

Statement on Comprehensive Evaluation for Learning Disabilities

The American Academy of School Psychology (AASP) is committed to the development and maintenance of school psychology practice at the highest level. Fellows of the AASP are all holders of the Diplomate in School Psychology that is awarded by the American Board of Professional Psychology (ABPP). The AASP represents a group of broadly trained and experienced school psychologists who are dedicated to the application of the science and profession of psychology to issues related to the protection and promotion of children and youth. One aspect of school psychology practice is the provision of comprehensive psychological and psychoeducational evaluations for students with suspected exceptional educational needs.

The AASP is concerned with certain language in H.B. 1350 and S.B. 1248 that appears to allow an alternative “response-to-intervention” model for determining whether a child has a specific learning disability (LD). The language suggests that a local educational agency may use a process that determines if the child responds to scientific, research-based intervention. Fellows of the AASP caution that this alternative should not be interpreted by federal regulators, state guidance document writers, and/or local practitioners to mean that a comprehensive evaluation need not be conducted for any student suspected of having a specific learning disability.

AASP Survey

Recently, AASP Fellows were surveyed about the proposed IDEA changes for the evaluation of individuals with suspected learning disabilities. Five statements were posited to ascertain levels of agreement or disagreement about whether the new IDEA law should contain a standard procedure for diagnosing LD; whether the response-to-intervention model should be used as a sole criterion to diagnose LD; whether practitioners should include other alternatives to diagnosing LD; and whether the new law should require comprehensive evaluations in suspected LD cases. Survey items were scaled on a 4-point Likert scale (1 = strongly agree, 2 = agree, 3 = disagree, 4 = strongly disagree). There was a 51% response rate. Results of the survey are found in Table 1. Responses to two of the questions are particularly noteworthy: Fellows of the AASP strongly agreed that any proposed criteria for diagnosing LD should require a comprehensive evaluation of the child. Further, the AASP Fellows contend that using a response-to-intervention model as a sole criterion for diagnosing LD would not be an improvement in practice.

Need for Comprehensive Evaluation

As professional psychologists, AASP Fellows believe that a comprehensive evaluation, which includes psychometrically sound, norm-referenced measures of cognitive ability and academic achievement, is an important part of an LD diagnosis. A comprehensive evaluation includes objective, valid, and reliable measures of both ability and disability to provide documentation of any limitations in cognitive processing that may be required for legal protections and/or the provision of special services or accommodations.

A comprehensive evaluation includes multiple sources of information, including standardized, norm-referenced tests; interviews; observations; curriculum-based assessments; and informed clinical judgment. A student's response to scientific, research-based interventions can be a part of a comprehensive evaluation, *but a response-to-intervention process should not be viewed as a sole criterion for diagnosing LD*. The core procedure of a comprehensive evaluation of LD is an objective, norm-referenced assessment of the presence and severity of any strengths and weaknesses among the cognitive processes related to learning in the academic area. These cognitive processes include (but are not limited to): knowledge, storage and retrieval, phonological awareness, reasoning, working memory, executive functioning, and processing speed.

Table 1. Mean and Standard Deviation Results for the Five Survey Items

| Question | M | SD |
|---|----------|-----------|
| 1. The new law needs to contain a standard procedure and criteria for diagnosing LD. | 1.76 | 1.0 |
| 2. Using the response-to-intervention model as a sole criterion to diagnose LD would be an improvement in practice. | 3.40 | .8 |
| 3. The new law should retain the alternative response-to-intervention criteria but include other alternatives for diagnosing LD. | 2.31 | 1.0 |
| 4. The new law should not contain the response-to-intervention criteria, and instead define different procedures for diagnosing LD. | 2.23 | 1.1 |
| 5. The proposed criteria for diagnosing LD should require a “comprehensive evaluation” of the child. | 1.18 | .4 |

Key: 1 = strongly agree; 2 = agree; 3 = disagree; 4 = strongly disagree.

Final Regulations, Guidelines, and Procedures Can Be Influenced

Although the requirement for a comprehensive evaluation is clearly outlined in both the House and Senate bills, AASP Fellows are concerned that the need for a comprehensive assessment may be eclipsed by any forthcoming procedural guidance suggesting a response-to-intervention model as an alternative. We believe that a sole reliance on the response-to-intervention model will hinder the effective application of a comprehensive, scientifically sound approach to identifying individuals with disabilities.

The final federal regulations, state guidelines, and school district procedures will have the greatest impact on the identification, assessment, eligibility, and provision of services for students with LD. School psychologists should act to influence these regulations, guidelines, and procedures with a strong statement reinforcing the necessity for a comprehensive evaluation for LD. Fellows of the AASP believe that it is important that the need for a comprehensive evaluation not be diminished in any attempt to redesign the process for determining LD eligibility. We urge school psychologists to become active at the federal, state, and district policy-making level to influence the forthcoming regulations, guidelines, and provisions for services for students with LD.

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