Oakland Schools Guidance:

Conducting School-Based Evaluations for Special Education Eligibility during COVID-19

OaklandSchools | Special Populations

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Released August 18, 2020
Version 1.0

Please cite as follows:
"Oakland Schools. (2020). Oakland Schools Guidance: Conducting School-Based Evaluations for Special Education Eligibility during COVID-19. Retrieved from www.miplacek12.org

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Mission

The School-Based Evaluations Workgroup was convened in the summer of 2020 to provide written guidance for Oakland County Local Educational Agencies (LEAs) engaging in special education evaluations during in-person, hybrid or remote schooling models. LEAs have diverse levels of staffing, materials, resources, depth of knowledge and training to implement assessment practices in various schooling models. Since many LEAs are facing similar challenges as they prepare to return to school after spring's mandated COVID-19 school closure, a county-wide effort was conducted to maximize resources and avoid duplication of efforts and redundancies.

As most educators have intuitively felt, information has been released at a rapid and unprecedented speed. This document will be updated as policies from Executive Orders from Governor Whitmer's Office are made and policy statements from the US Department of Education and the Michigan Department of Education (MDE) that impact special education evaluations are released. Subsequent revisions dates will be noted.

Acknowledgements

This document represents the collaboration, tireless efforts, expertise, and commitment to excellence of many people at Oakland Schools, in our districts and across the State of Michigan. In this unprecedented time, fraught with uncertainty and challenges, this group of educators has created and outlined innovative and comprehensive methods for evaluation, remaining steadfast in their dedication to serving our students.

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The Oakland Schools team was led by Susan M. Koceski, Ph.D. and Sarah Struzik, M.A. of Special Populations. Special recognition is deserved by Dr. Koceski for her vision and devotion to the creative process and for her role in the production of an exceptional document that reflects the contributions of all stakeholders and her colleagues at Oakland Schools.

Need for Technical Assistance on Special Education Eligibility Evaluations

The State of Michigan is in the midst of the COVID-19 Pandemic that is going to impact the 2020-21 school year and the foreseeable future. Oakland County has been significantly impacted by COVID-19 confirmed cases and related deaths. Local Educational Agencies (local districts and public school academies) are responding to Governor Whitmer's MI Safe Schools: Michigan's 2020-21 Return to School Roadmap to determine when and how students and staff may return to school safely.

Many special education teams within each Local Education Agency (LEA) are trying to determine how to move forward with conducting mandated special education evaluations for students when schools reopen. The Office of Civil Rights (OCR) for the U.S. Department of Education on March 16, 2020, noted this recommendation when schools were closed:

> **If an evaluation of a student with a disability requires face-to-face assessment or observation, the evaluation would need to be delayed until school reopens. Evaluations and reevaluations that do not require face to face assessments or observations may take place while schools are closed, so long as a student's parent or legal guardian consents (OCR 202, 3).**

It does not appear that this grace period will continue indefinitely. According to the MI Safe Schools: Michigan's 2020-21 Return to School Roadmap, schools are anticipated to open for in-person, hybrid or remote instruction based on the six phases of the pandemic denoted in Michigan's Safe Start Plan. If general education instruction will be delivered to all students, then special educators must be prepared to assess students. Delays in evaluations that were permitted during the spring's mandated school closure also delay potential access to special education related services and will likely lead to more severe student difficulties in the future (EdResearch for Recovery, 2020). Special education departments must urgently address how to meet Child Find obligations for students whose evaluations were disrupted during the pandemic as well as new evaluations for all students. This situation is complicated by the fact that students will be receiving their general education instruction remotely and are unable to attend school for health reasons. Meeting student and parent needs while also upholding the technically-, ethically-, and legally-compliant evaluation practices during and post the COVID-19 pandemic is a formidable challenge facing all districts. There are no tidy answers.

Schools are not picking up where they left off after the mandated school closure of March, 2020. There have been significant disruptions to learning with students being instructed remotely in their home setting (i.e., 25% or 10 weeks of a typical 36 week school calendar at home). As a result, educators are anticipating a higher base rate of learning difficulties, behavioral challenges, and mental health needs. In addition, given the high variability in access to remote learning and student engagement with instruction during school closure, measuring the quality of instruction and the impact of a student's disability on learning will be challenging. Learning loss is problematic for school teams who engage in special education evaluations to determine eligibility, especially for areas such as specific learning disabilities, which are the most frequent evaluations completed in Oakland County schools (mischooldata.org).

In addition to learning loss, all students have experienced a disruption in social relationships, school routines, and daily activities. Some students might be experiencing mental health issues, grief and loss, and/or

trauma upon the return to school. Even if in-person instruction resumes, students will not be returning to the same school environment they had prior to the pandemic. The social milieu of schools will be impacted by new sanitation procedures, social distance requirements, restricted student movement and interaction, lack of proximity of teachers, disruptions to recess, lunch, and numerous other routines in schools despite every school district's best intention to minimize these changes. This shift will no doubt impact some students more than others and there is no easy way to predict which students will be more vulnerable to these factors or how severely they will impact academics, behavior and mental health. Although the barriers are many, special education evaluations must continue. Special education referral and eligibility determination cannot, however, be the only support available for students in need.

Finally, county-wide surveys and discipline communities of practice sessions with multidisciplinary team members have shown that educators returning to school need evaluation guidance that honors a multidisciplinary perspective. Many leading special education organizations such as the National Association of School Psychologist (NASP), American Speech-Language-Hearing Association (ASHA), Council for Exceptional Children (CEC), and National Association of Social Workers (NASW) have produced numerous papers, webinars and guidance documents in recent months specific to their roles and ethical standards. These documents have been essential for guiding this work. Position papers from prominent organizations are important but they do not carry the force of law and cannot be the sole basis of educational policy (Jacob, 2016). Unfortunately, these discipline-specific documents do not work together to shed guidance on the Multidisciplinary Evaluation Team (MET) responsibilities and how MET members can work together. Furthermore, these national organizations are aligned in many aspects but vary in their recommendations, leading to some confusion and conflicts when working collaboratively. Additionally, issues of telepractice have taken greater hold in some professions than others. Teams can learn from all of these perspectives. A guidance document from a multidisciplinary perspective should help ensure that district personnel are equipped to make informed special education eligibility decisions because they are working collaboratively, are better informed, understand the unique educational challenges facing schools, and understand the technical limits to our assessment tools.

Given the loss of learning, the social-emotional issues impacting all students and the guidance needs of multidisciplinary teams, there are serious concerns regarding how to conduct high-quality evaluations for special education eligibility ethically and reliably during various phases of Michigan's Safe Start Plan and various models of schooling (in-person, hybrid, remote). Careful consideration of policies, practices and procedures is warranted to avoid both over and under-identification of students with Individualized Education Programs (IEPs).

Purpose

The purpose of the Oakland Schools Guidance: Conducting School-Based Evaluations for Special Education Eligibility during COVID-19 is to provide strategies that school teams can use during initial special education evaluations and reevaluations to meet the requirements of the Individuals with Disabilities Education Act (IDEA) and the Michigan Administrative Rules for Special Education (MARSE) across various school models, specifically in-person, hybrid, and remote instruction. This guidance is written to promote the high-quality assessment practices teams already use, abandon practices that are unreliable or invalid, and offer improved practices that meet current schooling demands and student needs.

Special education mandated evaluations provide a useful and important role for eligibility determination, preserving free and appropriate education (FAPE) for students with disabilities. The process for special education evaluations has room for much-needed improvement. There is often a gap in understanding the IDEA federal regulations/MARSE requirements, research findings and local policy, practices and procedures. This is compounded by chronic staff shortages, cuts in funding, and high demand for services that often lead to the following problems in assessment:

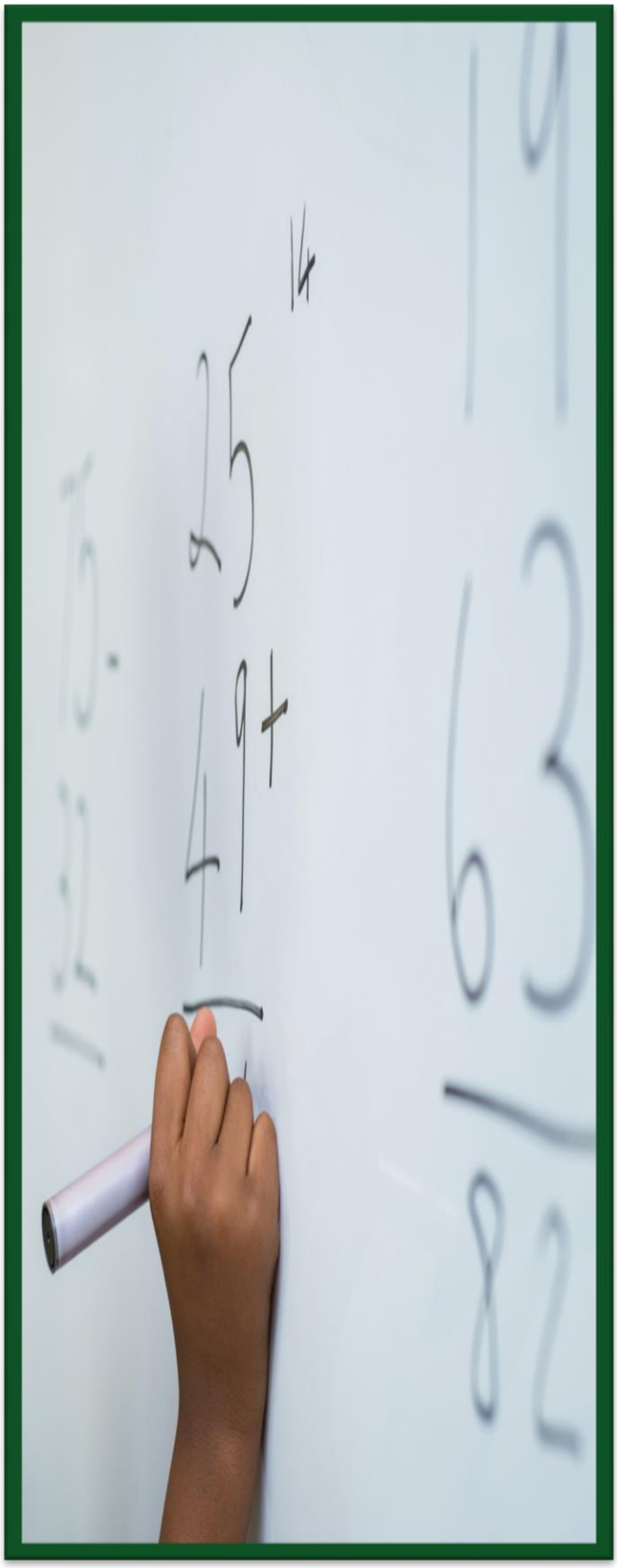
1. Overreliance on norm-referenced standardized tests for decision-making.
2. Limited use of Response to Intervention (RtI) data, dynamic assessment or diagnostic teaching as a central aspect of decision making.
3. A focus on eligibility determination and lack of focus on instructional needs or planning.
4. Evaluation reports that are too long with too high readability for parents or teachers to assimilate.
5. Frequent duplication and poor integration of assessment results among multiple ancillary staff.
6. Lack of evidence to describe the conditions when a student needs specialized instruction and/or related services.
7. Social histories completed as a perfunctory task and not meaningfully considered in decision making.
8. Testing observations poorly integrated with classroom observations.

The purpose of this document is both to assist districts in complying with all state rules and federal regulations regarding assessment, and to encourage districts to make a plan for special education assessment practices during the COVID-19 pandemic and beyond. The COVID-19 pandemic has provided an immediate reason for districts to review their special education assessment policies, practices, and procedures. Factors such as a greater emphasis on student response to instruction, using multiple sources of data, using technology during IEPs to improve access for parents, and exploring how the ever increasing availability of online resources (i.e., online scoring, remote assessments, online management of cases) can evolve our practices.

Given the insufficiency of standardized procedures and tools for use in virtual assessment, and the fact that it is not an option to cease performing evaluations, school professionals need to adapt their evaluation expertise to the new environment that the COVID-19 pandemic has thrust upon us. The culture and terms of the assessment situation have changed. The key seems to be searching for professionally defensible ways to perform evaluations that can speak to the questions: *Does the student have a disability that interferes with access to and progress in general education?* and *does the student require specialized instruction and related services in order to make progress in general education?* How can professionals speak to these issues when tools and procedures are not available? The methods and

procedures for addressing these matters must adapt to the realities and needs of the situation.

The mission facing special educators is not how to conduct evaluations in a similar fashion as prior to the COVID-19 pandemic, nor is the mission about solely retooling for virtual test administration. Instead, the mission must be designing new ways to make evaluations stronger, more reliable, and more meaningful moving forward. This is critical in a time when the performance gaps between student groups, like students with disabilities, English Learners and students who are racially diverse, may be disproportionately impacted by the pandemic. The intention of this OS Guidance document is not to retrofit our previous assessment strategies, but to retool them toward a better vision with improved outcomes for students.



Scope

The intended audience for this document includes special education directors, building principals, supervisors, and the MET participants who have a role in developing district procedures for special education identification. This document is designed to provide guidance to districts so they can make informed decisions about their own practice implications. This document is not intended to mandate an approach, nor is it intended to establish a single methodology across all school districts.

The OS Guidance is intended to address:

- **Evaluations to determine special education eligibility of students in Preschool through Post-Secondary.**
- **The value of the MET utilizing a collaborative approach when completing an evaluation.**
- **Evaluation considerations identified in three potential environments: In-person, hybrid, or remote schooling models.**
- **Implications for the roles of both individual practitioners and their broader district leadership.**

The OS Guidance is not intended to address:

- The details of how LEAs will implement local district practices and procedures.
- Personal Protective Equipment (PPE) options required to keep students and staff members safe, as this is under the purview of district administration and teacher unions.
- Implications for personnel that might fall in the high-risk category for COVID-19 exposure, which might make in-person evaluations unreasonable for their positions. This situation will be a policy decision between the employee and human resources.
- Recommendations for vendors for digital materials if a district chooses to purchase.
- Detailed guidance on the basic Conduct of an Evaluation according to IDEA and MARSE, as these resources exist on miPLACE in the Oakland Schools Special Populations group.
- Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) requirements for remote assessment platforms, as these platforms are verified by local district administration.

Guiding Principles

Section 1

The COVID-19 pandemic creates an opportunity for school teams to rethink their approach to educational evaluations guided by IDEA and MARSE requirements, research on best practices, and the use of data-based decision-making. Guiding principles allow multidisciplinary teams to act in consistent, predictable ways without needing step-by-step directions. They also allow practitioners to make good faith decisions when faced with ambiguous situations and circumstances, which is likely during this current pandemic.

The following guiding principles serve as a foundation for this guidance document and subsequent professional learning related to the content:

- Multidisciplinary teams are key to effective evaluations. Working collaboratively with colleagues to develop each evaluation plan requires more careful consideration than ever. This means one evaluation task may have implications for multiple service providers and decision making. Collaborative teams are essential to meet best practices and new demands in special education evaluations during the pandemic and beyond.

- Ground thinking in, “How can I use in-person and virtual environments to gather multiple sources of essential data for eligibility decision-making and instructional planning?” instead of merely, “How can I administer my traditional assessments in a virtual environment?”

- Value multiple sources of data for high-quality decision-making, including observations, interviews, record reviews, etc. instead of considering only formal, standardized, norm-referenced assessments. Educators should feel empowered to use informal, as well as formal assessments to determine eligibility and plan for instruction. Data sources should be used to answer the following questions: Does the student have a disability? does the disability impact progress in the general education curriculum? and does the disability require special education?

- Incorporating response to instruction, diagnostic teaching, or dynamic assessment in each and every special education evaluation is more important now than ever before. Intentionally shifting from traditional, static, one-point-in-time assessment to dynamic assessment across time is crucial for teams engaging in educational evaluations. Using response to high-quality instruction as part of assessment data circumvents the myriad of technological and validity problems associated with most traditional assessments routinely used in special education evaluations.

- Special education evaluations must be completed for continuity of care and to uphold our IDEA obligations regardless of the instructional environment. Teams cannot deny a student’s right to an evaluation, but instead, must find ways to work within new general education delivery models ethically and responsibly. This may mean, at times, making decisions based on data that might not be as optimal, or relying on data that we have not traditionally valued in the past (i.e., classroom assessments, informal assessments, interviews). The MET must make a good faith effort to collect the necessary data and to make decisions based on the data available at the time of the evaluation. If, as the result of a comprehensive evaluation, the team does not have sufficient evidence to substantiate the presence of a disability which limits progress in the general education curriculum

and requires special education, then a student would not be eligible for special education. In some cases, it may be appropriate for the team to reengage a Review of Existing Evaluation Data (REED) at a later date, if additional data becomes available that would warrant further exploration. Teams are also reminded of the opportunity to extend initial evaluations upon parental written agreement.

- Educator decision-making will be based on MARSE and IDEA requirements, professional ethical standards, and the needs of each student on a case-by-case basis. Educational teams will need to make decisions based on the data that is available. They must focus on what is the best evaluation plan for the student, not what has been an evaluation plan in the pre-pandemic environment.

- Commitment to move beyond answering "Is this a disability?" toward also answering “How does the disability impact the student’s progress in general education?” and “Does the student need special education in order to access or make progress in general education?” must anchor the evaluation plan, the written report and the verbal feedback to the parents and teachers.

- Strictly follow the REED during initials and reevaluations and do not engage in any unnecessary testing. This is a time to review if the district has been engaged in over-testing and instead, engage in best practices that individualize the evaluation to each situation. Unnecessary testing should be eliminated, such as routine intelligence testing (or cognitive processing assessments), when there is no suspicion of an intellectual disability or when there is existing intellectual assessment data that does not evidence an intellectual impairment (see section on SLD for further discussion). Additionally, a reevaluation does not necessitate that testing occur. If there is sufficient data to demonstrate that a student continues to have a disability and existing data informs the PLAAFP and needed specialized programs and services, then additional assessment data is not needed.

- Recommendations will need to match the student's full range of possible instructional delivery models (in person, hybrid, or remote) given the need to adjust instructional delivery based on the current phase of the pandemic. An evaluation that does not lead to intentional changes in instruction is an incomplete evaluation.

Section 2

MARSE and IDEA Requirements for Special Education Evaluations

Regardless of the MI Safe Start phase schools find themselves in during the COVID-19 pandemic, all special educators and ancillary staff are obligated to meet IDEA and MARSE requirements when conducting any special education evaluations. Likewise, special educators and ancillary staff including school psychologists, speech and language pathologists, school social workers, occupational therapists, and physical therapists face the same requirements and issues in performing evaluations during and after the COVID-19 pandemic, regardless of professional role and regardless of schooling model selected by districts.

Professionals sometimes have a tendency to drift away from the procedures and practices learned during initial training. In order to improve evaluations beyond the needed changes related to the pandemic, the MET needs to keep in mind the requirements for performing an evaluation. The IDEA Federal Regulations requires the MET to adhere to specific evaluation procedures when conducting an evaluation to determine eligibility for special education. The IDEA Federal Regulations section on evaluation procedures is composed of three central principles of assessment:

1. "*Use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information."* The purpose of gathering these data is to make informed decisions. It is greater than solely, identifying if the student is a student with a disability. The MET must also understand the conditions that promote and/or impede learning that will inform the content of the IEP and/or general education instruction if the student does not require an IEP.
2. *"Not use any single measure or assessment as the sole criterion."* Historically, the MET was primarily dependent on norm-referenced assessments to answer eligibility questions. This requirement means that the MET must include data from a variety of sources, including but not limited to: standardized tests, student performance on grade-level standards, and progress monitoring.
3. *"Use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors."* This refers to the use of assessments that research has shown to be valid and reliable, have been given by trained personnel, administered in accordance with instructions provided, and used for purposes for which the assessments are valid and reliable. Assessments must also include those that address specific areas of need (i.e., reading or math) not just those that provide an intelligence quotient.

The Local Educational Agency must ensure that assessments are:

- Selected and administered so as not to be discriminatory on a racial or cultural basis
- Provided and administered in the student's native language or other mode of communication
- Used for the purposes for which the assessments or measures are valid and reliable
- Administered by trained and knowledgeable personnel
- Administered in accordance with any instructions provided by the producer of the assessments
- Administered in all areas of suspected disability

- Sufficiently comprehensive to identify all of the student's special education and related needs; and, selected to provide relevant information that directly assists persons in determining the educational needs of the student

The IDEA and MARSE requirements have always required multiple sources of data and forbid practitioners to use any single measure as a sole criterion. While this has been a requirement, evaluations continue to rely heavily on norm-referenced, standardized assessments. The need to incorporate a broader selection of tools and strategies has been historically challenging to propel forward. The COVID-19 pandemic requires teams to reflect on broader use of tools and needed training. For districts that are heavily invested in norm-referenced, standardized assessments, pivoting toward broadening sources of data for all evaluations, or incorporating online assessments for some aspects of an evaluation, will be far more difficult.

The COVID-19 pandemic pushes all special educators to maintain the IDEA and MARSE requirements, as well as professional ethics from the respective disciplines. While the recent COVID-19 pandemic has caused a shift in how teams might engage in evaluations, professionals are still guided by our assessment principles, professional judgement, and expertise in educationally-based evaluations. Practitioners gather assessment data to make data-based decisions. The tests used by practitioners do not make the decision or determine the outcome. Practitioners use clinical reasoning, in addition to assessment results, to identify the student's current levels of functioning, as well as to determine the student's eligibility and plan for instruction.

The evaluation of a student with suspected learning, emotional, or behavioral difficulties is complex. When forming an evaluation plan, the MET needs to determine what additional information is needed to answer the required questions outlined in the IDEA Federal Regulations (see § 300.305(a)(2)). Table 1 has the questions from the IDEA Federal Regulations, with the questions operationalized:

IDEA Federal Regulations (see § 300.305(a)(2))	IDEA Regulations Operationalized as the Three Question Litmus Test
Is this child a child with a disability?	Is there a disability?
What is the present level of academic performance and related developmental needs?	Does the disability limit access to or progress in the general curriculum?
Does the child need special education and related services?	Are the disability and limitations severe enough to require special education so the student can access, or make progress in, the general curriculum?

Table 1.

For educational evaluations conducted by school teams, only an answer of "Yes" to all three questions indicates that special education eligibility is appropriate and a plan for special education (IEP) is warranted. If any one of the questions is a "No," then special education eligibility is not appropriate. This Three Question Litmus Test is much more stringent than the requirements to identify a disability in a clinical, outpatient, or private practice setting because the purpose of an educational evaluation is to determine a student's eligibility for special education programs and services under the IDEA and MARSE criteria, not to provide a clinical diagnosis.

IDEA and MARSE require that multidisciplinary evaluation team members use multiple sources of data, professional experience, and clinical opinion to determine eligibility for special education based on IDEA's Three Question Litmus Test; no one source of data holds more power in eligibility determinations. For example, while norm-referenced or criterion-referenced, standardized assessments may be helpful in determining whether a skill delay exists (Question 1), they don't automatically inform the team about how that delay may impact access to or progress in general education (Question 2), nor do they automatically indicate the need for special education (Question 3). School evaluators must look for patterns of performance and a convergence of evidence from multiple sources of data, across multiple evaluators, to identify a disability as defined by IDEA.

Section 3

Identification of General Education Instructional Models

The MET will need to examine the general education instructional delivery method and compare it to how special education evaluations are to be delivered. Prior to the COVID-19 pandemic, there have always been a variety of general education instructional delivery models as depicted in Table 2. Most districts have been operating traditional, brick and mortar buildings with in-person instruction and in-person special education evaluations. However, there are other options including typical virtual schooling where instruction is delivered remotely but the special education evaluations were completed in-person. Many virtual schooling options operate in this manner. In contrast, typical teleservices offer in-person instruction and provide evaluations remotely, mainly because of staff shortages or in rural areas where there is great distance between special education service providers. The last condition, exclusive teleservice, has been born out of the current pandemic conditions where both general education instruction and evaluations are remotely delivered because it is not safe for either students or educators to be in close proximity. Since this is not how typical teleservices operated, districts are breaking new ground on how to accomplish special education evaluations ethically and responsibly.

	General Education Instructional Delivery Method	
Special Education Evaluation Method	**Traditional Schooling** Instruction In-person Evaluation In-person	**Typical Virtual Schooling** Instruction Remote Evaluation In-person (e.g., pre-pandemic or parent preference)
	Typical Teleservice Instruction In-person Evaluation Remote (e.g., pre-pandemic; used in rural settings)	**Exclusive Teleservice** Instruction Remote Evaluation Remote (e.g., unsafe to be with students in-person during pandemic)

Table 2.

It is crucial to consider the general education instructional delivery method as multidisciplinary evaluation teams attempt to answer the second of IDEA's Three Question Litmus Test, "*Does the disability limit access to, or progress in, the general curriculum?*" Never before has there been such a difference in models for general education instructional delivery. Additionally, teams will need to attend to issues created by moving between models based on the phase in the MI Safe Schools: Michigan's 2020-21 Return to School Roadmap, as well as individual case-by-case needs for students requiring virtual models (i.e., medical risks for the student or family).

Special education evaluations have always been required to determine if a student is making progress in general education. Prior methods to evaluate student performance and progress within the general education curriculum (e.g., benchmark/screening, common assessments, outcome assessments such as MSTEP) have been disrupted given the pandemic. As a result, the MET will need to have a firm understanding of the student's instructional delivery to

help better understand (a) whether or not the student has a disability and (b) whether or not their disability is impeding their access to, or progress within, the general education curriculum.

Regardless of the instructional model used, the majority of students will have some delays since there was interrupted instruction and wide variability of remote instruction. Furthermore, students may have encountered trauma, grief and loss, and disrupted relationships that will impact general education instruction. Most districts have been actively engaged in designing support for students including their social-emotional learning and well-being upon returning to school.

All special educators will have to uniquely consider each student's general education instructional delivery method and design an evaluation plan that will match that instructional method, especially if the student participates in a hybrid or remote learning environment. Further, a special education evaluation and resulting IEP (if needed) must have instructional supports geared toward all possible environments where their instruction is delivered given the potential for districts to make rapid shifts based on the status of the pandemic.

Components of Special Education Evaluations

Section 4

Two of the central tenets to this guidance document are to identify good assessment practices that should not change, and determine what needs to be improved when thinking about the new circumstances of pandemic, post-pandemic, and/or virtual evaluations.

An essential component of using multiple sources of data is to make an assessment plan that is beyond testing the learner, and focuses on how the learner interacts with instructional, curriculum, and environmental factors. Moving beyond the learner also encompasses cultural and social justice frameworks for a comprehensive evaluation. Over-reliance on norm-referenced assessments and assessments removed from the natural instructional environment have been long-standing problems when conducting special education evaluations.

	Assessment Procedures			
Evaluation Domains	R Review	I Interview	O Observe	T Test
I Instruction	Review Instruction	Interview Instruction	Observe Instruction	Test Instruction
C Curriculum	Review Curriculum	Interview Curriculum	Observe Curriculum	Test Curriculum
E Environment	Review Environment	Interview Environment	Observe Environment	Test Environment
L Learner	Review Learner	Interview Learner	Observe Learner	Test Learner

Table 3. *The RIOT X ICEL Framework adapted from Hosp, 2008.*

The RIOT X ICEL framework (Howell & Nolet, 1999) **in Table 3** is used to guide the MET using multiple procedures (i.e., review, interview, observe, and test) to collect data from several domains (i.e., instruction, curriculum, environment, and learner). The MET has often focused on one aspect of the gathering assessment data by solely "testing the learner." The RIOT X ICEL framework has long emphasized two components: 1) focus on strategies that are less invasive first, such as reviewing data (i.e., the "R"), which subsequently does not interrupt any instructional time for the student, and 2) broaden the variables to consider when determining what the student knows and what the student can do. Essentially, this means understanding the interactions between the instructional demands and the student, and/or observing the student interacting with instructional materials or their peers, which is just as important as performing a test.

The RIOT X ICEL framework is based on the fundamental principle that assessments need to focus on alterable variables; these are variables that may be observed, measured, and manipulated within the instructional environment, and which may contribute to difficulties in a student's learning or behavior. Examples of alterable variables include quality of instruction, time on-task, scope and sequence of curriculum materials, and prior

knowledge. In contrast, unalterable variables are considered those which educators cannot reasonably expect to change through instruction (i.e., student mobility, gender, race). The RIOT X ICEL framework fosters the use of functional assessment. This functional, environmental focus is very different from exclusive focus on intra-student deficits or deficit models. The RIOT X ICEL framework ensures that the MET is using a variety of tools and strategies. In this framework, all sources of data are considered. Furthermore, "tests" are not put on a pedestal when compared to all other sources of data. It is important to select measures and procedures that provide the most useful information for decision-making. Table 4 contains examples of questions that would be considered during functional assessments.

Examples of Functional Questions	
Direct Observations	What are the academic demands for successful completion of the learning task?
Teacher Interview	What is the student's typical performance pattern in the classroom? Can the student work independently? How often does the student complete assignments satisfactorily?
Review Work Samples	When comparing work samples from the student to those of his peers, what is his relative level of proficiency?

Table 4. *Examples of assessment questions that would be functional in nature (Lichtenstein, 2008).*

The RIOT X ICEL model demonstrates the multiple types of data that the MET can effectively obtain for a comprehensive evaluation without performing standardized assessments. For example, if the team needed information on cognitive or adaptive behavior, standardized assessments are not the only way to verify such skills or behavior. Instead, information about cognitive skills or adaptive behavior can be obtained from a review of educational records, parent-teacher interviews, and reviews of previous general education or special education assessments, as well as from observations.

Assessment components matched to the required IDEA questions

Table 5 displays the three questions needed to be answered in each evaluation and various components of assessments. It is critical to note that not all tools and strategies equally provide information for each question, and that each tool or strategy has a primary purpose. According to IDEA Federal Regulations, it is incumbent upon the MET to understand a tool's strengths and limitations. For instance, the primary purpose of standardized, norm-referenced assessments is to compare a person's knowledge or skills to the knowledge or skills of the norm group. However, norm-referenced, standardized assessments are not very helpful in describing a student's instructional needs, knowing where instruction might need to begin, and/or understanding progress toward an instructional goal. Conversely, some assessments, like district curriculum assessments, classroom assessments, and classroom observations provide critical information about access to, and progress in, general education. Finally, information about the type of instruction and a student's response (i.e., how much prompting, explicitness, number of repetitions, rate or slope of learning, etc.), which provides essential information to determine if specialized instruction is warranted. Assessment must be conceptualized far more broadly than ever before.

Evaluation Tools and Strategies Matched to the Required IDEA Questions								
	Existing educational data including response to previous interventions	Teacher Interviews and Input	Parent interview and developmental history	Student interview	Class observations	Dynamic assessment, RTI, Diagnostic Teaching	Standardized measures Language, Cognitive, Achievement, Rating scales	Curriculum assessments (formal and informal)
Is there a disability? (Q1)	↓		↓			↓	↓	↓
Does the disability impact progress in, or access to, general education? (Q2)	↓	↓	↓	↓	↓	↓		↓
Is the disability severe enough to require special education (Q3)?	↓	↓	↓	↓	↓	↓		

Table 5. Displays the three IDEA questions and what components of an assessment may more likely address the question.

Since many teams will face making a comprehensive evaluation plan while considering the impact of virtual assessments, below is a series of charts that incorporates the recommended sources of data (i.e., review, interview, observe, and test) and provides information about additional considerations if a team were gathering this information when a student's instruction is remote.

1. REVIEW

Review the existing data about the instruction, curriculum, environment and the leaner (ICEL).

It is essential for the MET to review information from parents (e.g., any relevant physical/medical conditions, the student's social or cultural background, any adaptive behavior, etc.), school records (e.g., teacher reports, report cards, discipline records, attendance), previous classroom, district, or state assessments, and data that includes the history of, and response to, supplemental interventions. Screening and progress monitoring data should also be included as part of the data review process. If adequate data exists to answer the evaluation questions, there is no need to collect any additional data.

What questions can be answered:

- How severe or uncommon is the difference in performance between the student and their same-age peers? (Q1, Q2, Q3)

Recommended Sources of Data	Additional Virtual Considerations
• Assignments, tests, pacing guides, and grading criteria. • Curriculum materials, scope and sequence, and standards. • Digital records (state assessment, local assessment data, grades, etc.) for performance data. • Results of short-term Multi-Tiered Systems of Support (MTSS) or Response to Intervention (RtI) compared to peers using progress monitoring data. Analyze the instructional match of the intervention to the identified student needs, to ensure an appropriate fit. • Class-wide data to discern significant difference between target student performance and peers. Consider the impact of disrupted schooling on all students. • Individualized Reading Improvement Plans (IRIP) and/or IEP goals. • Environment expectations, such as classroom rules, social norms, routines and procedures. • Previous teacher input on participation, engagement, and attendance. • Universal Design for Learning (UDL) elements incorporated into instruction and were observed to be supportive of the target student. • Student records, including attendance/health, cumulative history, test performance, error analysis of permanent products, Functional Behavioral Assessment (FBA) and Behavior Intervention Plan (BIP) data as well as reports from outside agencies.	• Gather information about general education instruction provided during required distance learning from March through June, 2020. Determine if the instruction was synchronous or asynchronous. Compare this student's performance and engagement with peers virtually. Compare student performance and engagement in virtual instruction with prior in-person instruction. • Compare data for the student's engagement during virtual instruction (attendance, assignment completion, participation) with peers in the same context. Document student performance and compare to peers in class. • Compare attendance and participation data for in-person instruction to virtual instruction. • Consider broader access to online data management systems for teams to gather data virtually about standardized assessment, attendance, completion of homework, and teacher comments (e.g., ancillary staff). • Identify where data will be located for progress monitoring of virtual instruction; provide easy access for all team members.

Table 6.

2. Interview

Interview about the instruction, curriculum, environment and the learner (ICEL). Interviewing serves to document the input of relevant persons including the parent, staff, student, non-school personnel, or others who have important information about the student's needs. In order to clarify the extent of the academic problem, it is important to gain perspectives from those who come in contact with the student on a regular basis, both within the school environment and outside of it. The evaluation must include evidence to show that parents were provided with an opportunity to provide meaningful input into the evaluation process.

What questions can be answered:

- How severe or uncommon is the difference in performance between the student and their same age peers? (Q1, Q2)
- What instructional or behavioral supports are necessary, and how are they different from what general education can provide? (Q2, Q3)

Recommended Sources of Data	Additional Virtual Considerations
• Teacher report of practices and classroom expectations. • Teacher report of the functional impact of the student's difficulties on ability to meet curriculum expectations. • Support staff and interventionists description of instructional plans and the level of scaffolding/support needed to improve learning and/or behavior. • Student perception of his/her own learning and behavior in the classroom. • Student motivation toward school, e.g., using informal (see example) and formal tools (e.g., School Motivation and Learning Strategies Inventory). • Parent(s) concerns and input to help understand the student's needs including medical, developmental, and educational history, as well as outside interventions to support the student. Many informal and formal resources exist to help organize parent interviews (e.g., BASC-3 comprehensive social history, ASHA Parent survey, CARS-2, Dawson Executive functioning parent input form, Functional Communication Profile & Communication Matrix, etc.). • Outside therapists and other provider information about the student's past and current performance. • Structured rating scales. • Elements of UDL incorporated into instruction and observations about what was supportive to the target student.	• Interview teachers and parents to verify how the student responds to the procedures and systems set up in a virtual classroom to facilitate learning and engagement. If instruction will continue virtually for the student, what supports are needed? • Interview teachers regarding virtual curriculum expectations compared to the student's needs. • Interview teachers regarding the functional impact of student's difficulties related to a virtual environment; compare data with prior teacher input if available. • Ensure that rapport is developed when engaging in phone interviews. This may take longer than in an in-person setting, especially if informal conversations have not taken place that typically would in schools (i.e., hallways, drop off, school events, athletics, etc.) If instruction has been virtual, ensure that parents understand some of the questions that may be asked about a student's online learning. • Use caution with rating scales if the teacher has only interacted with the student online, as most rating scales have not been calibrated for the online learning environment. • Interview records should be shared with all team members and archived using confidential, secure methods.

Table 7.

3. Observe

Observe by considering the instruction, curriculum, and environment and match with the learner (ICEL). Observations of the student within their learning environment can be used as a powerful strategy to gather data about a) the match of core instruction to the student's needs in order to determine if appropriate instruction has been provided; b) intervention integrity by observing Tier Two and/or Tier Three interventions to determine effectiveness; c) useful strategies to inform instruction; d) learning conditions that promote or inhibit learning; and e) the student's baseline prior to the intervention phase. Best practice suggests conducting an observation at a time when the student is engaged in the specific area of concern identified by the evaluation team. Observations across multiple instructional settings and times, conducted by different team members, are often helpful. When observing a student, it is important to observe conditions of instruction that may support or inhibit learning.

What questions can be answered:

- How severe or uncommon is the difference in performance between the student and their same-age peers? (Q1, Q2, Q3)
- What instructional or behavioral supports are necessary (i.e., differentiated instruction, modifications, accommodations, etc.) to facilitate learning? Is there a match between the student needs and the instructional materials? (Q2, Q3)

Recommended Sources of Data	Additional Virtual Considerations
• The student interacting with curriculum materials and tasks using systematic observations, checklists, or anecdotal recording. • Pattern of interactions between the student and their teacher; patterns of interaction between the student and their peers. • Observe the use of materials, modification of materials, teacher instruction, and performance on assignments and assessments. • Peer/student comparison data in the classroom setting (e.g., frequency data, passive and active engagement, opportunities to respond, praise/encouragement). • Patterns of interactions across various settings (including specials, lunch, playground, etc.) to determine how performance varies. • The student's response to an intervention, diagnostic teaching, or dynamic assessment (observe/test, teach, observe/test). • Observation tools specific to English Learners (see Gaviria and Tipton, 2016 observation checklist) or observing students with ASD (see GVSU ASD Quadrant form).	• Consider conducting observations by multiple professionals simultaneously. Turning off observer cameras can limit the distraction multiple observers may produce for the student; inform parents and staff of the reason for multiple observers and muted cameras • Video observations of interactions with family members (immediate and extended) or video recordings of the student learning at home can be valuable. • Consider peer/student comparison data in the synchronous virtual classroom setting (e.g., frequency data, passive and active engagement, opportunities to respond, praise/encouragement, etc.). • Consider student's response to synchronous vs. asynchronous instruction. Is there a disability or mismatch between student and instruction? • Observe work samples from virtual learning to demonstrate progress and/ or success with virtual learning activities. • Consider that the educational impact of behavior may vary between a home setting (virtual) and an in-person learning environment. Observations and evaluation summaries should account for all student contexts.

Table 8.

4. Test

Test by considering the instructional, curriculum, environment, and learner (ICEL) variables

Before the MET engages in a comprehensive evaluation, establish a clear understanding of eligibility areas being considered and the assessment needs for each, with respect to the suspected disability. Narrow the assessment plan down to what is actually required or needed to determine eligibility in that area. While standardized, norm-referenced assessments can certainly be useful tools, IDEA § 300.304 refers to assessment tools and strategies, not only tests. In general terms, testing could include screening, diagnostic, and outcome assessments, and these sources should be considered evaluation data. Tests are not limited to standardized, norm-referenced assessments. According to § 300.304(c)(1)(iii), *the tests chosen must be used for the purposes for which the assessments or measures are valid and reliable.* Unfortunately, school teams routinely adapt tests for purposes other than their intended use. It is necessary for the MET to determine the type of information needed, and then determine which tests or tools would best provide the necessary information, while remaining within the parameters of their intended use. There are several dimensions to consider in the selection and use of many norm-referenced cognitive, academic, and language measures.

The MET should consider these dimensions when making choices regarding the domains to assess and specific assessment tool selection:

a) The best way to assess an academic problem is to directly measure that academic problem.
b) The MET's shared understanding of common assessments will improve eligibility decision making.
c) Using a variety of assessment procedures covering many domains will ensure that data collected will functionally describe the student and their needs.

What questions can be answered:

- How severe or uncommon is the difference in performance between the student and their same-age peers? (Q1, Q2, Q3)
- What instructional or behavioral supports are necessary (i.e., differentiated instruction, modifications) to facilitate learning? Is there a match between the student's needs and the instructional materials? (Q2, Q3)

Recommended Sources of Data	Additional Virtual Considerations
• Diagnostic teaching or dynamic assessment measuring the student's response to instruction and how much effort and scaffolding are needed for learning (for example, diagnostic teaching of subtest items, testing above and below basals/ceilings) to understand performance. • Define the discrepancy between expected (typical grade level peers) versus the student's actual performance. • Full cognitive or language assessment (standardized cognitive and language assessments are not warranted for all evaluations). • Compare the student performance with national and local norms. • Curriculum based assessments (e.g., DIBELS, AIMSWEB, FASTBRIDGE, etc.). • Informal assessments (e.g., Core Reading SourceBook) and inventories. • Social-emotional rating scales and observations. • Rating scales. • Language samples obtained in the learning environment or in assessments.	• Provide training sessions for parent facilitators; although there has not been any research for parents and facilitators and impact on student performance so be cautious. • Abbreviated or careful selection of tests (e.g., cognitive, language, academic) where there is less influence in virtual setting. Carefully consider if this is a situation where there are no other options than to administer standardized assessments in non-standardized ways; note score earned during virtual interaction, then test the limits of the task to understand what supports and how much effort is required for the student to be successful with the task (i.e., test the limits or formal modifiability rating scale). • Careful use of normative data for any evaluation describing the non-standardized administration or the lack of norms to interpret the data likely leading to underperformance. • Combination of real-time, virtual interactions and video recordings of student performance at home to allow evaluators to understand error consistency among different settings. • High-quality headphones and mic are required to allow for accurate, real-time audio and visual perception on the part of the evaluator and student; must be able to see face, mouth movements, and body language, as well as to express clearly and in real-time for accurate sound and visual perception of tasks. • Use a real-time HIPAA- & FERPA-compliant virtual meeting platform that allows for 1) the evaluator to project task stimuli via a doc camera or screen sharing and 2) the student to control the cursor or annotate to indicate answer selection. • Consider use of Q-Interactive test platform (SP, SSW, SLP) for Pearson assessments, depending on the frequency of evaluations conducted. • Virtual administration of rating scales, when appropriate, to adhere to social distancing. There are also considerations for e-mail versions of the rating scales that teachers and parents may be able to fill out. • Language samples virtually collected by the examiner or recorded by parents.

Table 9.

Section 5

Consideration of Exclusionary Factors in the Evaluation Plan

Oftentimes, teams feel that they need a formal or standardized assessment in order to rule in or rule out an exclusionary factor. Teams need to base decisions on data and should feel that they have a variety of sources of data to verify an exclusionary factor. If compelling data exists that adequately answers the eligibility questions, the team should not feel compelled to have a standardized test to verify the information. Table 10 provides examples of data that can be used to consider exclusionary factors.

Exclusionary Factors		
Domain	**Existing Data**	**Formal Assessment**
Vision or Hearing	School or health screening	Audiologist or Ophthalmologist evaluation
Motor Difficulty	Teacher/physical education observation	Physician's evaluation
Cognitive impairment	Rate of acquisition of language, learning, or adaptive skills	Intellectual assessment and adaptive behavior
Emotional Impairment	Teacher observations, ratings, and parental input	Teacher, school psychologist, and school social workers interviews, observations, rating scales, etc.
Autism Spectrum Disorder	Teacher observations, parent observations, rating scales	Multidisciplinary ASD evaluation
Cultural Factors	Individual performance relative to disaggregated performance in the student's cultural group	Parent interviews and family history
Environmental or Economic Disadvantage	Individual performance relative to disaggregated performance with respect to the student's sub-group	Parent interviews and family history
Limited English Proficiency	WIDA Screener, home language survey, oral language samples, progress monitoring data, etc.	Socio-cultural family interview, teacher interview, bilingual assessments, (listening, speaking, reading, writing), single case study design of response to interventions. See Oakland Schools Guidance: Difference or Disability for more details.

Table 10.

Section 6

Recommendations for Special Education Evaluations during COVID-19

Central Question

What are the best practices for conducting a special education evaluation during COVID-19 and beyond?

Breaking Down the Issues of Special Education Evaluations during COVID-19

Concerns about gathering assessment data during the COVID-19 pandemic are not unique to any one service provider involved in a special education evaluation. In fact, many educators are concerned about their personal health, the health of students, and balancing Child Find obligations. Even if students return to classrooms for in-person instruction, there are numerous barriers that must be considered by the MET members when developing an evaluation plan.

Timelines

Due to the sudden closure of schools in March 2020, many in-progress special education evaluations were disrupted, delayed, or extended. When school resumes, whether in-person or in a virtual format, special educators will be faced with the following challenges:

- **Prioritizing Evaluations:** Prioritizing extended or delayed initial evaluations, overdue re-evaluations, and any new referrals that have been made.
- **Adequate Staffing:** Due to the backlog of evaluations, districts may lack staffing to complete these evaluations, as well as new referrals, for evaluation in a timely manner.
- **Coordination of Evaluations:** Special education evaluations require input and assessments from multiple members of the educational team. Given the complexity of student schedules in a hybrid or virtual model, the team will be challenged to gain all of the necessary data to complete the evaluation without encroaching on precious instructional time. In addition, for virtual assessments, coordination between multiple service providers and the family is daunting.

Review of Existing Evaluation Data

The ability to do a comprehensive review of past or present data and records, including response to general education curriculum expectations, response to core instruction and supplemental interventions, previous evaluation data, work samples, (and any other assessment information) may be impacted in the following ways:

- **Interrupted schooling resulting in lack of instruction:** Intermittent schooling, interrupted instruction, lack of access to technology, and possible trauma have all impacted the quality of teaching and learning since March 2020. Although interrupted schooling is disadvantageous for all learners, it may disproportionately impact some subgroups of students more than others, including English Learners, students with disabilities, economically disadvantaged students, etc. In fact, a University of Southern California (2020) parent survey found that about

85% of the most affluent families said their child had interacted with their teachers since schools closed compared to 62% of the lowest-income families.

- **Lack of academic and behavioral data:** Student disengagement and the shift to virtual instruction has resulted in a reduction of available work samples, progress monitoring data, behavioral data including functional assessment of target behaviors (FBA), as well as a lack of access to targeted interventions. In addition, with the closure of schools, many year-end evaluations were not completed.

Time

As school resumes, districts are offering a variety of formats for instruction including in-person, hybrid models incorporating some in-person and some virtual learning, and a fully-virtual model in which all instruction would be provided remotely. Due to the unpredictability of COVID-19, districts may be forced to make rapid shifts between these formats. Special educators will need to be prepared to complete evaluations across each of these formats. Regardless of the evaluation format, evaluations will take additional time to complete. During in-person evaluations, the implementation of safety protocols will add to the evaluation timeline. Furthermore, due to the unfamiliarity of both staff and students with the virtual evaluation, extra time will be needed to deliver materials, set up equipment, and train all participants.

Added Costs

Whether evaluations are completed in-person or virtually, school districts will incur additional financial costs. These costs may come in the form of purchase of PPE and cleaning supplies, technology and equipment for district staff and families, as well as memberships to virtual testing platforms.

Safety

When completing an in-person evaluation, the safety of staff and students is paramount.

- **Physical Distancing:** Special education evaluations will need to be conducted in a dedicated space that will allow for appropriate distancing and ventilation. It will also be necessary to limit the exposure of students and staff to the least number of people possible.
- **Sanitization of Test Space and Materials:** The dedicated evaluation space and materials must be properly sanitized both before and after the assessment. Protocols for the cleaning of shared materials and test kits will need to be developed.
- **Personal Protective Equipment (PPE):** The evaluator and student will need to be provided with and wear appropriate PPE throughout the evaluation. The use of PPE during an evaluation may be challenging as it can obscure the nose and mouth making it difficult for participants to hear and see each other. In certain types of evaluations, the face of both the evaluator and student must be visible in order to gain valid information. This may require the use of PPE that ensure that the faces of the evaluator and the student are clearly visible.
- **Completing Student Observations:** Completing the necessary classroom observations will likely be challenging. Students will have just returned to school after months at home without the structure and routine of school. Student behavior is likely to be impacted by anxiety and trauma experienced during the pandemic. In addition, they will need to learn new safety procedures and routines dictated by the pandemic. It may be difficult to separate new behaviors related to the pandemic from long-standing behaviors that indicate disability. Finally, having additional staff observing in the classroom may create health risks due to exposure to additional personnel and the need for physical distancing.

Standardization Issues using Norm-Referenced Tools

- Most individually-administered assessments that are typically used during special education evaluations were standardized and normed using in-person test administration with students that engaged in a traditional school experiences pre-pandemic. In contrast, students during the COVID-19 pandemic have experienced significant interrupted and intermittent educational experiences, in conjunction with varied trauma, grief/loss, stress, and other emotional difficulties. Even for in-person assessments, the new social milieu of schools (e.g., PPE, social distancing, change in climate) during the assessment can impact the reliability and validity of all assessment results. Typically, test administration has not involved masks or Plexiglas. Furthermore, research demonstrates that distress, physical health, psychological health, trauma, and examiner rapport can negatively impact test results. These factors must be considered as part of the context for validity of and interpretation of the results, as well as recommendations during the COVID-19 pandemic and beyond. The examiner will also need to use data-based decision making skills, experience, and judgement in determining how to report student performance with reasonable confidence and certainty. Given these aforementioned unusual variables, the norms may not easily apply in current testing situations, rendering norm-referenced assessments likely invalid and unreliable.

Strategies to Consider for Special Education Evaluations during COVID-19

1. Strictly follow the REED during reevaluations and do not engage in any unnecessary testing. A reevaluation is not solely used for a redetermination of eligibility. For reevaluations, carefully consider the four components of the REED. Consider what information already exists that will address each component, particularly the first component of whether the student continues to have a disability. If there is sufficient data to answer the four questions of the REED, then there is no need for further assessment. A REED is not intended to be utilized as a perfunctory, "one size fits all" approach to identify student needs; routine evaluations are often not required. Furthermore, the REED is not intended to be a procedure to obtain consent to engage in a routine evaluation.

2. Using RtI-related practices as part of assessment data circumvents the myriad of technological and validity problems associated with most traditional tests routinely used in special education. Established school-wide, tiered supports, individual, single-case design, or test-teach-test practices can add important alternative assessment data. The MET should work together to incorporate data prior to or during the evaluation to collect instructional and behavioral data to use in eligibility determination. In many cases, this data can substantiate both Question 2 and Question 3 of the Three Question Litmus Test. See Appendix A for resources on Dynamic assessment and RtI practices.

3. The evaluation planning process should be predicated on the safety and best interests of students, families and staff members, and not driven by previous routines. The evaluation planning process needs to focus on defining the specific information needed and selecting the appropriate components to gather the information in the safest way possible. Working collaboratively with colleagues remains a key part of providing an appropriate, comprehensive evaluation plan for our students. This means that one evaluation task may have implications for multiple service providers in the decision-making process. Collaborative teams are essential to meet best practices and new demands in special education evaluations during the pandemic and beyond.

4. Sufficient information for special education eligibility decision-making can be gathered using reviews, interviews, observations, rating scales, and formal and informal assessments. When using and reporting out on informal assessment procedures, educators should: describe the tasks, how they were presented, how the student responded, and the basis for any conclusions drawn from the interaction (Collier, 2011). These tools should be utilized before any consideration of non-standardized administration of norm-referenced assessments. When gathering parent input, practitioners will need to interview parents specifically about their child's distance learning experiences. See Appendix B for questions that might be useful to gather from parents.

5. If a MET uses all their sources of data (i.e., existing data, interviews, observations, informal assessments) and concludes that data from norm-referenced, standardized assessment is still necessary, then non-standardized administration could be considered. The use of any standardized assessment in non-standardized ways should be used sparingly and with the utmost caution on a case-by-case basis. In general, deviating from standardized administration (e.g., testing the limits, using alternate methods of administration) often introduces unknown errors. Educators should think through every single task administered and decide how much the quality of the data is likely affected by the alternate administration format. "For example, some purely verbal tasks may suffer very little alteration in the quality of data collected, as they rely primarily on hearing and speaking, whereas

many nonverbal tasks are likely to suffer more greatly in this format" (APA, 2020). As such, the examiner should provide a detailed statement of all deviations to standardized administrative procedures, cautioning results with interpretation, and indicate why non-standardized practices were used with appropriate cautionary notes (see Appendix C). Professional judgement is required to determine what information is useful when altering standardized administration practices, including the potential use of reporting qualitative data.

6. If using any standardized test or a standardized tool in a non-standardized manner, scores should not be reported as a valid and reliable indicator of the student's performance. To help with clarity for reporting purposes of such use of assessments, practitioners may consider the following:
    a. Do not report standard scores, scaled scores, age equivalents, or percentiles as absolute true scores. There are mixed opinions on using grade-level norms during the pandemic (NASP, 2020f; APA, 2020e).
    b. Do consider using general qualitative descriptors, such as *above standards, meets standards, below standards,* rather than descriptors generally listed in test manuals (e.g., average, below average, impaired).
    c. Do report student performance within an approximate range, such as using the maximum confidence interval.
    d. Do rely on more global or composite scores as opposed to a single subtest score when considering your interpretations.

7. Some parents may not send their students to school, even if schools are fully open, due to concern about the contagion of COVID-19 or other personal family decisions. When safety measures can be taken, it is highly recommended that evaluations for special education take place in-person with proper personal protective equipment provided by the local educational agency, even if a student is currently receiving instruction remotely. As long as the state is in phases 4-6 where in-person instruction is allowed, evaluations for special education eligibility are encouraged to be conducted in-person to minimize error and maximize results.

8. Careful consideration should be given to students who are English Learners (ELs) and their families. Separating disability from difference for EL students has unique challenges for both in-person and/or virtual assessment. Following the LEA's systemic process to determine eligibility for special education is crucial and matches the guidance in this document. A detailed discussion is beyond the scope of this document, but readers are encouraged to review the process, tools and strategies recommended in the OS Guidance: Separating Difference from Disability in English Learners Who Struggle and Oakland Schools Guidance: Effective Interpretation Process for English Learners and Their Families.

9. Teams should shift toward using the Three Question Litmus Test as a way to structure assessment, eligibility determination, and report writing. This will enable districts to move away from routine assessments and encourage practitioners to gather data to answer the Three Question Litmus Test questions only. Districts should build on existing infrastructure to shift toward collaborative reports where possible.

10. It is recommended that the MET has a communication script for explaining eligibility for special education services and how these processes and procedures will be impacted during the current COVID-19 pandemic. See Appendix D for Informed Consent.

11. Districts might consider investing in a core set of online and digital in-person tests that can be administered on a tablet or electronically for in-person assessments. The current pandemic pushes departments to consider the cost difference between traditional administration and digital/online. For in-person assessments, digital platforms save significant time, support more efficient sanitation practices and allow for improved physical distancing practices. Online assessments, such as online rating scales, allow for remote delivery (email) and more efficient data collection methods as rating scales are completed online by parents, teachers or students with less physical contact. See Appendix E for more information about Digital and Online Evaluation tools.

12. Districts should actively track their identification rates over the last three years compared with the 2020-21 school year in order to gain insight into the practices, while using this data to make adjustments and provide training as part of an ongoing problem-identification and problem-solving framework.

Strategies to Avoid for Special Education Evaluations during COVID-19

- It is not advisable to solely administer standardized, norm-referenced tests during the pandemic and expect that there will be no impact on the test results. Parents must be fully informed of validity concerns and current limitations of performing special education evaluations during COVID-19 when obtaining consent for testing.

- While home visits have been a part of best practices, it may not be safe for the practitioner or the family to currently engage in this practice, despite agreement of both parties. Consult district special education administration for policies regarding in-home evaluations during COVID-19.

- Return to school will be fraught with transitions for staff and students. Assessing students during the first two weeks of school should be avoided, when possible.

Recommendations for Virtual Evaluation Practices

Section 7

Central Question

How can teams conduct an evaluation for special education eligibility if the student evaluation must be performed virtually?

Breaking Down the Issues of Virtual Evaluations

Given the urgency to address students who are receiving their general education instruction remotely and are unable to attend school, special education has been grappling to meet Child Find obligations and to meet the technical, ethical, and legally-compliant, comprehensive evaluation practices. “Given this uncertainty and the urgency in which these matters must be addressed, there may be a temptation to engage in or endorse clinical practices that have yet to be fully vetted or may even be ethically or legally questionable” (Farmer et al., 2020).

It would be an easy solution to just look toward online assessment platforms, make purchases, and fulfill testing mandates; however, tidy solutions are rarely correct and appropriate in complex situations. There are a host of serious methodological issues that only make virtual assessment a viable solution to supplement an evaluation on a case-by-case basis. Blanket policy statements will likely prove unhelpful given the complexity of the issue and the individual variables associated with each student. While it is practical and even advantageous at times to consider remote evaluations, many issues would have to be confronted and resolved in order to gain quality information. As the field is changing and more assessments are available through online platforms, understanding the concerns and making long-term plans are warranted.

Standardization Issues for Virtual Evaluations

Most individually-administered assessments were standardized using in-person administration. For these tests, tele-assessment methods would be considered an adaptation of the standardized administration (NASP, 2017a). This makes comparison to the norm group highly questionable. The impact of this adaptation would not be quantifiable and would need to be taken into consideration when interpreting results and reporting to others. The break in standardization is not the only issue, as the significant disruption in school and changes in school environment in the coming year both pose additional challenges (see Section 6).

Tele-services have infrequently been utilized in educationally based evaluations for special education services. Pearson and its Q-Interactive system were designed to use technology to administer assessments through iPads with the examiner and examinee in close, physical proximity, but not for virtual delivery through tele-service. Administration of these tools, such as Q-Interactive or any traditional, in-person assessments, through online platforms (e.g., Zoom) is an adaptation that has not been studied or permitted at this time. As this is a rapidly changing field, practitioners will need to check with the publishers for ethically responsible use.

Third-party providers, like Presence Learning, have been given exclusive rights to develop online administration with their own standard protocols. They hold licenses with publishers permitting the development of online administration and scoring procedures. As reported in a Presence Learning article (Taylor, 2018), a limited research study is cited to indicate that there is value in virtual evaluations, with minimal differences between in-person and virtual assessment. The limited amount of tele-assessment research has been completed pre-pandemic in clinical settings with adults, and may not generalize as easily to school settings, with children, using parents as facilitators. Furthermore, not every student would be a candidate for this model.

Presence Learning requires a host of specific technology platforms that are HIPAA-compliant to ensure confidentiality, speed, bandwidth, pixel/clarity, and high-quality sound. In addition, there are specifics as to the size of screen, use of document camera, quality headphones for each participant, and training for a facilitator who is not a parent, family member, or caregiver (CASP, 2020). Given such extensive protocols, these parameters are difficult to replicate in school settings.

Ethical Considerations for Virtual Evaluations

Guidance from most national organizations (i.e., NASP, ASHA, etc.) is that practitioners must practice within the scope of their training. In Michigan, LARA is the licensing agency for tele-health providers. Tele-health services must be provided by a healthcare professional who is licensed, registered, or otherwise authorized to engage in their health care profession in Michigan. The Michigan Administrative Rules for Special Education do not contain any restrictions on conducting evaluations virtually. However, for districts that use third party platforms, the examiner must be licensed in the state of Michigan.

Facilitator or Primary Support Person during Virtual Testing

Traditional tele-assessment services (e.g., Presence Learning) frequently require a facilitator to assist the student in test administration, technology set up, engagement, etc. Most standardization procedures do not allow for anyone, including the parent, to be in the room for an assessment for school-aged children (birth to three would be an exception). On a rare occasion, at the examiner's discretion, a parent may be present and, in this case, the impact should be noted in the written report and considered in the interpretation of results.

During the current pandemic, the only safe facilitator might be the parent or family relative, complicating teleassessment options even further. This puts the practitioners in the position of evaluating the competence of the parent to handle the technology involved, as well as to ascertain potential parental biases and ethical considerations in assisting the student during the assessments. There has not been any research regarding the impact on student performance when parents are used as facilitators of standardized assessments, so be cautious.

Limited Access to Technology/Materials

If virtual assessment becomes necessary, providing families with access to the necessary equipment and reliable internet will be crucial, as many families lack appropriate, efficient technology and connectivity that is often needed for such tele-services. Additional pieces of equipment/materials, such as document cameras or manipulatives, may be needed to be able to complete test items and view student responses to assessment items. Districts must be prepared to problem-solve these issues in order for virtual evaluations to be successful.

Ensuring Quality and Training

Use of telepractice must be comparable to the quality of services provided in-person and consistent the examiner's professional code of ethics. As the need for virtual assessment is new to the majority of evaluators, many lack the necessary training and experience. In addition, students lack experience in performing in a virtual environment. Many families also lack the skills to set up and troubleshoot the technology needed for virtual assessment and may struggle being in the role of a facilitator. Given all of the aforementioned information, careful case-by-case consideration is warranted.

Appropriateness of Virtual Format for Students

Tele-services, including teleassessment, may be the only service delivery model option available and offered to ensure continuity of services during the pandemic; however, because special education services are based on the unique needs of each individual student, teleservice may not be appropriate in all circumstances or for all individuals (e.g., visually impaired, hearing impaired).

Completing Virtual Student Observations

Classroom observations of a student can provide valuable information about how the student functions in the classroom and the support needed to ensure success. In addition, they are often required for comprehensive evaluations. Observations can be conducted through technology; however, collecting useful behavioral and social data may have additional challenges in the virtual format given that this format may not be by choice and may not match the student's typical, pre-pandemic school environment.

Strategies to Consider for Virtual Evaluations

In addition to the aforementioned strategies to consider for in-person special education evaluations (see Section 6), there are other strategies to consider when incorporating virtual assessment practices as a part of a comprehensive evaluation.

Use of telepractice must be equivalent to the quality of services provided in person and consistent with adherence to the examiner's professional code of ethics. “School-based practitioners will have to determine on a case-by-case basis whether they are sufficiently trained to engage in testing over the internet according to their professional organizations and experience” (Farmer, et al, 2020).

The following strategies are recommended to increase the quality of services if a virtual assessment is deemed warranted. It is strongly encouraged that each situation is considered on a case-by-case basis. To ensure equivalency of services for virtual assessment, the following strategies should be considered:

1. District staff should include informed consent for the parent explaining considerations and limitations of performing tele-assessment services (see Appendix D).

2. Virtual evaluations should be considered on a case-by-case basis, including its appropriateness. In some circumstances, it may be inappropriate to consider any use of virtual assessment, which will require the MET to rely on other sources of data. Teams will also need to consider the unique needs of each individual in terms of student characteristics, environmental characteristics, and task complexity, while selecting and using assessments that are fitting for use on virtual platforms, including any potential concerns (see Appendix F).

3. If there are safety and health reasons that prevent an in-person evaluation for the student or the staff person, districts are urged to have a dedicated, regularly sanitized assessment room at a specific designated area, such as district or administrative offices, for no contact entry and exit where technology, testing materials, and an environment conducive to assessment can be secured as an optimal setting to ensure the safety and welfare of all. Technology can be secured that is HIPAA- and FERPA-compliant, quality broadband and video services, quality headphones for three participants (examiner, student, and primary support person), and document camera if needed. The assessment can still take place virtually, but many threats to validity and reliability may be minimized by controlling the environment as opposed to a similar assessment conducted in a home setting.

4. If conducting any portion of an evaluation using an online platform, teams are strongly encouraged to prepare the facilitator about their role, expectations, and process. Parents acting in the role of the facilitator is not recommended for obvious conflicts of interest and potential for compromising the integrity, validity, and reliability of the assessment(s). In each case, there needs to be a determination if the risk of using a parent facilitator outweighs the risk of not conducting a virtual assessment (see Appendix G).

5. To date, there is limited research and evidence for equivalence of testing in a virtual format compared to a traditional, in-person format. Educators should think through every single task administered and decide how much the quality of the data is likely affected by the alternate administration format. “For example, some purely verbal tasks may suffer very little alteration in the quality of data collected, as they rely primarily on hearing and speaking, whereas many nonverbal tasks are likely to suffer more greatly in this format” (APA, 2020). Since

many norm-referenced assessments were not standardized in a virtual manner, if given, these assessments cannot, and should not, solely be used for high-stakes decisions and should be avoided when possible. Using virtual platforms for less restrictive forms of educational assessment, such as diagnostic interviews, rating scales, observations, and assessing a student's response to instruction is preferred over non-standardized administration of traditional tools.

6. If local policy dictates use of a standardized test for determination for special education eligibility, individuals should be cautious. Integrating test data derived from non-standardized administration procedures substantially broadens the margin of error, including compromising validity and reliability. If a standardized assessment is used in a non-standardized manner, confidence intervals should be widened, descriptors should not be reported, and acknowledgement of the non-standardized administration and the unknown impact on validity and reliability of standard scores should be noted in the written report (see Appendix C). Data should be considered qualitative in nature and not used as a sole decision criterion. To help with clarity for reporting purposes of such use of assessments, practitioners may consider the following:
    a. Do not report standard scores, scaled scores, age equivalents, or percentiles as absolute true scores. There are mixed opinions on using grade level norms during the pandemic (NASP, 2020f; APA, 2020e).
    b. Do consider using general qualitative descriptors, such as *above standards, meets standards, below standards,* rather than descriptors generally listed in test manuals (e.g., average, below average, impaired).
    c. Do report student performance within an approximate range, such as using the maximum confidence interval.
    d. Do rely on more global or composite scores as opposed to a single subtest score when considering your interpretations.

7. Parents should understand the limits of the assessment when consent is obtained and the non-standardized assessment must be described in the written report. If a standardized assessment is used in a non-standardized manner, it should not be the sole basis for decision-making, but merely provide confirmatory information that a practitioner can consider with other evidence. Most test publishers have provided approval of administering test materials that have not been standardized for that purpose; but, it is the ethical and legal responsibility of the practitioners to verify the individual tools before proceeding keeping in mind possible conflicts of interests with publishing companies.

8. Most local special education departments do not have access to materials, to scale, to begin teleassessments (i.e., trained proctor and online assessment use), such as Pearson's Q-Interactive platform or Pro-Ed's Red Shelf. Districts might consider investing in a core set of online and digital assessments that can be administered virtually (see Appendix E). The current pandemic pushes departments to consider the cost difference between traditional administration and online. For remote assessment practices, online ratings scales allow for remote delivery (email) and more efficient data collection methods as rating scales can be completed online by parents, teachers or students. In addition, some companies offer digital access to stimulus books that allow more ease in administering in a non-standardized way for teleassessments. Furthermore, there are companies that have created online cognitive assessments for full remote administration. With any tool, teams are cautioned to not jeopardize test security. Sending home photocopies of stimulus materials or copies of consumables is not a

viable solution unless permitted by the publisher. To date, many publishers have not permitted their materials to be used in this manner, and examiners and purchasers of instruments need to follow copyright laws.

9. Consider using a central team approach when initially phasing in virtual assessment, especially if the district is returning to an in-person or hybrid model. This will allow a small set of staff to develop the experience, capacity, and procedures. If returning to an all virtual model, using collaborative team processes will be imperative.

10. During any informal or formal virtual assessment, special education teams are strongly recommended to have one person serve as the facilitator that manages the interactions and technology, and a different team member to serve as the recorder. Developing competence with teleassessment through activities such as practicing, studying, consulting with other professionals, and engaging in professional development is critical to ethically responsible practice. As this is a skill set, deliberate and intentional practice is required. Although virtual assessment processes are different from an individual's training, staff still have foundational skills that are central in decision-making.

11. When using technology for IEPs, virtual assessments or in-person meetings, anything that is recorded is potentially a part of the student's educational record. This means that staff should refrain from engaging in private messaging, as messaging and chat threads can be downloaded upon request. Furthermore, educational staff should work with their special education administrator and district attorney to establish district policies before engaging in and/or recording any virtual assessment sessions or meetings.

12. Administration of tools and strategies in a virtual platform will likely take more time than in-person. A team can expect that it will take 2-3 times as long to conduct an evaluation virtually, than via an in-person modality. Determining which informal or formal assessments are used is critical, and will be a vital role of the team.

13. Maximize use of informal tools that do not break standardization procedures. Teams should consider teleassessments for informal tasks that help gain understanding of student academic or behavioral performance from multiple service provider perspectives. For example, students can complete narrative language tasks, listening comprehension tasks, oral reading, retells, and writing based on a prompt, which all can be coordinated by staff. Administration of one set of tasks that covers multiple skills and assessment domains should be considered for efficiency and maximizing data where possible. Clear protocols and procedures, as well as highly organized processes, should be developed for teams, when aiming to work together in a new way to collaborate in the evaluative process.

Strategies to Avoid for Virtual Evaluations

- It is not advisable to administer standardized, norm-referenced tests that are not designed for virtual use over virtual platforms and expect that there will be no impact on the test results. There are threats to test validity, with likelihood that there will be an underestimate of student skills. Practitioners and parents must understand the current limitations and proceed with the utmost caution. Parents must be fully informed of validity concerns, including when explaining this to parents when obtaining consent for testing.

- If assessments are given in a non-standardized manner, do not report standard scores, scaled scores, or percentiles.

- Virtual assessments should not be completed in isolation without a partner or team.

- Do not require that all students be assessed virtually. Assessments should be considered on a case-by-case basis.

- Do not require that all students be assessed with standardized and/or norm-referenced assessments.

Considerations for Eligibility Determination

Section 8

Now, like never before, special education evaluations will require critical skills in assessment selection, administration, and decision making when considering whether a student has a disability, whether that disability limits access to, or progress in, general education, and whether the student requires special education to access curriculum or make progress in general education. The following considerations may be helpful to teams as they begin to conduct evaluations that are routinely completed in schools. While these considerations are not exhaustive, it will provide some special considerations for six high-incidence area disabilities.

Evaluation for Autism Spectrum Disorder (ASD)

In order to be eligible for ASD, a student's educational performance must adversely impact one of the following three domains; academic, behavioral, or social. The MET is required to consider each of these three areas and must include deficits that are significant enough to impact a student's progress in the general education setting. To meet MARSE eligibility for ASD, a student must also demonstrate characteristics in one the following domains: qualitative impairments in reciprocal social interactions, qualitative impairments in communication, and restrictive range of interest or repetitive behavior. Two other factors that may be considered in determining eligibility are unusual or inconsistent responses to stimuli, and the student's age. While current conditions may create evaluation challenges, the use of qualitative measures and other types of data collection may be helpful to the MET.

Key Strategies to Consider

- Use multi-observers in a classroom or other school setting (e.g., school social worker, and school psychologist, and special education teacher collaboratively observe the student as opposed to two separate observations)
- Emphasize administration and collection of qualitative data, including:
    - Thorough exploration of social and developmental history
    - Observation(s) in classroom (interactions with peers and/or teacher)
    - Parent and teacher interviews (previous teacher especially)
    - Informal social-communication assessment (can the student reciprocate, shift, initiate, etc. during conversation)
    - Utilization of Statewide Autism Resources and Training (START) Project website, which has a wealth of tools and strategies to collect data
- Administer standardized rating scales to assess behavior, social-communication, and other adaptive skills if looking to collect quantitative data
- Request and review outside medical and/or therapy reports to support decision making
- Request video recordings (e.g., smartphones) so that staff can view students in a learning session which may be in the home. If utilized, these recordings will become a part of the educational record; therefore procedures should be reviewed with the special education director.
- Be mindful of the following if needing to conduct a one-on-one student assessment:
    - Incorporate practice sessions (if appropriate)
    - Use a visual schedule or prompt, for assessment transitions
    - Be flexible and follow student lead (may need multiple sessions)
    - Incorporate multiple movement breaks

Evaluation for Cognitive Impairment (CI)

Cognitive impairment is one of the few special education eligibility areas that require standardized assessment as a component of the evaluation. Per the Michigan Administrative Rules for Special Education (MARSE), eligibility for Cognitive Impairment includes *development at a rate, at, or below, approximately two standard deviations below the mean as determined through intellectual assessment and scores approximately within the lowest six percentiles on a standardized test in reading and arithmetic.* In the current pandemic, this is particularly challenging to conduct through a virtual setting.

Key Strategies to Consider

- Emphasize use of observations, rating scales and interviews to assess adaptive behavior (consider multiple raters and multiple observers). Start with parent history, adaptive behavior, behavioral observations, and academic skills. Request and review outside medical and/or therapy reports to support decision making.
- Decide if any cognitive assessments, brief cognitive tests, or use of cognitive rating scales (e.g., Developmental Profile-3), can be ethically or reliably administered online to supplement findings.
- Attempt valid/reliable administration of norm-referenced assessments
    - If evaluator cannot obtain valid/reliable quantitative results, break standardization and obtain qualitative information (e.g., how much scaffolding is needed, can they retain/generalize?)
    - If entire battery cannot validly or reliably be administered, analysis of subtests may be appropriate
        - May obtain percentiles in basic reading or basic math
        - May obtain a quantitative index or abbreviated result
- Administration of curriculum-based measurements; many are norm-referenced and can be used to support findings
- Purchase, train, and practice administration of Q-Interactive or other virtual cognitive assessments designed for virtual use, if necessary. Many publishing companies are working on virtual administrations.
- Conduct informal cognitive assessment (Can the student follow one to two step directions? Can they comprehend instructions to a game or activity? Can they retain basic information?)
- If, as a result of a good-faith effort evaluation, the MET cannot affirm or substantiate all criteria required under Cognitive Impairment eligibility, does the student qualify under another eligibility area? In this case, the student may need to be evaluated again once the student can be available for a safe, appropriate in-person evaluation.

Evaluation for Emotional Impairment (EI)

Given the social and emotional challenges that all children have faced as a result of the pandemic, teasing out the presence of an Emotional Impairment can be difficult, particularly through a virtual platform. With that said, MARSE emphasizes that eligibility in this area requires that the behavioral problems are manifested primarily through the affective domain and that the behavior is not only observed in the educational setting, but also observed in other settings (the broader community) and over an extended period of time, noting frequency, duration, and severity of the behavior(s).

Key Strategies to Consider

- Ensure thorough exploration of social and developmental history from multiple sources, including the student, parent, teachers, and other staff that interact with the student. Include exploration of possible traumatic events, environmental risks and protective factors, strengths (including coping mechanisms), cultural factors, and student's current response to the pandemic.
- Oftentimes, the student is overlooked in the evaluation process. Be sure to interview the student to uncover their perception of their strengths and challenges.
- Carefully consider the eligibility statement "inappropriate feelings and behaviors under normal circumstances." An ongoing crisis, such as a pandemic is not considered to be a normal circumstance.
- Review and analyze pre-pandemic behavior and social-emotional functioning, behavior during closure, behavior upon return to school, and behavior during the evaluation (i.e., consistent or inconsistent).
    - Previous data review is critical, as the pandemic may have exacerbated any behaviors, given unexpected changes, uncertainty, and emotional distress. It is also plausible that behavioral issues were not present pre-pandemic.
    - Consider the impact of potential trauma that may have occurred and how it affects the student's education. The presence of trauma, real or perceived, in a student's history does not automatically qualify or disqualify eligibility for special education. The nature of the trauma, adverse effects, protective factors, strengths and other supports may be considered when determining the role of trauma in the present level of student functioning. The trauma should be considered as part of the larger picture and may influence the services and supports that the student may have in their program/plan.
- During the evaluation, the MET should consider the immediate implementation of positive behavior support strategies and evaluate the student's response.
- Observe the student in multiple settings under various conditions (i.e., virtual learning, academic and non-academic classes) to determine the student's engagement and expression of emotions compared to the same-aged peers.
- Interview previous teacher(s), including specials teachers to determine how the student responded to previous accommodations.
- Administer multi-rater rating scales if the student is engaged in in-person instruction to determine areas of strengths and needs.
- Request and review outside therapy and/or medical records to support decision making

Evaluation for Other Health Impairment (OHI)

MARSE defines Other Health Impairment as having limited strength, vitality, or alertness, including a heightened alertness to environment. The limited alertness is the result of either a chronic or an acute health problem that adversely affects school performance. An evaluation by a physician is required and as well as a multidisciplinary evaluation to determine educational impact. While the physician's statement will support Question 1, many of the same assessment strategies used when considering eligibility for an Emotional Impairment or a Specific Learning Disability can be used to support Question 2 and Question 3 of the Three Question Litmus Test.

Key Strategies to Consider

- Many Other Health Impairments, such as ADHD, are chronic, so it is important to complete a thorough exploration of social and developmental history from multiple sources, including the student. Include exploration of possible traumatic events, environmental risks, and protective factors, strengths (including coping mechanisms), cultural factors, and student's current response to the pandemic to differentiate between a Health Impairment and Emotional Impairment.
- Observational data and teacher reports from in-person learning (pre-pandemic), if available, should be compared to observational data from the student's current learning environment to ensure that the alertness and vitality issues are not the result of a change in educational environment, pandemic fatigue, technology fatigue, or environmental stressors. Observation data should be compared to that of same-aged peers.
- In considering the impact of ADHD (a common medical condition that results in limited vitality/alertness), utilization of behavior rating scales (quantitatively or qualitatively) to support teams may be particularly helpful in determining whether students meet the eligibility criteria for Question 1 and Question 2.
- Academic performance assessed under a variety of conditions, like with and without accommodations (e.g., organizational supports, audio support, assistive technology), is helpful in determining the most effective strategies to support the student's progress in general education.

Evaluation for Specific Learning Disability (SLD)

An evaluation to determine the presence of a Specific Learning Disability is especially complicated during the COVID-19 pandemic. SLD is determined by five criteria:

1. Inadequate achievement
2. Appropriate instruction
3. Response to scientific, research-based instruction (RtI) or pattern of strengths and weaknesses (PSW)
4. Need for special education
5. Exclusionary factors

Two factors make SLD identification particularly problematic during the return to school. First, a cornerstone of the criteria is that the student has received appropriate instruction in reading and mathematics. With the interrupted schooling, as well as changes to modalities of learning, many students (those with and without disabilities) did not receive "appropriate instruction" as compared to the instruction they would have received if schools were open and functioning as usual. This is further complicated for students who are economically disadvantaged, those who may have had limited access to online instruction, bandwidth, and technology, and also for those who have limited English proficiency. Second, most students will likely return to school with larger academic deficits that might be particularly exacerbated for students who were at-risk prior to the school closure. The MET will need to determine whether academic delays are rare and uncommon, considering these unprecedented circumstances, in order to preserve the integrity of eligibility determination.

Key Strategies to Consider

- Eliminate unnecessary testing, such as routine intelligence testing, when there is no suspicion of an intellectual disability for SLD eligibility (NASP, 2020g). Instead, focus on academic strengths and weaknesses between academic areas like basic reading skills, reading fluency skills, reading comprehension, mathematics calculation, mathematics problem-solving, and written expression. Define patterns of strength and weaknesses (PSW) in an instructional-based manner. This represents a shift away from focusing on assessment of global IQ and cognitive processing, and moves toward an analysis of intra-achievement patterns and instructional/environmental variables as a central consideration in SLD decision-making. This allows for the incorporation of cognitive processing data into SLD decision-making, but shifts the focus away from cognitive processing deficits as a defining feature of SLD which is crucial given the myriad of problems with most standardized IQ or cognitive processes assessments. "A comprehensive evaluation should include only those measures determined by the team to be needed to address specific unanswered questions. The decision to probe specific areas of cognitive processing should be driven by efficiency and effectiveness, rather than a default list of areas to test" (NCLD, 2016). See OS SLD Guidance for further discussion about PSW.
- Thoroughly collect, review, and document existing information in the REED to drive and individualize the evaluation plans.
- Instruction as a cause for poor performance cannot be reliably ruled out in most cases, secondary to loss of instruction and remote learning, without delivering instruction and measuring a student's response. Single case design is an acceptable way to determine a response, even if the district does not have robust tiered supports.
    - Use class-wide intervention data to reestablish core instruction, especially where data and instruction is lacking due to (and during) COVID-19 closure. Use this data to determine which students are more

at-risk for learning difficulties. Students that are learning at a similar rate to their peers are less likely to have a Specific Learning Disability (NASP, 2020g).
    - Engage in single-case intervention design (RtI, dynamic assessment, diagnostic teaching) over the course of the evaluation period to determine how intractable the academic deficits are, as well as how much instruction needs to be modified or intensified, in order to improve learning.
    - Careful consideration must also be given to the student's stress level during class-wide or single-case intervention design. Learning and executive functioning is often taxed when individuals are stressed, which may impact a student's rate of improvement.
- Review and analyze social and achievement history for any indication of pre-pandemic learning difficulties using previous teacher input and work samples.
- Review previous year student response to tiered interventions and compare the intervention in-person and virtually. If a student is making progress in such interventions, it is not likely they have a disability; but, it might be likely that increases in instructional match within the general education environment are warranted.
- Assess fidelity of virtual interventions and student engagement (via observations).
- Use a variety of tools, including informal and criteria referenced, to understand the student's reading, mathematics, or written language skills. See the following resources for additional tools:
    - Oakland Schools: A Framework for Instructional Problem-Solving in Reading
    - Assessing Reading Multiple Measures 2nd Edition (Diamond and Thorsnes, 2018)
    - Assessment for Reading Instruction 4th Edition (Stahl, Flanigan and McKenna, 2020)
    - Academic Skills Problems 4th Edition (Shapiro, 2010)
    - PRESS Path to Reading Excellence in School Sites (University of Minnesota)
    - Universal Screeners for Number Sense https://forefront.education/features/universal-screeners-for-number-sense/
    - Math Running Records https://padlet.com/annelise_record17/vtqkwjgjo4zy
    - Math Reasoning Inventory https://mathreasoninginventory.com/Home/AssessmentsOverview
    - Algebra Assessment Instruction & Instruction: Meeting Standards https://www.education.iastate.edu/aaims/
- If the REED determined that norm-referenced assessments are needed, attempt valid/reliable administration. If evaluator cannot obtain valid and reliable quantitative results, break standardization and obtain qualitative information (e.g., how much scaffolding is needed and/or can they retain/generalize?). Explain non-standard use and cautionary statements when utilized.

Evaluation for Speech and Language Impairment (SLI)

Regardless of whether an evaluation for Speech Language Impairment (SLI) takes place in-person, in a virtual environment, or a combination of both, MARSE requires multiple sources of data to document that a disability is present, the disability limits access to or progress in general education, and the student requires special education so that they can access or progress in general education. For each SLI area, the following types of data documentation are required to answer each question of IDEA's Three Question Litmus Test:

- **SLI-Articulation**: documentation of omissions, substitutions, or distortions of sound
- **SLI-Fluency**: documentation of abnormal rate of speaking, speech interruptions, and repetition of sounds, words, phrases, or sentences
- **SLI-Voice**: documentation of inappropriate pitch, loudness, or voice quality
- **SLI-Language**: documentation of language sample and standardized assessment results

Note two important aspects of MARSE:

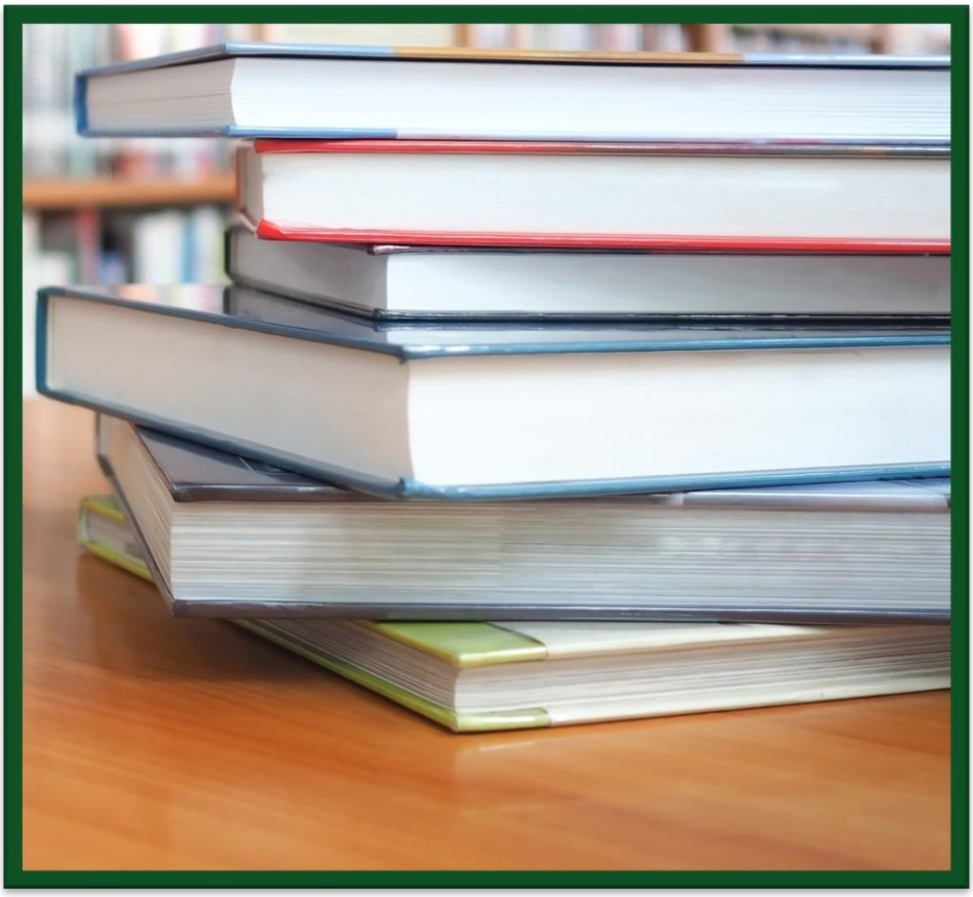
1. For SLI Language, MARSE does not require "norm-referenced" standard scores; standardized assessment results can come from criterion-referenced or developmentally-normed tools.
2. MARSE only requires standardized assessment results for SLI-Language, not the other three SLI areas. Data documentation often involves administration of standardized assessments for these areas; however MARSE does not require it beyond SLI-Language. Best practice is to include formal and informal assessment practices during a speech, voice, or fluency evaluation. Yet, just because an articulation test returns a lower standard score does not automatically make a student eligible for special education.

For educational evaluations conducted by school-based speech-language pathologists, only an answer of "Yes" to all three IDEA questions indicates that SLI eligibility is appropriate. In-person and virtual interactions can be used to collect multiple sources of data in order to answer the three questions and make a plan for specialized instruction for SLI.

Key Strategies to Consider

- Thoroughly collect, review, and document existing information in the REED, to drive and individualize the evaluation plans.
- If the REED determined that standardized assessments are needed, attempt valid and reliable administration. If the evaluator cannot obtain valid and reliable quantitative results, they should report the non-standardized administration and then go beyond standardization procedures to obtain qualitative information (e.g., how much scaffolding is needed and/or can they retain/generalize?).
- When administering formal and informal assessments, test the limits of the task to determine how much prompting, scaffolding, demonstration, and practice is required for the student to be successful with the test item. Specially-designed instruction is likely warranted when the amount of prompting, scaffolding, demonstration, and/or practice is much greater than expected for typical learning (see Appendix A).
- Review and analyze social and achievement history for communication, speech, or language difficulties that existed pre-pandemic using previous teacher input and work samples.
- Use data from MTSS or RtI, observations, parent and teacher input, and previous year response to tiered interventions to compare the student's performance of a skill to developmental norms. If a student is making progress with interventions, it is not likely that they have a disability. Instead, it might be likely that increases in instructional match within the general education environment are warranted.

- Assess fidelity of virtual interventions and student engagement (through observations), and compare the student's engagement and performance to peers in an attempt to understand whether differences in rate of learning are contingent upon speech or language skills.



Appendices

APPENDIX A. DYNAMIC ASSESSMENT

What is Dynamic Assessment?

Dynamic Assessment is a process of gathering baseline data on a targeted area of need, providing short-term, highly structured learning experiences using a five-step teaching process, identifying the level of support needed, and reassessing that skill following the learning experience in order to determine the child's learning potential. Dynamic Assessment follows a test-teach-retest cycle, and has similar features to diagnostic teaching and Response to Intervention. In some cases, their names may be used synonymously. Dynamic assessment can be used to evaluate a student's need for specialized instruction, determine appropriate goals and monitor progress.

Why is Dynamic Assessment Important?

Dynamic Assessment allows evaluators a more fluid insight into student learning versus a static approach through standardized measures. It places the focus on the student's learning processes, allowing the evaluator to gather critical data on how the student engages in the learning experience. Dynamic Assessment answers the questions, "How much effort is required on the part of an adult to produce learning in the student?" and "How responsive is the student to highly-matching instruction for a specific skill or goal?" Students who require little adult effort and respond greatly to highly-matched instruction typically don't require specialized instruction for learning. Students who require great amounts of adult effort yet respond poorly to highly-matched instruction often require specialized instruction.

Advantages of Dynamic Assessment

- Real-time assessment of student learning
- Controls for student prior learning, background knowledge, and SES influences
- Correlates more closely to classroom experiences than static, standardized assessments
- Not bound by standardization requirements
- Provides immediately actionable data to drive student instruction

Who Uses Dynamic Assessment?

Dynamic Assessment and diagnostic teaching may be used by *any evaluator*, not just teachers, as the name might suggest. Although Dynamic Assessment can be observed by multidisciplinary teams, Dynamic Assessment typically occurs between one evaluator and one student around a targeted skill over one or two short learning experiences.

How is Dynamic Assessment Performed?

An evaluator works one-on-one with a student in a Test-Teach-Retest cycle using the following steps:

Step 1 Test

Test: Gather baseline data to identify an area of need.
Choose an area on formal testing where a student did not perform well. Then select an informal tool or task to gather baseline data that targets that area of need for the student. This tool or task will also be used to measure learning at Retest (Step 3). Even though the word "test" is used to describe this step, **formal measures are not required**. Rubrics, classroom tasks, ESL data, teacher report, work samples, standardized tests, curriculum-based measures, writing prompts or language sample prompts are valid tools for gathering baseline data.

Step 2 Teach

Use Five- Step Teaching Process or standard protocol to target the area of need.

1. **Intentionality**: Statement of goal and purpose of interaction ("Today we are working on…so that...")
2. **Meaning**: Why the concept is important and how it relates to the student ("When we...it is important to...because...")
3. **Transfer**: Develop the child's ability to think hypothetically in order to bridge concepts and events beyond the immediate task ("What would happen if _____?")
4. **Application:** Children think about what they have learned and how they will use that skill the next time they are asked to complete a similar task ("This time when I...I want you to...I'll do it first and then it will be your turn."
5. **Competence**: Check for understanding of the skill and help children think about how they will generalize the skill they have been learning, to other contexts and activities ("Remember it's important to...Now tell me what we practiced and why it's important. Think about when you might need to…")

Note: The duration of the Teach phase may be as short as 1 session (15-20 min) to as long as 3-5 sessions (15-30 min each) within the same week.

Step 3 Re-test

Re-administer the Test task from Step 1 to determine the level of evaluator effort required to produce learning and the student responsiveness to instruction.

Note: Retest involves gathering data with the same tool or task used in Step 1 in order to show student growth. Steps 1-3 (Test-Teach-Retest) often take place within the same session. The Re-test task can be given up to 2 days after the last teaching session, but should occur within the same week.

Level of evaluator effort required to produce learning in the student:	Student responsiveness
Minimum Support: Student learning of stated goal (intentionality) requires minimal adult scaffolding, repetitions, or redirection. Student learning requires minimal (1-2) examples, visual cues/ manipulatives, models, redirections, rephrasing, slower presentation rate, or shortened directions.	**High Responsiveness to instruction:** Large amount of change from Test to Retest in student learning; student accuracy is at or approaching grade- or age-expectations for the stated goal.
Moderate Support: Student learning of stated goal requires a good deal of adult scaffolding, repetitions, or redirection. Student learning requires many (3-4) examples, visual cues/ manipulatives, models, redirections, rephrasing, demonstration, or multisensory input.	**Moderate Responsiveness to Instruction:** Moderate amount of change from Test to Retest in student learning; student accuracy is improving but still below grade- or age-expectations for the stated goal.
Maximum Support: Student learning of stated goal requires a great deal of adult scaffolding, repetitions, or redirection. Student learning requires an extreme amount (5+) of examples, visual cues/ manipulatives, models, redirections, rephrasing, direct imitation, physical prompting, or reduced content	**Low Responsiveness to Instruction:** Low amount of change from Test to Retest in student learning; student accuracy is not very different from Test to Retest.

Note: Always begin with Minimum Support. Add support if needed.

Step 4

Determine if the student needs highly-matched instruction based on the data from Step 2 and Step 3.
Develop an intervention plan and appropriate goals to promote access to and progress in general education if data supports special education eligibility.

If the student learned the skill quickly, the **student is not likely to have a disability**. Return to Steps 2-4 to increase student's competence; however special education is not likely required.	If the student did not improve performance and/or required a moderate or maximum level of support, the **student may have a disability** that requires special education.

Additional Resources	
Dynamic Assessment in Speech-Language Pathology - American Speech-Language-Hearing Association	Digitally Mediated Social Stories - Research article
Dynamic Assessment Overview - Bilinguistics	Dynamic Assessment in School Psychology - Research article
Dynamic Assessment Overview & Tools - University of Oregon	Assessment of Social Cognition and Related Skills - including the double interview, picture sequences, and photo interpretation - Social Thinking article
Applying Dynamic Assessment - Leader's Project	Dynamic Assessment in Practice: Clinical and Educational Applications 1st Edition - Textbook
Measure of Dynamic Abilities Responsiveness Scales	Dynamic Assessment Rubrics for English Learners

Tasks & Tools	K-5	MS	HS
Reading			
Cubed Dynamic Decoding Measures (Phonemic Awareness, Word Identification, Decoding)	X		
Cubed Narrative Language Measures (Narrative Language, Vocabulary, Reading)	X		
PEARL (Decoding, Comprehension)	preK - 1		
Easy CBM	X	X	
IOWA Reading Comprehension	X	X	X
I-Ready Global Reading Competence	X	X	
STAR Reading Assessment	X	X	X
Lexia RAPID Reading Assessment (Phonemic Awareness, Word ID, Spelling, Accuracy, Reading Comprehension, Vocabulary, and Listening Comp)	X	X	X
AIMS Web Plus	X	X	
Quick Phonics Screener	X	X	X
Fast Mapping Example Task 1 (Vocabulary)	X		
Fast Mapping Example Task 2 (Vocabulary)	X		
Writing			
Writing Probe Generator - Intervention Central	X	X	X

Tasks & Tools	K-5	MS	HS
Math			
Dynamic Math Assessment	X	X	X
Two-Stage Screening for Math Problem-Solving Difficulty Using Dynamic Assessment of Algebraic Learning	X	X	X
Dynamic Math Instructional Video	X	X	X
Easy CBM	X	X	
IOWA Math Assessments (Calculations, Applications, Algebra, Geometry)	X	X	X
i-Ready (Calculation, Early numeracy, Problem Solving, Algebra, and Geometry)	X	X	
STAR Math (Math Concepts, Computation, Algebra, and Geometry)	X	X	X
AIMS Web Plus	X	X	X
Speech and Language			
Dynamic Assessment Protocol for Speech & Language	X	X	X
Dynamic Assessment Example for Vocabulary Testing	X	X	X
Phoneme Stimulability Task- Speech	X	X	X
Social Skills/Emotional			
Evaluating Social Competencies	X	X	X
Social Thinking Dynamic Assessment Protocol	Gr. 4 up	X	
Social Competencies Assessment	X	X	X

APPENDIX B. PARENT INPUT FORM FOR DISTANCE LEARNING

Please complete this input form to help us understand your child's experience learning remotely.

1. From March-June 2020, my child's education was provided through...(check all that apply)

- ○ Home study paper packets
- ○ Written instructions and activities
- ○ Video instruction, description or narratives from the internet
- ○ His/her teacher providing video instruction
- ○ Real-time instruction over phone
- ○ Real-time instruction in a video-conferencing platform
- ○ Office hours with his/her teacher to check for understanding or other supports

2. My child participated in instruction/activities from his/her classroom teacher(s)

- ○ Less than 50% of opportunities
- ○ About 50% of opportunities
- ○ Almost all opportunities
- ○ All opportunities

3. Describe the level of support your child required for class instruction/activities during distance learning

- ○ Limited support, mostly independent
- ○ Some support
- ○ Moderate support
- ○ Complete support, little independence

4. Who supported your child in distance learning (e.g., parent, older sibling, grandparent)?

_____

5. Describe the types of support your child required to complete distance learning instruction and activities (check all that apply)

- ○ Support to organize assignments/day
- ○ Support to log on or otherwise access assignments/technology
- ○ Support to understand assignment/activity directions
- ○ Support to understand the content of instruction (vocabulary, main ideas, purpose, etc.)
- ○ Support to complete assignments
- ○ Support to maintain attention/minimize distractions

6. **My child received the following services/therapies during distance learning:**

   - ○ None
   - ○ Resource teacher support
   - ○ Speech-language therapy
   - ○ Social worker support
   - ○ Occupational therapy
   - ○ Physical therapy
   - ○ Deaf/hard of hearing consultant support
   - ○ Visual impairment consultant support
   - ○ Orientation and mobility specialist support

7. **Describe the level of support your child required to participate in therapies/activities from the professionals above during distance learning**

   - ○ N/A my child did not receive additional therapies/support
   - ○ Limited support, mostly independent
   - ○ Some support
   - ○ Moderate support
   - ○ Complete support, little independence

8. **During distance learning, my child:**

   - ○ Made academic or life skills progress
   - ○ Maintained current level of academic or life skill
   - ○ Regressed in his/her academic or life skills

9. **Describe how instruction or activities were presented to your child.**

   _____

   _____

   _____

   _____

10. **Describe support your child required to complete activities. Be sure to include any changes that occurred over the period of distance learning. For example, if your child initially required maximum support and increased in independence over time, include that information.**

    _____

    _____

    _____

    _____

11. **Describe resources used during distance learning (e.g., computer, assistive technology, tutoring, learning center, etc.).**

_____

_____

_____

_____

12. **Describe your child's strengths**

_____

_____

_____

_____

13. **Describe your child's need for support**

_____

_____

_____

_____

14. **Any other information relevant to your child's distance learning experience that you'd like to share**

_____

_____

_____

_____

APPENDIX C. WRITTEN REPORT DISCLOSURE STATEMENT

General COVID statement/disclaimer for all reports:
The COVID-19 pandemic caused an unprecedented disruption in instruction and learning from March-June 2020. For the 20-21 school year, families and local districts made individual decisions about academic and social-emotional instruction based on a variety of factors, including the education and assessment of students within or seeking special education services.

[Your student's OR student name's] evaluation was completed [virtually/in person] and [with/without] modifications. All assessments were validated and normed in the absence of a pandemic. Under the present pandemic circumstances, the use of tele-assessment practices is considered an adaptation in practice. Any variation from designated testing procedures has the potential to change the validity of evaluation results. While there is always a degree of expected error in measurement, the use of tele-assessment introduces unknown errors. Careful interpretation of all test results is warranted and any adaptations are noted specifically in the report.

The assessments for this evaluation were given to the best of my ability given the current Covid-19 pandemic. Given the above circumstances, this examiner believes the results [are/are not] an accurate representation of [student name's] abilities. The testing results [should be/do not need to be] interpreted with caution.

Variables to include in all reports:

- List all modifications provided for each assessment, including but not limited to:
  - Alternate manipulatives
  - Technological resources to display testing materials (doc camera, screen share, etc.)
  - Repetition of questions/directions, additional prompting
  - Method that response booklets were provided to parent
  - "Testing the limits" (i.e. testing past ceiling item to see what student can do)
  - Timing modifications
  - Use of interpreter (parent/guardian, family member, community member/agency, non-MET district staff member)

- List all environmental and social emotional factors that may have impacted testing, including but not limited to:
  - Trauma, family stressors, illness, anxiety, depression, disruptive behavior, level of distractibility
  - Use of PPE equipment, social distancing, gaps in testing due to illness or closure, partitions between student & evaluator, difficulty understanding student responses due to PPE or virtual assessments
  - Environmental distractions (noise, siblings, pets, outside, etc.)
  - Virtual assessment
  - Technology & WIFI disruptions/errors and student/parent/guardian familiarity with technology
  - Time of day assessed due to parent/student schedule; Potential student fatigue
  - Parent/guardian present and/or parent/guardian prompting
  - Frequency of test sessions due to limited screen time or test disruptions
  - Observation statement about not being in natural classroom environment

APPENDIX D. SCRIPT FOR INFORMED CONSENT FOR VIRTUAL AND IN-PERSON EVALUATIONS DURING COVID-19

The purpose of any special education evaluation is to determine if the student is eligible for special education and entitled to an Individual Educational Plan (IEP) under the Individuals with Disabilities Education Act (IDEA). The IDEA and Michigan Administrative Rules for Special Education (MARSE) requires that this evaluation answer the following questions:

1. Does the student have a disability?
    a. Meaning, does the student meet the criteria for one of the 13 IDEA special education eligibility categories? We are evaluating "**student name**" to determine if **she/he** meets the eligibility criteria for "**eligibility area(s)**".
    b. Keep in mind that private clinical evaluations or diagnoses do not always meet IDEA disability criteria or eligibility.
    c. If a student presents with a disability, it does not mean the student automatically qualifies for special education. Our evaluation must answer two additional questions.

2. Does the disability limit access to, or make progress in, the general curriculum?
    a. This means that because of the student's disability, they are not able to access or make progress in the general education curriculum at the same rate as their non-disabled peers.

3. Are the disability and its limitations severe enough to require special education so that the student can access or make progress in the general curriculum?
    a. Meaning, we need to determine if the student requires **instruction or related services** that are different or above and beyond what is provided by the general education curriculum and/or classroom academic interventions.

This multidisciplinary team* carefully reviewed all of the existing home and school data available to make an informed decision on what assessments would be most appropriate to answer these three questions in the current environment. All assessments selected are student centered and are required in order to determine eligibility for special education. For a comprehensive evaluation, we will be using existing data, interviews, observations and formal/informal individual student assessments. All of this data is used to answer the eligibility questions. Student assessments should not be administered due to standard routines, convenience, or for curiosity.

No matter the venue utilized for assessing your student, the evaluation team selected focused assessment tools to answer all three questions to determine eligibility for special education. For educational evaluations conducted by school teams, only an answer of "Yes" to **all three** questions indicates that special education eligibility is appropriate and a plan for special education (an IEP) is warranted, according to IDEA. When answering questions 2 and 3, teams should also consider the length of time the student has been struggling. Pre and post data due to COVID-19 closures should be strongly considered when thinking about special education eligibility. A natural regression due to these extensive closures is expected for most students. Recoupment of these skills when provided with regular instruction and intervention should be discussed prior to an evaluation or determination of eligibility.

If any one of the three questions above is answered “No,” then special education eligibility is not appropriate. If a student’s progress shows that any of the answers to the three questions has changed from a “Yes” to a “No,” then dismissal from special education is appropriate. Because the purpose of an education-based evaluation is to determine a student’s eligibility for special education programs or services under the MARSE criteria, not to provide a clinical diagnosis, this three-question litmus test is much more stringent than the requirements used to identify a disability in a clinical, outpatient, or private practice setting that offers psychological, language services, or (fill in blank) services. Students with disability in one of the 13 IDEA eligibility areas do not automatically qualify for special education.

If a team answers "Yes" to questions 1 and 2, but "No" to question 3, the team should consider eligibility for accommodations under Section 504. This should also be considered for a student being dismissed from special education.

Because of COVID-19, there are several issues that might impact our assessment results that we want to share.

1. First, some of our routines and practices in schools are different due to the pandemic. We will be wearing Personal Protective Equipment, we are observing social distance where possible, we will sanitize manipulatives, and test sessions may be shorter or more frequent to limit contact time. We will make the experience as natural as possible. These differences may impact the validity of our results.
2. Second, instruction has been disrupted and this will have an impact on the assessment. Some of the data that we normally have available from general education has been reduced due to school closures. We work hard to gather data from multiple sources and use a preponderance of evidence to make decisions; we do not make decisions based on one test or score.
3. Finally, formal evaluation measures were developed, validated and normed in the absence of a pandemic. Evaluators are required to continuously monitor any virtual or in-person testing situation to determine if it is appropriate to continue or if significant changes need to be made to administer assessments. Parents/Guardians will be notified if the evaluator deems the testing situation unreliable or not appropriate at the time. Rescheduling testing sessions may be required. Any variation from designated testing procedures has the potential to change the validity of evaluation results and will be noted by the evaluator in the written report.

For IN PERSON ASSESSMENTS, say this:	**For VIRTUAL ASSESSMENTS, say this:**
Assessing a student in person allows us to utilize a variety of tools and strategies, including standardized assessments in the manner in which they were norm-referenced** and validated.*** These assessments allow for an interactive and live presentation of materials, including physical tools, such as blocks or cubes. Assessing a student in school also provides us with the opportunity to see what is occurring in the natural school environment. In person assessments can also include parent/student/teacher interviews, classroom	Assessing a student virtually, can include some of the same measures utilized for in person testing. However, they may look different, and will likely come with adjustments to how the assessment is administered and interpreted. Standardized assessments can be utilized, but some subtests cannot be done virtually. Providers may be able to use alternative assessments to gather the same information typically gathered through a standardized assessment. Alternative assessments will not produce a standard score. Most standardized

For IN PERSON ASSESSMENTS, say this:	For VIRTUAL ASSESSMENTS, say this:
observations, rating scales, and information regarding a trial of support in the regular school environment. Intervention data can be considered, which tells us how your student performed when provided with additional instruction or support in school. Standardized assessments provide teams with a traditional standard score that is used more commonly in clinical settings and what you may have seen in previous assessments of your student. An assessment for special education eligibility determination can take many hours and is done over multiple days by various providers in the school.	assessments are not norm-referenced** or validated*** using a virtual platform. If a virtual assessment is completed, your student's evaluation team will still be able to answer the three questions to determine eligibility. Virtual assessments may include more robust gathering and review of existing data, observations of your student at home and/or in the virtual classroom, review of participation in virtual sessions and review of completion of online classwork. Intervention data will also be a large piece of a virtual assessment, which tells us how your student performed when provided with additional instruction or support in-person and online. Assessing students virtually, centers around the Multi-Tiered Systems of Support (MTSS) or Response to Intervention (RtI) model for completing student evaluations. It focuses more on what is happening in real time for your student versus reliance on a score from a standardized assessment. Virtual evaluations also allow multiple team members to assess a student at the same time, thus taking less time than traditional in person evaluations.

*A multidisciplinary team will include professionals included on your child's Review of Existing Educational Data (REED) form such as, psychologist, speech-language pathologist, social worker, occupational therapist, physical therapist, Hearing Impairment Consultant, Visual Impairment Consultant, special education teacher and general education teacher.

**Norm-referenced refers to standardized tests that are designed to compare and rank test takers in relation to one another. Norm-referenced tests report whether test takers performed better or worse than a hypothetical average student, which is determined by comparing scores against the performance results of a statistically selected group of test takers, typically of the same age or grade level, who have already taken the exam.

***Validity refers to how accurately a method measures what it is intended to measure. Standardized tests go through a process of validation to determine if the assessment actually measures what it intends to measure.

APPENDIX E. DIGITAL AND ONLINE EVALUATION TOOLS

This document is an example that may assist teams in learning about the different online and digital assessment tools currently available. This example does not provide an exhaustive list of all online tools. It is not a recommendation for any one assessment or company, but meant to generate discussion in districts regarding conducting efficient, flexible and reliable evaluations in various settings.

ONLINE ADMINISTRATION AND SCORING PLATFORM Q-GLOBAL or MHS Online Assessment Center	
Two capabilities: 1. **Hybrid** - Manually enter scores from a paper protocol and get standard scores and reports generated immediately that are stored in a web portal. Allows you real time automated scoring of many assessments. 2. **All Digital** - Allows practitioners to send rating scales directly to recipients through email, which can be completed virtually online by teachers, parents, or students. Once completed, assessments are automatically sent back to the administrator, scored and uploaded into the secure web portal. Printing capabilities on some versions of online rating scales are available if parents do not have email or internet access to complete online.	
Pearson Q-Global (60 assessments; not inclusive list): BASC-3, VINELAND-3, Sensory Profile-2, WISC-V, WIAT-III, KTEA-2 **MHS Online Assessment Center (not inclusive list):** ASRS, CONNERS, CEFI	
PROS	**CONS**
Can score paper rating scales and assessments anytime, anywhere	Typically, online rating scales cost 2x's the cost of paper protocols
Online rating scales are scored and sent back to the practitioner immediately after submission	May need to print off and deliver rating scale, or do on-screen administration over the phone with family, if limited with email or internet access.
Can access scores and reports anytime, anywhere	Tech issues can happen - system updates or system "goes down" which can interfere with scoring
Can access and send online assessments (rating scales) anytime, anywhere.	Bluetooth between examiner and student is about 6 feet
Teachers, parents and/or students can complete online rating scales at their convenience anytime, anywhere	
Saves time using online scoring and online rating scales	
Online ratings scales (remote on-screen) reduce scoring errors	
Reduced storage needs for protocols	
All Digital model allows for manual (enter scores from	

paper protocol), on-screen (in-person or phone interview), or remote on-screen (email link)	
* Rating scale protocols are available on the web portal immediately after purchase, no waiting for ground delivery or having to travel to pick up rating scales.	
* Digital model would reduce interactions with parents, teachers and students to collect information	
* Digital model would allow easy and timely collection of information from various sources if remote services are advised	
* Can download stimulus book to screen share with an examinee (hybrid)	

COST ANALYSIS EXAMPLE BASC-3	Q-Global All digital	Q-Global Hybrid
YEAR 1	$435	$659
YEAR 2	$310	$534
Total in 2 years:	$745	$1,193

DIGITAL IN-PERSON ADMINISTRATION AND SCORING PLATFORM Q-INTERACTIVE	
Q-interactive is a 1:1 **iPad-based testing system** that helps administer, score, and report 20 different clinical assessments authored by Pearson. Q-interactive allows administrators to assign different tests to students, which are then sent to the iPad when testing is ready to begin. The web portal allows permanent access to scores, examinee responses, and any notes taken during the assessment. Score reports can also be viewed and saved for later access.	
Pearson Q-Interactive assessments (20 total, not an inclusive list): WISC–V, WAIS-IV, NEPSY-II, WPPSI-IV, WMS-IV, D-KEFS, WIAT–III, KTEA-3, WRAT-5, CELF-5, KLPA-3, GFTA-3, PPVT-5	
PROS	**CONS**
Intuitive to set up clients and link iPads (tech literate, don't need to be tech savvy)	Would need some level of training and support to get people comfortable and acclimated. Need to consider support for troubleshooting tech issues.
Scores instantly	Can't write clinical notes on protocol - alternative system
Students enjoy the iPad - feels more like a game than a test	Time to set up expectations with student for use of the iPad

Immediately updates test with updates or re-norming-cost saving aspect	Have to be mindful of updates, meaning: would need to give time to login well before administering a test to ensure no updates are in the queue (does take time to update)
If a practitioner has their own iPad set, they can use it for other purposes such as note taking, observations, counseling tools with apps, progress monitoring, etc.	Does not cover all tests including (WJ-Cog/Ach) (which is a shame, because WJ4 Cog has less manipulatives than most other IQ tests)
Huge savings in administrator time per assessment	Can sometimes have glitches & disrupt the validity of the assessment
Reduces administration and scoring errors	May still need parent/proctor assistance
Charged subtest by subtest - potential cost savings if only using a few subtests	
Travels easier with only two iPads - easier access to a large number of tests	
Great for students who need OT or developmentally behind and struggle with pencil grip	
Good for hand injuries/issues and prevention of them	
Charged by the subtest, not by the protocol. Users are more at liberty to pull pieces from different assessments knowing they are not wasting protocols.	
Saves spaces - everything is stored on the Pearson Central cloud, reducing paper protocol and test kit storage needs	
Can review data from past assessments quickly and efficiently	
Can capture audio recordings while administrating	
Increases student and practitioner access to technology - apps can be used to enhance instruction/therapies (speech, OT, etc.)	
*Easy to disinfect iPads between use (would have to disinfect most pages of the easel from students touching to answer)	
*iPad administration lessens exposure during testing, the stimulus material is sent remotely to the examinee's iPad from examiners, which allows social distancing during administration	

COST ANALYSIS Q-INTERACTIVE VS. PAPER/PENCIL ADMINISTRATION	
Q-INTERACTIVE	**PAPER/PENCIL**
Steady predictable expense each year	More variability in expenses each year, with a significant peak when a test is re-normed
Sub test by sub test charge (less $ if only do a few subtests)	Protocol by protocol usage charge
Replace 2 iPads every 5-6 years ($330/piece, apple educator discounts could lower this price)	Testing kits need to be replaced for re-norming every 10-15 years (e.g., WISC-V kit $1,315)

COST ANALYSIS EXAMPLE WISC-V **Ex: 100 administrations, all 10 subtests**	**Q-Interactive**	**Paper/Pencil**	**Estimated Practitioner Minutes Saved**
YEAR 1	$2,160	$2,295	3,100 mins
YEAR 2	$1,500	$980	3,100 mins
YEAR 3	$1,500	$980	3,100 mins
Total in 3 years:	**$5,160**	**$4,255**	**9,300 mins**
AVG TIME	86	117	31 minutes difference

Q-Interactive: Assumes full price on 2 iPads and 100 ten subtest administrations, cost reduction if complete <10 subtests and educator discounts applied to iPads.
Paper/Pencil: Price of 1 test kit and 100 administrations/protocols

*COVID-19 specific advantages or disadvantages

APPENDIX F. VIRTUAL EVALUATION DECISION TREE

The purpose of the decision tree is to guide the MET in determining if a virtual assessment is feasible and appropriate for the student/family. If the answer to a consideration below is "no," explore reasonable and alternative ways of addressing the area prior to commencing an evaluation. Do not disregard and proceed forward. Most, if not all, points listed are potential challenges to the validity of the assessment. Therefore, reviewing these points & addressing the related issues as needed should be considered as prerequisite considerations for commencing virtual evaluations.

Yes	No	Student Considerations
		1. Student has cognitive/intellectual/attentional/physical capacity to engage
		2. Student/family has the necessary technological tools (15" computer screen if possible, touchscreen, 2nd camera or doc cam, microphone, headphones, etc.) or necessary technology tools can be made available by the district.
		3. Student/family has access to district technology services to troubleshoot tech issues.
		4. Student is capable of performing necessary assessment tasks (attending to the technology for prolonged periods of time, maintaining joint attention, manipulating a mouse, touching the screen, etc.) in a virtual format
		5. Student is comfortable with the use of technology (manipulating a mouse, attending to visual cues on the screen, clicking and dragging items as required, consideration of preferred device, etc.)
		6. Relevant cultural/linguistic considerations that could impact the virtual assessment environment and process have been considered and can be managed reasonably; a translator has been secured with appropriate technology access if necessary.
		7. Consideration of the student's communication skills has occurred and deemed appropriate for virtual assessment (functional mode of communication, auditory comprehension, verbal expression, speech intelligibility)
Yes	**No**	**Parent Considerations**
		8. Parent is supportive of conducting the assessment in a virtual environment
		9. Parent is capable of serving in an assisting role during the assessment (consider parent availability)
		10. Parent is comfortable with use of technology
		11. Parent has been informed of risks, benefits, shortcomings, and limits of virtual assessment, and has given informed consent prior to engaging in the process
Yes	**No**	**Environmental Considerations**
		12. The physical space of the home is conducive to the necessary assessment environment (private, quiet, free from distractions)

		13. The virtual environment closely resembles the educational environment, enough to ensure meaningful information can be gathered to inform future performance in the educational setting
		14. Assessment strategies can be replicated in a virtual environment
Yes	**No**	**Technological Considerations**
		15. Security of information on the chosen internet platform has been considered and approved by the district
		16. Consideration has been made for ways to ensure privacy for all involved, including the use of passwords, virtual waiting rooms, and camera usage
		17. Adequate and reliable internet connectivity is available to the family
		18. Parent has sufficient familiarity with the technological tools and procedures anticipated to be able to interact appropriately, including log-in and navigation during assessment
		19. In the event of a technology failure, a back-up plan has been created and clearly articulated to the team and parent, including the use of cellular devices
		20. Type of stimuli needed can be provided virtually (pictures, words, highlighting, etc.)
		21. Consideration of response requirements for assessments in a virtual environment, and evaluator's ability to observe student responses has occurred and is deemed feasible (pointing, gesturing, verbal, hearing, manipulatives)
		22. Interaction needs have been considered (timing, speed, touchscreen)
Yes	**No**	**Procedural Considerations**
		23. Tools for assessment have been standardized for virtual use (if not, are translatable to a virtual environment)
		24. The evaluator has carefully considered, reviewed, practiced, etc. techniques and procedures in advance to ensure validity in administration and management of the testing environment
		25. The parent has been prepared & coached in advance, to ensure understanding of their role, to follow expectations, as well as try to maintain objectivity toward their child during the assessment procedures
		26. A plan for monitoring for indications that the parent is having student-management problems during the assessment, and a plan for whom and how to address these concerns, if needed, has been developed in advance and shared with the team and parent (pre-coaching of parent is advised)
		27. A plan for more frequent breaks during the assessment has been created (acknowledging the attentional capabilities being impacted by the virtual situation)
		28. A plan for adjustment/discontinuation to the assessment session due to signs exhibited by the parent or student that engagement is starting to wane, or parent facilitator is stepping outside of protocol

		29. Policies regarding recording of assessment sessions, security of any testing materials, non-participating parties remaining off-camera in the room, etc. have been articulated and committed to
		30. Confidentiality/privacy issues for virtual assessment have been discussed, understood, and documented
		31. The identity of all present/involved in the assessment situation has been stated and documented.
		32. Family has all needed materials to participate in the assessment
		33. The parent has been informed of the procedure and timeline for review of findings

Corresponding Consideration #	Proposed Solution	Person Responsible	Anticipated Completion Date

APPENDIX G. SCRIPT FOR TALKING TO A PARENT ABOUT A VIRTUAL EVALUATION

Dear Parents,

Thank you for working with us to complete your child's special education assessment. The tools and strategies that we are going to use have typically been conducted in a controlled setting in the school environment. Currently, due to the COVID-19 pandemic, it is unsafe to conduct this evaluation in a face-to-face setting. With your help as a parent facilitator, we would like to gather information in a non-standardized manner using a virtual online platform.

Throughout this virtual assessment process, there will be tasks your child will find easy and tasks your child will find difficult. In addition, they may be asked to complete activities they have never seen before. This is a normal part of an evaluation and tells us critical information about how they react to new or challenging tasks. In every case, regardless of the outcome, we will work through these items together.

As a parent facilitator you can help your child by reviewing the list below and preparing for the virtual evaluation.

BEFORE your child's virtual assessment:

- **Testing Environment**
  - ❑ Let your child know that they're going to be doing some activities on the computer to show how they learn, and to try their best.
  - ❑ Your child should be seated at a table in clear view of the computer camera with comfortable access to their workspace.
  - ❑ The assessment area should be located in a quiet space, free from distractions (No tv, video games, noise, movement, or the presence of other people. The environment should just be you and your child.)
  - ❑ Doors and windows to the room should be closed. The lighting should permit the examiner to clearly observe your child, their workspace, and the testing materials through the webcam(s). You may need to close curtains or blinds to prevent sunlight from glaring on faces or computer screens. Do not sit in front of windows.
  - ❑ The testing environment should stay the same throughout the evaluation.
  - ❑ The evaluator will communicate with you the approximate time it will take to complete the assessment as well as any potential breaks that may be used.
- **Additional Documents**
  - ❑ You may have received some additional documents to be used during the assessment.-The documents will be contained within a sealed envelope.
  - ❑ When you receive the packet **do not** open it until instructed to do so by the evaluator during the virtual assessment.

DURING the virtual assessment:

- **Do...**
  - ❑ Remain positive and relaxed about the assessment.
  - ❑ Communicate immediately with the evaluator if concerns arise or if you or your child need a break.
  - ❑ Understand that the assessment may be rescheduled, at the discretion of the evaluator, if the student is struggling to stay engaged, becomes fatigued, etc.
  - ❑ Sit arms-length behind and to the side of your child. This will minimize distractions for your child and reduce the urge for them to rely on you for nonverbal feedback.
  - ❑ Understand this assessment is not for a grade on their report card. It is to gather information about what your child can successfully complete on their own without support.
- **What you can say to your child during a virtual assessment…**
  - ❑ Keep going.
  - ❑ Let's try another one.
  - ❑ I like the way you are working.
- **Do not...**
  - ❑ Say or point to answers
  - ❑ Nod, shake your head or use eye gaze/facial expressions to indicate answers.
  - ❑ Make comments about test questions or materials
  - ❑ Restate questions using other words
  - ❑ Tell your child if their answers are right or wrong. Revealing the answers to your child in any way may negatively affect the evaluation.
  - ❑ Repeat questions unless instructed to do so by the evaluator.
  - ❑ Use your phone in any way during the evaluation, unless needed as a second camera for the evaluator.
  - ❑ Take a break in the middle of a subtest.

AFTER the virtual assessment:

- ❑ You will meet with the evaluator virtually to discuss concerns or questions.
- ❑ Report to the evaluator how typical or representative your child's behavior was during the assessment.
- ❑ During this debriefing talk about your level of comfort during the virtual assessment.
- ❑ Your evaluator will tell you how to return any school materials used, or student work samples created during the assessment.

Thank you for working with us. Your job as a parent facilitator is very important as we move forward together through this difficult time of COVID-19. The virtual assessment we will complete together will help us gather additional information to determine if a disability exists, and whether specialized instruction is necessary for your child to successfully progress through school. You will receive written feedback about the information obtained during this virtual assessment.

Resources

MDE Guidance Documents Related to Assessment

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