% of students will need Tier 3 interventions. At this level, students are performing well below their expected grade level, requiring intensive support and instruction. In this tier, group size is usually one to three students. Students will have longer sessions and will meet more frequently with their instructors than in Tier 2. In most cases, the individuals responsible for the intervention session require specialized training, such as a reading specialist, counselor, or special education teacher. Progress monitoring occurs weekly. If a child is unsuccessful at Tier 3, it is then appropriate to refer him for a comprehensive diagnostic evaluation to determine whether he should receive special education services.

It is relevant to note that students may be in different tiers for different subjects. To illustrate, a student may be in Tier 1 for mathematics and Tier 2 for reading. Not all students will remain in the more intense RTI tiers: Tier 2 or Tier 3. For some students, it might be appropriate to discontinue Tier 2 or Tier 3 intervention if they have demonstrated required progress. In order for this to occur, students must typically achieve predetermined criteria prior to implementing the RTI approach. Special education teachers should be cautious not to discontinue intervention too early, as this can result in undesirable outcomes if a student is not ready to resume his learning in a more typical setting.

The following case study depicts a student's journey through the RTI process. It discusses the student's learning challenges prior to entering RTI and explains his progress as he moves throughout this intervention, which eventually suggests that a referral to special education is warranted.

Case Study 2.2: Sonny's RTI Journey

Sonny is a friendly, happy student in Mr. Markel's first-grade class. He lives with his three brothers, his two sisters, and his mother and father. Sonny is excited to be at school and to learn. He told Mr. Markel last week

that he wants to grow up to be an astronaut. This has been a difficult school year for Sonny, however. In particular, he has been struggling with reading comprehension. Recently, Sonny and his classmates partook in

a universal screening at school. As it turned out, Sonny failed a portion of the screening, demonstrating problems in reading. Mr. Markel spoke with Sonny's parents about the results of the assessment and suggested that he be moved to an RTI classroom to support his reading needs in the coming days. He stated this might be a good way to see whether Sonny's reading challenges could be resolved in a regular education classroom or whether there were more significant reading problems at hand. Sonny's parents were surprised, because they were not aware that he was struggling, but they agreed to get the help that he needed to be successful in school. Sonny began his Tier 1 RTI classroom placement the following week and met his new teacher, Mrs. Harry.

Mrs. Harry's classroom was very different from Mr. Markel's classroom. In this classroom, the teacher was differentiating reading instruction for her students. It was a busy classroom, and Mrs. Harry worked hard to meet each student's needs. Although she worked diligently with Sonny, he was not able to make adequate progress. He still struggled and was not able to achieve his reading comprehension goals. After several weeks of Tier 1 intervention, Sonny was moved to a Tier 2 reading classroom taught by Ms. Davis. During his time in Ms. Davis's class, Sonny received reading instruction in small groups, and the instruction occurred more

frequently than in Mrs. Harry's reading class. Sonny attended Ms. Davis's class four times a week, and his parents were glad that the school was providing quality instruction to their son, but they could tell that Sonny was still frustrated when reading. The pre-referral team met once again and decided that if by the end of the month Sonny was not making adequate progress it would be necessary for him to be moved up to Tier 3, the most intensive RTI reading classroom. Unfortunately, Sonny's progress was minimal at the Tier 2 level, and so he was moved to Mrs. Henrichson's Tier 3 reading classroom. Most of Sonny's time with Mrs. Henrichson was spent in one-on-one instruction. Together, Mrs. Henrichson and Sonny worked hard to close some of the learning gaps and to increase his ability to comprehend and retain the information that he read. After a few weeks, Mrs. Henrichson indicated that she had significant concerns about Sonny's reading skills. She noted that he could not remember sight words or homonyms. He could not easily create rhymes. His handwriting was very poor, and she was concerned about the possibility of both dyslexia and dysgraphia. Sonny's mother indicated that her brother had dyslexia, and she wondered whether Sonny also had a reading learning disability. The pre-referral team decided that a comprehensive assessment of his skills would be necessary to determine the presence of a disability. The next step was to obtain written consent from Sonny's parents to perform a comprehensive diagnostic evaluation.

Check Your Understanding 2.3

1. Briefly describe the differences between Tier 1, Tier 2, and Tier 3 in Response to Intervention (RTI).
2. Explain Sonny's parents' reaction when Mr. Markel told them about the results of his universal screening and his apparent difficulties with reading.
3. Recount Sonny's journey through the various RTI tiers leading to the likelihood of a comprehensive diagnostic evaluation.

Progress Monitoring and Benchmarks

Another way to ensure students with disabilities are supported at school is to regularly check the progress they are making. This means that instead of waiting until the end of the semester, grading cycle, or year, to see what they have learned, we evaluate their progress on a more systematic basis. **Progress monitoring** is a process by which students' academic, behavioral, and social gains, setbacks, and plateaus are observed and recorded. Whether you are assessing for screening, eligibility, or achievement students will demonstrate throughout the school year, progress monitoring is needed. While progress monitoring is beneficial to all students, progress monitoring for students with disabilities is particularly critical to ensuring that they have meaningful IEP goals and are receiving special education and related services that will aid in their respective development.

There are two distinct types of progress monitoring: mastery measurement and curriculum measurement. *Mastery measurement* is based specifically on a curriculum's scope and sequence. In mastery measurement, the special education teacher teaches a skill to students and assesses it until students demonstrate mastery of this skill. In other words, special education teachers will continue to reteach a specific skill until the skill has been mastered. To illustrate, a child must master each reading level before he is able to move up to the next reading level. *Curriculum measurement* or *curriculum-based measurement (CBM)* is the other type of progress monitoring. This method does not adhere to a curriculum sequence. Instead, regular assessments (probes) measure all skills in the curriculum. This form of progress monitoring is commonly used, as it allows special education teachers to incorporate many skills and subsequently tailor their teaching to meet the needs of their diverse students. Progress monitoring benefits special education professionals, because it often aligns to the progress of annual goals identified on a student's IEP. In addition, it can drive instruction, providing opportunity for increased flexibility and differentiation, which is not possible when using the mastery measurement model (Winfrey, 2018).

There are various types of progress monitoring tools. One commonly used example of a progress monitoring tool is a **benchmark assessment**. A benchmark assessment, or interim assessment, is used to evaluate where students stand in their learning progress and to also determine whether they are on track to performing well on future assessments (Glossary of Education Reform, 2013). It is a locally determined district-wide assessment designed to measure the achievement of standards (Bergan, Bergan, & Burnham, 2013). Such assessments provide feedback to both the teacher and the students. Benchmark assessments have several distinct purposes, as detailed in Table 2.4.

In most cases, benchmark assessments are offered periodically throughout the year, such as every six to eight weeks. All students, including both general education and special education students, participate in benchmark testing.

Table 2.4 Purposes of Benchmark Assessments

1. *To communicate expectations for learning*

Students need a clear understanding of what the special educator expects from them with respect to learning. One way a special educator can communicate expectations is by writing daily objectives on the board. Communicating expectations for learning is best expressed by the special educator in a clear and direct manner. If a teacher does not communicate his expectations for their learning, students will be unclear what the goals and objectives for the lesson are.

2. *To plan curriculum and instruction*

In order for students to achieve their goals, careful attention must be made to planning for curriculum and instruction. Choosing a curriculum that is closely tied to the students' learning goals and state standards is paramount. Once a quality curriculum has been selected, special educators can then create an instructional plan that will result in mastery of the material.

3. *To monitor and evaluate instructional and/or program effectiveness*

The special educator's job is not complete once instruction occurs. After instruction, he is responsible for monitoring students' progress to determine whether his instruction was effective and to also determine the overall effectiveness of the program. If students are not performing adequately, the special educator must reexamine his methods and implement new ones in an attempt to heighten student understanding.

4. *To predict future performance*

Benchmarks allow both general educators and special educators an idea of how students will perform on final district or state assessments. These assessments are able to predict future performance, because they serve as a snapshot of the students' performance to date.

Herman, J., Osmundson, E., & Dietel, R. (2010). *Benchmark assessment for improved learning: An AACC policy brief*. Retrieved from <https://files.eric.ed.gov/fulltext/ED524108.pdf>

Check Your Understanding 2.4

1. Define progress monitoring, and explain its significance.
2. What is another name for a benchmark assessment? How often are benchmark assessments usually performed?
3. Indicate the various purposes of using benchmark assessments when monitoring student progress.

Considerations for Students With Emotional, Behavioral, and Social Differences During the Assessment Process

When assessing students with disabilities, educational professionals are aware that some students have emotional, behavioral, and/or social differences that can impact their performance during the assessment process. Such behaviors can include attentional difficulties, test anxiety, impulsivity, aggression, lack of interest in “pleasing” the test administrator, lack of motivation, or general disinterest in the testing process. To illustrate, it is common for a typically developing child to want to “please” the test administrator by showing off his knowledge of a particular subject. This desire to please the test administrator motivates the child to perform as best he can during the assessment process. For example, a typical first-grader might want to show the test administrator that he knows how to read well, because doing so makes him feel smart and important. Consider a child with autism spectrum disorder (ASD), on the other hand, who possesses distinct social challenges. She might have little to no interest in “pleasing” the test administrator and become agitated or throw a tantrum at having to complete a given test. These behaviors would likely generate less desirable results than that of the typical first-grade student. A child with attention-deficit/hyperactivity disorder (ADHD) might have extreme difficulty sitting still during an evaluation. This could increase the number of testing sessions required for him to complete the assessment and affect the validity of his test performance. A child with a conduct disorder might aggress at the test administrator during testing, making test administration challenging once again. A child with testing anxiety might second-guess his answers, be nervous that he is being evaluated, or shut down completely during this process. These are just some examples of how possessing certain disabilities can impact assessment results. It will be important for the special educator or other educational professional assessing such students to have an awareness of the challenges they might face and how to best resolve them in order to glean the most positive and accurate assessment results. If this person is unsuccessful in managing students’ emotional, behavioral, or social differences, there is a likelihood that the assessment results will not be a true representation of the students’ abilities.

Considerations for Students From Culturally and Linguistically Diverse (CLD) Backgrounds

When assessing students with disabilities, it is critical that we be aware that students come from varied backgrounds with diverse experiences. The United

States is widely regarded as a “melting pot,” which refers to the concept that our society comprises many different people, cultures, and languages. Because of the heterogeneity of our society, special educators need to be sure that they are accurately assessing students who differ culturally and linguistically from the norm. Culturally and linguistically (CLD) diverse students are those individuals whose culture or language is different from that of the dominant culture or language in American society (Murry, 2012). These students might also be referred to as limited English proficient, English language learners (ELLs), or language minority students. Historically, CLD students have been disproportionately represented in special education (as implied in Chapter 1). This means that there has been an over-representation of CLDs in special education relative to the presence of this group in the overall student population. Several factors have contributed to this over-representation, including test bias, poverty, lack of adequate training in working with CLD students, and poor general education instruction.

Federal legislation, namely IDEA, states that assessment and evaluation materials must be appropriate to the individual taking the assessment (aka nondiscriminatory evaluation). Assessments may not be racially or culturally discriminatory. This legislation also requires that evaluation materials be provided in the child’s native language or other mode of communication, unless this is not feasible. Therefore, assessment of culturally and linguistically diverse students should occur in their dominant language, or the language an individual reads, writes, and speaks the best. Failure to properly assess CLD students in this manner can result in inaccurate test results and inappropriate educational placements.

Assessing CLD students has proven challenging at times. One limitation across assessment procedures and measures for English language learners (ELLs) is a restricted range of measures appropriate for ELL children despite an increase in this student population. Ongoing assessments prove to be particularly meaningful to ELLs. This is because unlike standardized measures, ongoing assessments are able to measure their content knowledge and abilities. To illustrate, a child might speak any number of languages. The language he primarily speaks could be one that is commonly known and used, such as English or Spanish, or it might be one that is not commonly known, such as Belarusian or Koro. If the language the child speaks is not commonly spoken, it can be daunting to find an appropriate assessment in that particular language that can be used to accurately assess him. This makes ongoing assessments a better indicator of the student’s strengths, challenges, and progress.

According to Burnette (2000), there are four principles that serve as best practices for ensuring proper assessment of culturally and linguistically diverse (CLD) students (see Table 2.5).

Table 2.5 Best Practices for Assessing Culturally and Linguistically Diverse (CLD) Students

- Gather a full, multidisciplinary assessment team. This team should include parents, educators, assessors, interpreters, bilingual educators, and a person who is familiar with the student's culture and language. All of these individuals are essential members of the team who bring their own distinct skills and expertise to assessing the child and helping make the best educational decisions for him.
- Implement pre-referral strategies and interventions. Information should be obtained to determine whether the CLD student's difficulties stem from cultural or language differences, inadequate instruction, or a disability. It is critical to know whether the child's challenges are due to not being assessed in his own language or whether an actual disability exists. This is the difference between a language difference and a language disability (discussed later in the text). For example, if a school assesses a student in English and his first language is Spanish, this student will have great difficulty demonstrating his actual knowledge of what is being assessed.
- Determine the language(s) to be used in testing. Assessment of language dominance and proficiency should be completed *before* testing for the CLD student whose dominant language is not English. Knowing the child's dominant language and proficiency will help the assessor select the appropriate assessment(s) to be administered. It is also relevant to note that the student's dominant language might vary across subject matter. To illustrate, a student's dominant language in reading might be English, whereas his dominant language in writing might be Spanish.
- Conduct a tailored, appropriate assessment of the child and environment. This should consist of nonbiased, appropriate instruments in combination with other sources of information (e.g., observations, interviews) from a variety of environments (e.g., school, home, community). No one test will accurately determine the presence of disability. For example, a child might be assessed using teacher observations, rating scales, and parent interviews. Such assessments might occur both at home and at school.

Check Your Understanding 2.5

1. How might a student possessing an emotional, a behavioral, and/or a social disability demonstrate differences in a testing situation? Provide an example.
2. How are students who are considered culturally and linguistically diverse protected in the assessment process? What must schools consider when assessing this student population for special education services?
3. Identify two challenges of assessing students who are culturally and linguistically diverse. How might these challenges be resolved?

Ethical Considerations Surrounding Assessment

In addition to the various concepts surrounding assessment in this chapter, it is also essential to discuss the importance of ethical behavior as it relates to students with disabilities. Ethics refer to a code of moral standards. These moral standards dictate what is deemed acceptable or good, as opposed to what is unacceptable or poor. There are various types of ethics that people possess which govern the way in which they behave toward a particular group or situation. As special educators, we have our own code of ethics that we are called on to adhere to both as classroom teachers and as individuals who assess students with disabilities on a regular basis. Special education teachers are required to abide by the Council for Exceptional Children's (CEC) professional ethical principles, practice standards, and professional policies. These standards outline ways that certified special education teachers must respect the diverse characteristics and needs of individuals with exceptionalities and their families. This code of ethics drives all ethical decisions special educators make with regard to assessment, as well as everyday classroom practice (see Table 2.6). The code is as follows (CEC, 1993, p. 4):

We declare the following principles to be the Code of Ethics for educators of persons with exceptionalities. Members of the special education

Table 2.6 CEC Code of Ethics for Educators of Persons With Exceptionalities

1. Special education professionals are committed to developing the highest educational and quality of life potential of individuals with exceptionalities.
2. Special education professionals promote and maintain a high level of competence and integrity in practicing their profession.
3. Special education professionals engage in professional activities that benefit individuals with exceptionalities, their families, other colleagues, students, or research subjects.
4. Special education professionals exercise objective professional judgment in the practice of their profession.
5. Special education professionals strive to advance their knowledge and skills regarding the education of individuals with exceptionalities.
6. Special education professionals work within the standards and policies of their profession.
7. Special education professionals seek to uphold and improve where necessary the laws, regulations, and policies governing the delivery of special education and related services and the practice of their profession.
8. Special education professionals do not condone or participate in unethical or illegal acts, nor violate professional standards adopted by the Delegate Assembly of CEC.

Council for Exceptional Children. (1993). *CEC policy manual*. Reston, VA: Author.

profession are responsible for upholding and advancing these principles. Members of the Council for Exceptional Children agree to judge and be judged by them in accordance with the spirit and provisions of this Code.

As mentioned, this code of ethics dictates the special educator's responsibilities required when assessing and/or educating students with disabilities. It mandates that special education teachers be highly accountable for their professional behavior. In doing so, they must not only be committed to setting the bar high when working with students with disabilities but also must maintain their own personal integrity by adhering to laws, regulations, and policies. In addition, they must remain current in their knowledge of the field of special education.

Check Your Understanding 2.6

1. Consider each of the eight provisions listed in Table 2.6 in the CEC Code of Ethics. Why do you think it is important that special education teachers adhere to these standards of behavior? Explain.
2. Select any two of the provisions listed above. Explain how you, as a special education teacher, will demonstrate these provisions in your practice as an educator.

In addition to being responsible for their own professional behavior as educators, special education teachers must be cognizant of the importance of ethics regarding the assessment of students with disabilities. This is particularly important when examining students with disabilities' right to nondiscriminatory identification and evaluation under IDEA (2004). This law has set forth several requirements:

- Unbiased, multi-factored evaluation methods should be used.

An unbiased evaluation is one that is impartial or neutral and shows no preference. A multi-factored evaluation is one that consists of several components or areas to be assessed. Therefore, a child must be assured that the evaluation methods provided him show no preference and assess several areas of his learning.

- Testing and evaluation procedures must not discriminate on the basis of race, culture, or native language.

As discussed above, all tests must be administered in the child's native language. To illustrate, a child whose first language is German must be given an assessment written in German.

- Placement decisions cannot be made on the basis of a single test score.

When determining where a child will receive his education, educators must consider the results of several assessments and not just one assessment.

(Heward, 2013, para. 3)

It is also relevant to note that in order for the evaluation to be considered ethical, more than one test examiner should participate, because this reduces the chance of examiner bias. In addition, special education professionals are required to use multiple assessment methods when assessing a child for a disability. No one single data source is appropriate for determining whether a child has a disability. Supplemental assessments may take the form of observations, background information, and/or information provided by educational professionals. In addition to all of these ethical considerations, it is critical that schools frequently and effectively communicate with the families of students with disabilities to make them aware of the assessment process.

The Importance of Communication Between Home and School During the Assessment Process

Assessing students with disabilities is a complex process. Great consideration goes into how, when, and where such evaluations will take place. Because of the unique demands of assessing students with academic, behavioral, and social challenges, it is paramount to involve the parents of students as much as possible.

Earlier in this chapter, we discussed the need to maintain good communication with parents during the pre-referral process. Communication with parents needs to continue throughout other times of assessment as well. Parents play an integral role in decision-making with regard to their child and how he will be educated. Therefore, it is necessary for appropriate communication to be maintained between home and school before, during, and after the assessment process. Parents provide essential input into the evaluation process, as they typically have the most complete understanding of the whole child. For example, parents are able to speak to their child's past educational experiences, his ability to complete homework, his attitude toward school, and so on. This information will be valuable as the IEP team works to determine the presence of a possible disability.

Schools are also required to provide parents with a description of the assessments that will be used, as well as their intended purpose, when evaluating their child. Moreover, parents should be provided with an explanation of the test results by a school psychologist or other qualified person, as well as an explanation of any proposed educational decisions based on those test results. This should occur before the parents meet with the IEP team, so that they are able to review the results and develop any questions that they might have about the evaluation results.

Parents are entitled to what are referred to as “parental rights,” which must be communicated to them by the school. Parental rights are legal rights that serve as a protection or safeguard during the special education process. Often parents are given these in a written format, referred to as a “parent handbook of rights.” It is pertinent to note that parents are typically not aware of their rights until the school discloses them, because for many parents this is the first time they have had a child assessed for a disability. This parent handbook addresses specific **procedural safeguards** and requires parents to verify by their signature that they have received it. The following is a list and description of procedural safeguards that parents are afforded:

- Parental consent to evaluate
- Confidentiality of students’ records (FERPA)
- Prior written notice
- Disciplinary procedures
- Independent evaluations
- Mediation
- Due process

Parental Consent to Evaluate

One of the core components of IDEA is parental consent to evaluate. Parental consent means that parents must give permission in order for their child to be tested to determine whether a disability is present. According to IDEA (2004), this means the parents are giving permission only to evaluate and are not yet giving the school permission to begin special education and related services (IDEA, 2004, § 300.300). In special education, parental consent is needed respectively to conduct the comprehensive diagnostic evaluation and to begin special education services, if warranted. In the case of the comprehensive diagnostic evaluation, parents must agree in writing to their child’s being evaluated to determine the presence of a disability. If parents deny the school the ability to conduct such an assessment, the school must document all attempts made to obtain such consent. If an agreement to evaluate is not reached between the parties, the school may request mediation or due process. It is relevant to note, however, that in some states this is not permissible, due to inconsistencies in the state law related to parental consent.

Confidentiality of Students’ Records

FERPA, or the Family Educational Rights and Privacy Act of 1974, was designed to protect the confidentiality of students’ educational records. This is also known as the “Buckley Amendment.” Essentially, FERPA maintains that a student’s

educational records should be kept confidential and prohibits the improper disclosure of personally identifiable information. Once a child turns 18 or begins attending a postsecondary institution, the student is granted access, the right to control the disclosure of personally identifiable information, and the right to seek to have his records amended. FERPA applies to all educational agencies and institutions (e.g., schools) that receive funding under any program administered by the Education Department (U.S. Department of Education, 2015).

Prior Written Notice

Parents have the right to receive prior written notice from their child's school every time the school proposes to make a change to the child's education. This might include (Center for Parent Information & Resources, 2017, para. 1):

- a proposal to initiate or change the identification, evaluation, or education placement of the child;
- a proposal to initiate or change the provision of FAPE (free appropriate public education) to the child;
- refusal to initiate or change the identification, evaluation, or education placement of the child; or
- refusal to initiate or change the provision of FAPE to the child.

Disciplinary Procedures

Another right that parents possess is in relation to their child's behavior while at school. Parents should be informed that if their child is subject to disciplinary procedures while he is receiving special education services, several provisions must be in place:

1. School personnel must make a case-by-case determination about discipline.
2. The child is entitled to a manifestation determination hearing that will determine whether his violation is the direct result of his disability.
3. Schools may not remove a child from his current placement for more than 10 school days during the same school year.
4. If discipline does change the child's placement for more than 10 consecutive days and the violation is determined not to be a manifestation of the child's disability, all relevant disciplinary procedures as would be applied to students without disabilities will be implemented.
5. The child should continue to receive educational services while removed from his current placement.

Independent Evaluations

Parents have additional rights with respect to the outcome of their child's comprehensive diagnostic evaluation. If the parents do not agree with the results of the assessments performed by the school district, they have the right to obtain an **independent educational evaluation (IEE)**. This occurs when the parents seek a qualified outside evaluator. In some cases, the school district will pay for the outside evaluation. In other districts, the parents are expected to cover the cost of the evaluation.

Mediation and Due Process

Mediation and **due process** are legal avenues that parents may pursue if they cannot come to an agreement with the school district about decisions regarding educational placement and special education services (these were discussed in Chapter 1). The first step in resolving a dispute between home and school is often mediation. This process allows the parents/guardians, along with an impartial mediator, to meet and discuss possible solutions to the dispute. At times, the parties are able to reach a compromise. In the event the dispute is not resolved, due process might occur. Due process, available under IDEA, provides a regulatory basis for a formal set of policies and procedures that school districts are required to implement for children receiving special education services. Due-process hearings are administrative hearings held on behalf of the child.

Check Your Understanding 2.7

1. Describe the importance of schools maintaining effective communication with students' households during the assessment process. What steps must they take to inform parents as they progress through this process?
2. Select any two of the procedural safeguards discussed. If you were a parent, discuss why you think it would be important to be afforded these rights. Be sure to mention the impact they might have on protecting the child. Give examples.

CHAPTER SUMMARY

This chapter highlighted the key elements of the assessment process in special education, beginning with the screening process and ending with diagnosis and eligibility for special education services.

It also examined the concepts of progress monitoring and benchmarks, as well as multi-tiered system of support (MTSS) and Response to Intervention (RTI). Considerations for students with

emotional, behavioral, and social disabilities were examined. Culturally and linguistically diverse students and assessment and ethical considerations

surrounding assessment were explored. Parental rights and procedural safeguards in special education were also highlighted.

APPLY WHAT YOU HAVE LEARNED

1. If a child you knew was going through the process of diagnosis and eligibility, what questions might you ask the IEP team members? Why would it be important to gain answers to these questions?
2. How could you organize the information you learned about the pre-referral process to create a presentation on the pre-referral process to a group of new teachers who know little about this process?
3. What key concepts would you use to explain mediation and due process? Which of the two do you think is a preferable first step in resolving a dispute? Why?

REFERENCES

- American Academy of Pediatrics. (2018). *Screening recommendations*. Retrieved from <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Screening-Recommendations.aspx>
- Bergan, John Richard, Bergan, John Robert, & C. G. Burnham. (2013). *Benchmark assessment in standards-based education: The Galileo K-12 Online Educational Management System*. Retrieved from <https://www.ati-online.com/pdfs/researchK12/BenchmarkAssessment.pdf>
- Burnette, J. (2000). *Assessment of culturally and linguistically diverse students for special education eligibility*. ERIC Digest. Retrieved from <http://www.ericdigests.org/2001-4/assessment.html>
- California Department of Education. (2019). *MTSS components*. Retrieved from <https://www.cde.ca.gov/ci/cr/ri/mtsscomponents.asp>
- Carnegie Mellon University. (2019). *What is the difference between formative and summative assessment?* Retrieved from <https://www.cmu.edu/teaching/assessment/basics/formative-summative.html>
- Centers for Disease Control and Prevention. (2018). *Developmental monitoring and screening*. Retrieved from <https://www.cdc.gov/ncbddd/childdevelopment/screening.html>
- Center for Parent Information & Resources. (2017). *Rights to receive prior written notice*. Retrieved from <http://www.parentcenterhub.org/notice-prior>
- Center for Response to Intervention. (n.d.). *Progress monitoring*. Retrieved from <https://www.rti4success.org>
- Council for Exceptional Children. (1993). *CEC policy manual*. Reston, VA: Author.
- Glossary of Education Reform. (2013). *Interim assessment*. Retrieved from <https://www.edglossary.org/interim-assessment>
- Great Schools Partnership. (2015). *The Glossary of Education Reform*. Retrieved from <https://www.edglossary.org/assessment>
- Herman, J., Osmundson, E., & Dietel, R. (2010). *Benchmark assessment for improved learning: An*

AACC policy brief. Retrieved from <https://files.eric.ed.gov/fulltext/ED524108.pdf>

Heward, W. (2013). *Six Major Principles of IDEA*. Retrieved from <https://www.education.com/reference/article/six-major-principles-idea>

Individuals with Disabilities Education Act, 20 U.S.C. § 1400 (2004).

IRIS Center. (2018). *What are the stages of the pre-referral process and what do they involve?* Retrieved from <http://iris.peabody.vanderbilt.edu/module/pre-ref/cresource/q2/p03>

Lexia. (2018). *RTI and MTSS: Do you know the differences between these support systems?* Retrieved from <https://www.lexialearning.com/blog/rti-and-mtss-do-you-know-difference-between-these-support-systems>

Murry, K. (2012). Cognitive development, global learning, and academic progress: Promoting teacher readiness for CLD students and families. *Journal of Curriculum and Instruction (JoCI)*, 6, 11–24.

National Center on Response to Intervention. (2010). *RTI 101: Frequently asked questions*. Retrieved from https://rti4success.org/sites/default/files/rtiessentialcomponents_042710.pdf

NEA. (2017). *Education for all: An introduction to RTI*. Retrieved from <https://www.neamb.com/professional-resources/introduction-rti.htm>

Rosenberg, M., Westling, D., & McLeskey, J. (2010). *Types of tests in used in special education*. Retrieved from <https://www.education.com/reference/article/types-tests-used-special-education>

RTI Action Network. (2018). *What is RTI?* Retrieved from <http://www.rtinetwork.org/learn/what/whatisrti>

U.S. Department of Education. (2015). *FERPA general guidance for students*. Retrieved from <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/students.html>

Winfree, L. (2018). *Types of progress monitoring in special education*. Retrieved from <https://study.com/academy/lesson/types-of-progress-monitoring-in-special-education.html>