Conducting Special Education Evaluations During COVID-19

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Options During Pandemic

- Suspend all testing
- Teletherapy; home-based or office based
- Use of plexiglass shield
- Social Distancing
- NESCA’s Two office plexiglass model
Need to Balance Safety and Validity

- **Safety**: minimizing contact that could result in spread of covid-19

- **Validity**: the extent to which we are measuring what we are trying to measure
Psychological/Educational Testing is Not a Blood Test

• Results of a blood test will not vary depending on environment, characteristics of the phlebotomist or motivation of the patient.

• For standardized testing, environmental factors (temperature, noise level) and qualities of the evaluator (level of anxiety, confidence, ability to motivate) may impact child’s performance
Validity of Evaluation Results

- Always need to judge the validity of test results, even pre-covid
- One way to assess the validity of test results is through assessing reliability (e.g. are these results in line with previous testing?) and concurrent validity (e.g. does teacher report a problem in this area?)
Three Components of Evaluation

History
  • (family, birth, developmental, medical, psychiatric, educational)

Observation
  • (clinician, parent, teacher)

Testing
  • (scores, process by which the scores were achieved)
Face to Face Testing

• Most valid because those were the conditions under which the tests were normed
• Evaluator can manage environmental variables
• Evaluator can support the functioning of the child most easily
• Least safe option at this time—essentially not an option based on professional organizations and malpractice insurance companies
Suspend All Testing

• At this time, schools are required to carry out mandated testing

• Ethical obligation to identify children in need of services so that intervention can begin in a timely manner, optimizing the benefits of neural plasticity
Telepsychology

- Technical issues
- Ethical issues
  - Validity
  - Release of tests
- Legal issues
  - Copyright laws
  - Credibility in hearing/team meetings
Technical Considerations

• Client and evaluator both need to have computers
• Need to have strong wifi for both evaluator and client, preferably ethernet cable for both
• Evaluator and client both have to be proficient with the platform chosen (e.g. Zoom, Doxy.me)
• Need HIPAA compliant computer platform for testing
• Currently many, but certainly not all, tests are available at no charge through Pearson; allegedly ending in July
Possible Validity Issues

- Quiet, distraction free environment
- Comfort with technology, online test administration
- Screen freezing renders test invalid
- Possibility of cheating (e.g. use of calculator)
- Quality of human interaction
- Difficult to provide support for regulation of attention, emotions or behavior
Other considerations

- Can’t observe the child’s process on many tests
- Reduced quality of behavioral observations
- Need to mail tests or materials back and forth (e.g. blocks for Block Design, essay for WIAT-2)
Benefits of Telepsychology

• Re-testing of client who is well known to evaluator
• When test results aren’t the key determinant; history and observations provide a high level of valid, relevant data
  • Some disability determination evaluations, e.g. diagnosis of ASD
  • Some psychological assessment in urgent situations
• Decrease the amount of time in the office
• Always need to consider cost-benefit analysis
Role of Teletherapy in NESCA Evaluations

- Parent Intake
- Parent Feedback
- Brief testing
Teletherapy Assessment for Progress Monitoring

• Problematic:
  • Validity and reliability issues
  • Comparison with pre-testing done under different circumstances
  • Impact on behavioral observations
Precautions for Office Based Assessments

- Clinician and client complete questionnaire assessing exposure risk
- Temperature check using forehead thermometer for child, parent, clinician
- Hand sanitizing
- “Touchless” check in process
- Maximum 8 people in 7000 sf office suite with testing rooms at opposite ends of long hallway
- Parent in private waiting room
- Equipment and room sanitizing procedures before and after every appointment
Social Distancing

- For parents and evaluators who are comfortable with this model, it does not provide maximum risk reduction but may seem most natural
- Evaluator sets up testing materials for child (or parent helper) to manipulate
- Most tests are on the iPad, which is controlled from the evaluator’s computer
- Evaluator remains at least six feet from the child (and parent helper) at all times
- Evaluator, child and parent helper wear masks
  - Preview with child via teletherapy
Plexiglass Shield

- Does not maximize safety for child and evaluator
- Some of our clients might knock it over
Two Office Model

- Large plexiglass panel allows for clear observation of child and ability to easily communicate and demonstrate activities with child
- Communication with high quality intercom system; child, parent helper and clinician wear headphones
- Most tests in iPad controlled by evaluator computer
- Test materials organized ahead of time in folders
NESCA Two-Office Model
Analysis of Two Office Model

Seems closest to the standard assessment experience
Maximum risk reduction for child, parent, and clinician
Headphones may be a problem for some clients; table top intercom also available
Clinician will be unable to provide physical cueing when needed
Presence of parent, if necessary, may be distracting for some children
What is the Purpose of Testing at this Time?

Initial
• Diagnostic evaluation because a child is not making expected progress in some sector(s) of development
• Determination of Eligibility for IEP
• Validity of testing scores may not be as critical because test performance should be woven with history and observations in diagnostic process

Follow-up
• Monitoring progress—can this be done validly at this time for any child using any methodology of testing because of environmental circumstances?
• Change in child’s functioning—becomes determination of diagnosis (see above)