

## Your Child's Assessment – A Guide for Parents

### 1. What is a comprehensive assessment and how does it differ from all the assessment that schools do during the year?

Assessing a child's developmental progress, including meeting curriculum goals is a core part of teaching. Parents receive at least 3 reports a year to ensure that they are aware of what the teacher is seeing with their child's progress. At times a teacher or the school might do additional assessment to ensure that they have a good understanding of a child's development, such as a reading inventory or a language test, to help inform how the teacher can best help the child.

A comprehensive assessment is much more in-depth and done only after the parents and teacher have exhausted ways to support the child's development. At this point there is concern that the child has a learning issue beyond what the parent or teacher can understand. A comprehensive assessment does not measure how the child is doing with the curriculum but rather the skills that the child brings to learning tasks. It explores how "smart" the child is but, more importantly, how the child is smart: how they process auditory information; visual information; how fast they think; how quickly and accurately they can produce work; what their memory is like (short-term, long-term, visual memory, auditory memory); how well they attend and focus on tasks as well as their social/emotional functioning. Finally, after a clear picture is established of the skills that a child brings to a learning task the assessment then explores how the child is using those skills - where the child is achieving in very specific aspects of reading, math and writing. Parents have to give signed consent for a comprehensive assessment to be started, and when the assessment is completed, they must receive a written report which is explained to them in detail. Once consent is given and the assessment is started, the parents have the right to change their mind and withdraw consent.

### 2. How do I know if my child needs a comprehensive assessment?

Parents should listen to their instincts on when to get an assessment and proceed with it only when they are ready. Conversations about whether to conduct an assessment are usually ongoing for months, if not years, before the decisions to proceed is finally made.

The parent and teacher are both seeing the child struggle and are trying to help before they reach a point where more in-depth knowledge is required. This is particularly concerning if the child is doing well in most areas but struggling in one specific area (e.g. written output). Schools may want to do an assessment and if the parent is not comfortable that is perfectly acceptable. More often than not, parents are requesting an assessment long before the school agrees, and they feel the need to pressure the school to act. As an advocate for your child, follow your instincts and do what you feel is in their best interests.

### **3. Is my child too young to be assessed?**

Standardized assessment compares a child's performance on each measure to that of children their exact same age, right down to the week of birth. A child who is 6.5 years of age is compared to kids of the same gender at the exact same age. This is the nature of standardized assessment and, subsequently, there is no such thing as a child being too young to assess. They are ALWAYS only compared to their age mates and the results only report on how the child is performing at this stage of their life. All assessment instruments have age ranges for children who are eligible to be assessed with that tool and it is unethical to use an instrument on a child outside those age ranges.

As a rule of thumb, the earlier you know a child's strengths and weaknesses the earlier you can intervene with help. Early identification means early intervention and it could prevent your child from falling behind. However, children develop at their own pace and most parents/teachers follow an approach of noticing a child struggle, trying a number of things to help them, watching their progress, trying other things to help and, if progress is not as expected, then, and only then, consider having an assessment completed. "Let's wait to see how they do" can be a wise course of action BUT when it's evident that progress is a concern, the time for an assessment becomes clear.

The earlier a child is assessed the better in that it prevents them from falling behind and in having self-esteem eroded, not to mention the frustration it can help avoid. The primary grades are the best time to assess a child however it is perfectly acceptable to assess in later grades as the child faces higher developmental tasks that they struggle to master. It is not unusual to assess children for the first time in high school or even in college and discover an issue that the child had always struggled with but managed to cope. You assess when it is evident that additional information is required to help the child progress – regardless of the

age.

A note of caution for high school students: when you exit the K-12 system private assessments become your only option and a very pricey one at that. If there are lingering concerns that you may have a learning issue push for an assessment before high school graduation.

#### **4. Who does the assessment?**

A number of people are qualified to do the assessment. Special education teachers, speech language therapists, guidance counsellors, occupational therapists and psychologists are all trained in various aspects of assessment and it is not unusual for a number of them to be involved in your child's assessment. A team approach has its benefits in that different people assess the child from different perspectives yielding a comprehensive view. More often than not, the assessment will be led by either the counsellor or the psychologist and they will do all or most of the testing, and then compile and deliver the report.

#### **5. How is a private assessment different?**

The instruments used in a private assessment or a school assessment are usually the same in that the same instruments are sold to schools and private clinicians. The school or the private practitioner might be limited in the variety of tools they have access to. Both are ethically mandated to use the most current versions and you should ask to ensure that this is the case. Some private assessors have the benefit of being more specialized in that they only do assessments and therefore have completed more. Many private practitioners work in the public system in the daytime and maintain a private practice – meaning the same people you have access to in the public system are those you are paying to access privately. A private assessment can often be done quicker but is expensive. You also own a private report and you decide what happens with it. You need to be a careful consumer when accessing expensive help for your child to ensure that your resources are being deployed wisely. Word of mouth and asking endless questions are your best approach. Take your time and listen to your instincts.

## 6. How long will it take?

Most assessments take about 20 hours of a clinician's time (interviewing, testing, scoring, report writing) and should be done within a few weeks of being started. It is important to assess the child within a relatively short time span (over a week or so maximum) to ensure that you are getting a point-in-time picture. A child should be the same age on the last instrument administered as they were on the first instrument administered. (e.g. If they were 6.2 years of age when it starts, they should not age much by the time the last instrument is administered). Schools are busy places so you should be vigilant to the length of time that your child's assessment is being conducted over. You have the right to express concern for this.

## 7. What happens to the results? Does it stay private?

Educational policy stipulates what happens with the report and you should be told this by the clinician. A copy is given to the parents and a copy is kept in a confidential file, kept by the Principal who ensures that the only person who has access to this can convince them that they have a need to see the report AND they have had the training to interpret the report. This is almost always ONLY the counsellor or the school psychologists who then have to explain the results and implications of those results to your child's teacher(s). There should never be copies circulated among teachers and or the report should never be read by the teacher unless the parents give specific consent for the teacher to read it. If you see this happen you must raise concern as this is your child's private information. The school will require your signed consent to send the report to another person/party such as the Janeway.

A private assessment is slightly different. The clinician will give you a number of signed copies and keep one in their file. You own that report and you decide what to do with it. The clinician can help you decide what to do with it and they will also require your signed consent to release it, or discuss it, with any other party. Finally, if you plan on using your insurance or employee assistance program to help recoup some of the cost of a private assessment ensure that you have prior approval and that the clinician meets the requirements of your service provider. Finally, schools will follow the results of a private assessment although specific recommendations made by a private clinician must reflect will only be followed if they adhere to the policies of the school district.

## 8. What should I expect in a comprehensive assessment?

A comprehensive assessment can vary in the intensity of testing completed. Sometimes minimal testing is required (e.g. A speech assessment or a check for depression). A full assessment should consist of the following sections:

- Case history (a description of the child's development from birth to current age)
- Behavioural observations (how the child behaved during the testing sessions)
- Intelligence test
- Additional measures of memory, visual, auditory, phonetics, and/or visual motor skills (as a more in-depth exploration of the weaknesses found on the intelligence tests)
- Achievement test
- Social – behavioral checks
- A summary
- Recommendations

If any of these sections are missing from your child's assessment you have the right to ask why. Minimal testing results in a minimal understanding of how your child is performing. You've most likely waited a long time for this. Don't hesitate to ask lots of questions.

Finally, a comprehensive assessment does not need to be repeated in the future except in situations such as the following. If the child continues to struggle and the support plan that was developed is not working, additional assessment might be needed, especially as the child moves to the next stage (elementary, intermediate or senior high). If the child was assessed in the younger grades and is about to graduate and transition to post-secondary, a re-assessment might be required. Post-secondary institutions are bound by Human Rights codes to provide all the accommodations the child needed in school. They do have the right to ask for a current assessment (usually considered as being within the last few years). The high school has a responsibility to help prepare your child for transition to post-secondary which includes ensuring that assessments are updated, if needed. Insist on this because the minute they leave high school, your only option for assessment will be private. Ensure that you make yourself aware of the requirements at the post-secondary institutions your child is considering during the fall of their final year of high school if not before, to ensure ample time to get things planned and in place for their reassessment. Do not leave this step until the spring.

## 9. Will the results be explained to me and my child?

The results have to be explained in writing (the report) as well as verbally presented and explained in language that you understand. The result should be explained to you in a private separate meeting with the clinician and not in a team meeting with all the teachers. Insist on this to ensure you are comfortable in asking questions and that you have ample time to discuss it. Good clinicians will go to great lengths to explain things to you. This is your first time through this, and it is a foreign process. You most likely waited a long time to get this done. Do not leave the meeting that room until you are comfortable in your understanding of it. This is often an overwhelming experience for parents. Don't hesitate to return with more questions. Good clinicians will welcome this.

Presenting results to children is a very individual decision. The rule of thumb is to use caution when explaining to young children but answer honestly any questions that they might ask about it. Children will only ask questions when they are ready to hear the answers. You also need to be cognizant that a child who struggles with school will come up with their own explanation for this - usually "I'm stupid". Explaining the results of an assessment in a language that the child understands can address this. At the intermediate level, and certainly at the high school level, the practice is to include the child. The clinician should be skilled at explaining things in a way that the student understands and is sensitive to their development (and the findings). A separate session will usually occur with the parents, giving them the opportunity to ask more pointed questions than they would with the child present.

## 10. Will my child be labelled?

There is a difference between labeling a child and naming a specific learning issue. There is also a difference between assigning an accurate descriptor of your child's learning needs and risking them assigning their own negative label to themselves. A child would rather learn that they are average or high average intelligence with dyslexia than thinking they are "dumb". The goal of assessment is not to assign a label but to inform teaching and child development. If a specific condition such as "learning disability in math", "dyslexia", or "attention deficit disorder" helps parents and teachers understand a child's functioning then it is wise to ascribe it. These explanations not only help you understand your child (and they themselves) but also informs supports. Labels are only assigned to a child if it

empowers the child and their support team with knowledge to help.

## **11. What other referrals might be needed?**

Follow-up referrals are not uncommon in that they can help provide a more in-depth understanding of a child's needs. For example, if a child scores low in aspects of language, a referral to the speech-language pathologist might be made. If a child scores low in visual skills or motor output, a referral to an occupational therapist might be given. If a child spikes for an attention issue or anxiety/depression or their development is more concerning than initially suspected a referral to health care (developmental pediatrics or child psychiatry) might be recommended. When this occurs parents should be comforted that the assessor is digging for a full understanding of how best to help your child. Information is power as it tells you what is needed. We are blessed to have wonderfully skilled specialists in the province whose input you will be forever gratefully for.

## **12. What do I do if I have concerns for whether the assessment was completed properly?**

Listen to your instincts. If you are not comfortable with how the assessment was completed or the results you have the right to ask questions until you are more comfortable. If your questions to the school do not yield satisfactory answers you have the right to go to the school district. You also have the right to seek the opinions of community professionals or supports such as the LD Association. A large part of the work of the Learning Disabilities Association is helping parents understand and advocate for their children. This entire process was started to give you information on how to help your child. If that is not helpful, then you must pursue answers.

Dr. David Philpott  
Dr. Sandra Luscombe  
Eddie Dunphy

September 2020