



School Psychology Practice during COVID Series #2 - Updated Assessment Guidance & Four Specific Eligibility Areas Guidance

I. Introduction: Need for Evaluation and Relevant State and Federal Guidelines

The purpose of this paper is to provide an update to the [original resource paper dated August 15, 2020](#) and to provide additional guidance for 4 of the most common eligibility areas in Special Education. Please refer to [Series # 1 paper](#) for more detailed information regarding both in-person and virtual assessment considerations, and a reminder of the legal and ethical guidelines mandated by both our state and national professional organizations.

Why are we being asked to have IEP meetings within 30 days of the start of the fall 2020 school year and what is the difference between an extension and a waiver?

Many schools and IEP teams are being asked to hold IEP meetings within 30 days of the start of the fall 2020 school year. These are to address overdue initials and triennials from the spring 2020 school closure. Moreover, many schools and IEP teams recommend asking parents for a waiver or extension at this IEP meeting. However, there appears to be confusion regarding the difference between an extension and a waiver.

The Federal Government is not giving waivers that will subvert IDEA. We have 60 days to complete an evaluation. Even though we could not complete or start some evaluations under those circumstances, we are still obligated to follow timelines due to [CFR Sec 300.323\(c\)\(1\)](#). In California, if you have an assessment/evaluation plan signed on the last day of school, you have 30 days from the beginning of school to complete the evaluation and have an IEP meeting to determine eligibility and develop the IEP:

[CA Ed Code 56344](#) states that “...from the date of receipt of the parent’s written consent for assessment, unless the parent agrees, in writing, to an extension.”

This is why you should have this meeting, to get from the parent an extension in writing. This meeting should not be confused for a waiver, which is when one is relinquishing their right or claim. Agreeing to an extension does not relinquish rights, but instead establishes new limits. That is why a specific timeline due date for the extension is required, because an indefinite timeline would subvert their right to due process, and there is an established maximum allowable amount of time under IDEA (60 days).

Your district should provide you with a form for parents to sign explaining this extension. Some of your letters may or may not include details as to why you were not able to conduct the assessment in Spring, e.g. safety regulations for in-person assessments were not in place, no permission or directive from county health, tele-assessment procedures had not been developed or products received in time, etc. Though not required, an explanation as to *why you are requesting an extension can be documented in IEP Meeting notes.*



II. Methods that are Required for Assessment

The reader may refer to [Series # 1 paper](#) for definitions and a summary of the differences between evaluation, assessment, and testing. Since that paper was distributed, many questions surrounding reliability and validity of test results and subsequent “disclaimer” statements for reports have been asked. We will briefly address those concerns here.

As with every assessment, each school psychologist must use their professional judgment to make eligibility determinations, and ultimately will have to defend those decisions. CASP will not aim to make that decision for any school psychologist, but rather to give guidance and resources for best available practices.

School psychologists must always consider reliability issues. There are a myriad of factors that have potential to impact the reliability of an assessment. Rapport building is a critical part of the evaluation process as it helps school psychologists address possible impacts on performance. Confidence intervals are important to include with every assessment to address the standard error of measurement inherent in every test. A thorough assessment will gather information from multiple sources and then draw conclusions that are reasonable based on the information gathered. Rather than having one blanket statement regarding validity and reliability for all students, school psychologists are encouraged to make individualized considerations and statements to explain each child’s unique situation and possible impacts related to the pandemic.

While each validity and reliability statement should be individualized, here are two sample statements to consider:

1 In-Person Testing

“Evaluation procedures included the use of standardized measures, informal assessment, observation in a variety of settings, and interviews of the student, teacher(s) and parent(s)/guardian(s). All tests were administered by qualified personnel in accordance with the instructions provided by the test publishers, and are valid for the purpose used, except where noted. All areas of suspected disability were assessed. Except where otherwise noted, the results of this assessment are believed to be reliable and valid. [34 C.F.R. 300.532(e)]

Assessment was completed in-person at [school site/district office]. The following Personal Protective Equipment (PPE) was used during the in-person sessions: [list all]. While the nationally normed standardized tests were not normed with the use of the PPE used during the sessions, this evaluator does/does not believe that the use of PPE impacted the student’s performance. Therefore, these results do/dot not appear to be valid at this time [caution should be used when interpreting these scores]. This school psychologist understands these issues and will use the data in a way to maximize their accuracy and work to address any questionable circumstances if they arise. This may include adding more informal measures to evaluate areas that are unclear, and ultimately it may include not being able to make as specific conclusions, decisions, or recommendations as would be possible in face-to-face, in-person assessment services without the use of PPE and social distancing. This may vary by standardized test or subtests within a test, so specific issues of reliability and validity given PPE and social distancing, as well as any social emotional factors due to Covid-19, will be discussed in the areas where it is believed to have impacted and interpretation of the data needs to be addressed.”



A similar statement could be made for tele-assessment:

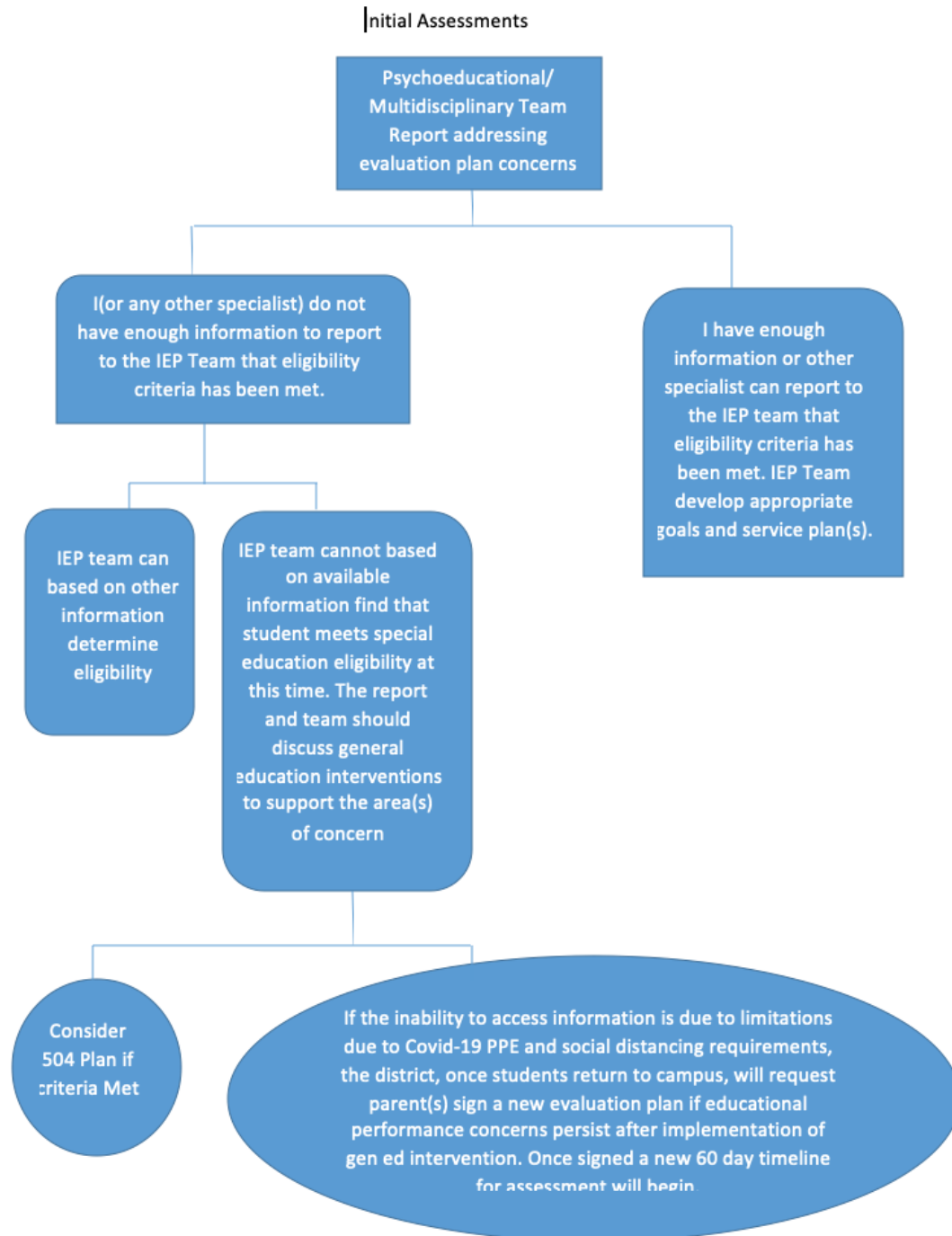
2 Virtual Testing

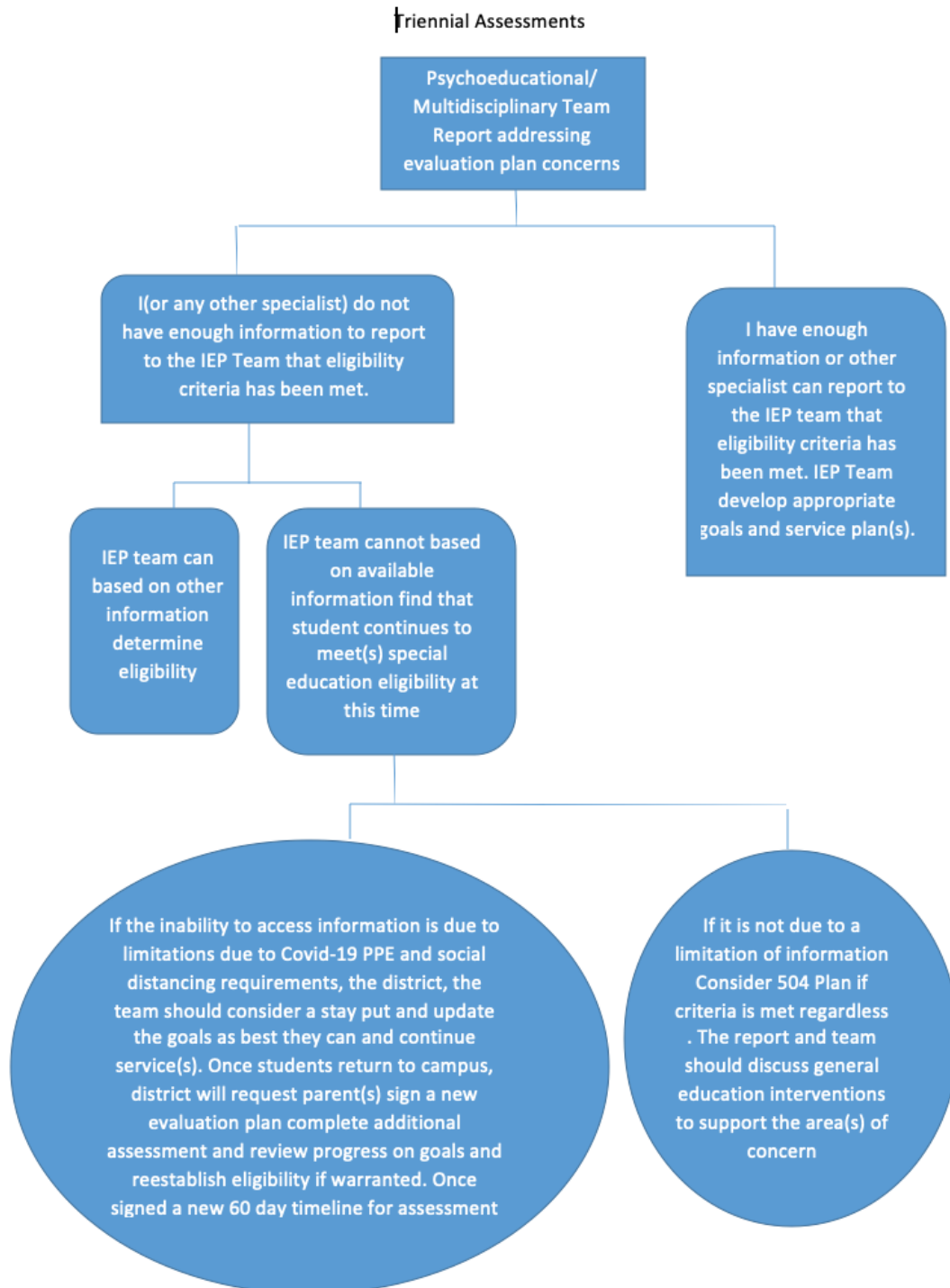
“Evaluation procedures included the use of standardized measures, informal assessment, observation in a variety of settings, and interviews of the student, teacher(s) and parent(s)/guardian(s). All tests were administered by qualified personnel in accordance with the instructions provided by the test publishers, and are valid for the purpose used, except where noted. All areas of suspected disability were assessed. Except where otherwise noted, the results of this assessment are believed to be reliable and valid. [34 C.F.R. 300.532(e)]

Assessment was completed virtually for this assessment due to public health order for this county (or because parent was concerned about health risks.). Many of the tests used were not validated for use in a virtual manner and were not administered in a standardized fashion, however equivalency studies are available for [list]. Virtual assessment took place under the following conditions [list]. During the virtual assessment, student [explain situation]. This evaluator does/does not believe that the virtual assessment results do/do not appear to be valid at this time [caution should be used when interpreting these scores]. This school psychologist understands these issues and will use the data in a way to maximize their accuracy and work to address any questionable circumstances if they arise. This may include adding more informal measures to evaluate areas that are unclear, and ultimately it may include not being able to make as specific conclusions, decisions, or recommendations as would be possible in face-to-face, in-person assessment services without the use of PPE and social distancing. This may vary by standardized test or subtests within a test, so specific issues of reliability and validity given PPE and social distancing, as well as any social emotional factors due to Covid-19 will be discussed in the areas where it is believed to have impacted and interpretation of the data needs to be addressed.”

III. What Can Be Done: Assessment Considerations for SLD/OHI/ED/Autism

First, we will provide two decision trees to help guide assessments during this time.







Next, we review eligibility criteria for 4 of the most common eligibility areas and discuss assessment considerations from a Review of Records, Interview, Observation, and Testing perspective.

Educational Criteria for Specific Learning Disability:

a) Specific Learning Disability (SLD) Criteria: 56337.(a) A specific learning disability, as defined in Section 1401(30) of Title 20 of the United States Code, means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or perform mathematical calculations. The term "specific learning disability" includes conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. That term does not include a learning problem that is primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

b) Notwithstanding any other provision of law and pursuant to Section 1414(b)(6) of Title 20 of the United States Code, in determining whether a pupil has a specific learning disability as defined in subdivision (a), a local educational agency is not required to take into consideration whether a pupil has a severe discrepancy between achievement and intellectual ability in oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematical calculation, or mathematical reasoning.

c) In determining whether a pupil has a specific learning disability, a local educational agency may use a process that determines if the pupil responds to scientific, research-based intervention as a part of the assessment procedures described in Section 1414(b)(2) and (3) of Title 20 of the United States Code and covered in Sections 300.307 to 300.311, inclusive, of Title 34 of the strategies that can be utilized with pupils for the remediation of the various types of specific learning disabilities.

Each LEA has the choice of three ways to determine eligibility: discrepancy, PSW, or RtI. Regardless of the model you are following, you will need to assess with "R", "I", and "O". NASP has created a [framework for use with SLD evaluations](#) during this time.

R: As with every SLD referral, review historical and current academic/educational progress grades, educational areas of weakness and strength, attendance, behavioral records, educational assessments, classroom-based assessments, etc. A thorough health and developmental history will also continue to be a critical piece of data for such assessments. However, record reviews may need to go beyond 6 months of time, as grades and academic progress may not have been well documented during school closures.

I: Interviews are the strongest data under present conditions. However, teachers are limited to their virtual classroom environment, and parents vary in their ability to monitor their child during distance learning. Please refer to [Series # 1 Paper](#) for specific interview question guidance.

O: A virtual classroom observation by the school psychologist will also be limited but it is the best available practice during this time. Kami Paris, Lead School Psychologist for Columbia Public Schools in Rocheport, MO posted this [online observation resource](#) on the NASP Member Exchange Discussion Board on 9-21-20. Here is a review of observation requirements in CFR 300.310:



“34 CFR § 300.310 Observation. CA Ed Code 5634(c)

(a) The public agency must ensure that the child is observed in the child's learning environment (including the regular classroom setting) to document the child's academic performance and behavior in the areas of difficulty.

(b) The group described in § 300.306(a)(1), in determining whether a child has a specific learning disability, must decide to -

(1) Use information from an observation in routine classroom instruction and monitoring of the child's performance that was done before the child was referred for an evaluation; or

(2) Have at least one member of the group described in § 300.306(a)(1) conduct an observation of the child's academic performance in the regular classroom after the child has been referred for an evaluation and parental consent, consistent with § 300.300(a), is obtained.

(c) In the case of a child of less than school age or out of school, a group member must observe the child in an environment appropriate for a child of that age.

(Authority: 20 U.S.C. 1221e-3; 1401(30); 1414(b)(6))”

Distance learning is temporary and not considered a "regular classroom". It is therefore recommended that pre-distance learning observations be at least discussed and considered as part of the “O” data. There is no specific requirement as to who does the observation. If you are doing in-person assessment with PPE and social distancing, observations during assessment will be invaluable. You may also ask to observe the student participating in distance learning class as part of your in-person assessment. This may help to control for environmental factors, as well as get a view of all the other things the student may be doing while attending virtual class.

T: Testing for initial evaluations:

Discrepancy and PSW

- If you are committed to PSW or the discrepancy model, you may be able to glean information from R, I, and O to form a hypothesis but often we also use standardized tests to corroborate them.
 - If this is the case determine if additional testing is required for the IEP team to make an eligibility determination.
 - If yes, then decide whether testing will be conducted with PPE and social distancing or tele-assessment, with the caveats addressed previously.

Rtl

- If you are committed to doing Rtl/MTSS, follow your district Rtl/MTSS procedures. This will be difficult given the changes over the past 6 months because they were developed for in-person instruction and the full intervention resources of a school campus. You will need to account for distance learning when you collect progress monitoring data to determine response to intervention. In addition, a plan for monitoring intervention fidelity during distance learning will need to be documented. However, if your process included the use of standardized tests at any point, please review the respective Discrepancy and PSW sections above.



- If your district has established a Multi-Tiered System of Supports (MTSS) program, this is an excellent opportunity to provide general education students who do not qualify for Special Education with support and interventions available in an MTSS program.

For triennial evaluations:

Discrepancy and PSW

- If you are committed to PSW or the discrepancy model, one may use data from previous psycho educational reports and IEP documentation as part of your “R”. From this “R” data, you have the basis for what you are looking to confirm or disprove. Do not forget to include “I” and “O” data to include possible additional concerns that may have arisen in the intervening years (up to 3) and form any new hypothesis(es). Oftentimes additional information is used to corroborate this in the form of standardized tests.
 - If this is the case, decide if you need test data to help you in your determination of eligibility. (see graphic decision tree)
 - If yes, then you need to decide if you administer the standardized test now, can the test provide meaningful information, and whether it be with PPE and social distancing or tele-assessment. Consider the caveats addressed above.

Rtl

- Assuming the Rtl process was used to determine eligibility, continued process monitoring should be used to determine continued eligibility. This will be difficult given the changes over the past 6 months because they were developed for in-person instruction and the full intervention resources of a school campus. You will need to account for the distance implementation of academic instruction. In addition, a plan for progress monitoring intervention fidelity during distance learning will need to be documented. However, if your process included the use of standardized tests at any point, please review the respective Discrepancy and PSW sections above.

Educational Criteria for Other Health Impaired:

CCR 3030(b)(9) Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment that: (A) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and (B) Adversely affects a child's educational performance.

Other Health Impairment is a categorical term encompassing a range of conditions and a comprehensive evaluation is necessary to determine eligibility.

A diagnosis or health problem is only one part of the determination of eligibility under OHI. The key is to focus on the presenting problems associated with the health condition when deciding eligibility under OHI. Whether you are looking at an initial or a triennial, R.I.O.(T) can be applied to make a decision for eligibility.

To establish the impact of a health condition on the strength, vitality, or alertness of a student one must provide evidence from a variety of sources that the child is unable to access and benefit from general education without specially designed supports.



R: Review student health information, prior records (psychoeducational reports, outside private testing results, and any other permanent record that may be relevant to the condition), historical and current academic/educational progress grades, educational areas of weakness and strength, attendance (may be attributed to the health condition), behavioral records, educational assessments, classroom-based assessments, etc. Relevant medical records may provide valuable information about health conditions, diagnosis, history, treatment or other assessments completed at the time of diagnosis. A thorough health and developmental history will continue to be a critical piece of data for assessment.

I: Interview of parents, current and previous teachers, service providers, and students (if appropriate). Use both structured and unstructured interviews to gain comprehensive information on development and health history, medications, behavior in and out of the classroom, and social and emotional functioning, etc. If relevant, obtaining a permission to exchange information to talk with the student's medical providers can also provide useful information about the specifics of the medical condition, prognosis, treatment, and recommendations for school accommodations.

O: Observations during virtual learning can be difficult as it is not a regular or permanent educational setting. Additionally, you will not be able to observe in various settings, such as on the playground with peers. That said, an observation is part of a comprehensive assessment. Observations should be completed with the assessment question in mind. With virtual observations, you may want to contact the teacher to understand what assignment you will be observing and the expectations during that time. Behaviors should be descriptive and detailed. Observations should also be noted within the context of instruction, curriculum, and other students' behaviors, as what your student is doing may not be out of synch with the rest of the class. Since observations do not have to be completed solely by the school psychologist and can be from before school closures, you can obtain information from other members of the IEP team who were able to observe the student at that time. This includes last year teachers and other service providers. Please note the date of the observations and which professional completed the observations.

T: In-person testing during this time depends on your district's policy. If your district is offering in-person testing, then formal testing would continue as usual. However, testing may be limited or non-existent if testing is being offered virtually or if testing is on hold. That said, rating scales can be used to assess various characteristics consistent with attention problems, social and emotional skills, and adaptive skills.

Educational Criteria for Emotional Disturbance:

CCR 3030 (b) (4) Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors. (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. (C) Inappropriate types of behavior or feelings under normal circumstances. (D) A general pervasive mood of unhappiness or depression. (E) A tendency to develop physical symptoms or fears associated with personal or school problems. (F) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under subdivision (b)(4) of this section.

R: Review of records will still be vital when examining the ED classification. Historical records from previous year(s) will be especially helpful to document the period of time these concerns have



existed and rule out any temporary responses related to the pandemic. In addition to student records, psychologists will want to examine any outside assessments as well, especially health, social, emotional, and behaviorally focused reports. Relevant medical records may provide valuable information about health conditions, diagnosis, history, treatment or other assessments completed at the time of diagnosis. A thorough health and developmental history will also continue to be a critical piece of data for this assessment. As stated above, carefully documenting the student's functioning prior to the pandemic is a crucial aspect of current assessment.

I: Interviewing the parent and student is always a vital part of collecting data when examining the ED classification. Gathering information about areas of concern, strengths, how long symptoms have been present, and how they impact educational functioning will be helpful. Teacher interviews will also be vital to determine what behaviors are observed and how they may or may not impact educational functioning. Interviews with teachers from the previous school year when in-person school was in session may also be helpful. If a student has a counselor, psychologist, psychiatrist, etc., interviews with these persons will be part of the assessment process.

O: Observation of academic engagement should be attempted. If a student does not have their camera turned on, perhaps suggest to the parent to have the student turn on the camera for a specific number of days when you will be "popping into" the class synchronous learning opportunities. Document any refusal to turn on their camera. Observations of social interaction, one of the components of the ED eligibility criteria, may be difficult in these times. There may be opportunities to see social interaction through synchronous learning or the parent may be able to provide opportunities to observe social interactions. As schools begin to offer in-person and hybrid learning opportunities, this may become easier.

T: Testing a student with standardized tests is typically part of the assessment process. The [Series #1 Paper](#) by CASP outlined considerations for both in-person and virtual/remote testing. Cognitive/processing testing is typically a part of an ED evaluation as learning concerns are often observed alongside emotionality. Considering SLD may be part of the process. If so, please refer to the SLD portion of this paper. Rating scales are also part of testing and it will likely be appropriate to have both parent and student complete them. Many school psychologists utilize digital rating scales for ease of administration and scoring. These will continue to be an option assuming the student's family has internet access. However, if your school is still 100% in distance learning, asking a teacher to complete a standardized rating scale may not be appropriate as their view of the student is very limited at this time. Please refer back to the importance of interviewing when rating scales are not appropriate.

When examining the ED area of eligibility, there may be instances when the team does not have enough data to move forward. However, not all students with ED present with the same behaviors or intensity of behaviors. Therefore, a student who has a psychotic break and/or a diagnosis of schizophrenia may be easily determined to be eligible under this classification.

1. An inability to learn which cannot be explained by intellectual, sensory, or health factors: Most students have the ability to learn. Many students who are eligible under the ED classification may struggle with learning, but this characteristic specifically uses the term "inability." This may be applied in cases of significant psychotic and/or depressive symptoms that are interfering with the student's ability to learn, take in new information and/or engage in the educational setting.



2. An inability to build or maintain satisfactory relationships with peers and teachers: This criteria may be difficult to determine with confidence as it may be difficult to collect data about the student's relationships with peers and teachers at this time. Document the information you have gathered from RIOT and make a determination as to whether the student has the inability in comparison to difficulties with relationships due to physical distancing requirements as well as distance learning.
3. Inappropriate types of behavior under normal circumstances: It is unclear as to how long these distance learning and physical distancing requirements need to be in place to be considered "normal circumstances." Behavioral information gathered through RIOT will be helpful but needs to be taken into consideration alongside previous data. Are behaviors exhibited solely because of COVID and limitations for students (cannot go out, hang in-person with friends, etc.)?
4. A general pervasive mood of unhappiness or depression: Student and parent interviews as well as rating scales may provide information as to the degree of unhappiness and/or depression for this student. It will be important to document whether the team believes that the student's mood is related primarily to the current situation or whether the current situation was a trigger for the depression.
5. A tendency to develop physical symptoms or fears associated with personal or school problems: Information from parent and student interviews will be key in making this determination.

3 Limiting Criteria:

1. Over a long period of time: While many school psychologists use 6 months as their general rule for this limiting criteria, please note that this time frame is not in CA or Federal education codes. Some judges have indicated as little as a few weeks can meet this criteria. For example, a student with schizophrenia would not need to demonstrate symptoms for 6 months before the IEP team considers this classification. This will need to be considered in conjunction with the other limiting criteria and information about pre-COVID, spring 2020, summer 2020 and current symptomology.
2. To a marked degree: Many students may be feeling anxious and uneasy about the current situation. Remember that the ED classification is for students who demonstrate behaviors to a marked degree. The school psychologist may need to determine context for these behaviors by having a good understanding of how most students in this age range are responding to this pandemic.
3. Adversely affects educational performance: Under the current circumstances, participating and engagement in distance learning will need to be considered. Additionally, work completion will need to be examined as well. This limiting criteria has always been beyond looking at the student's performance on standardized academic tests (WJ-ACH, WIAT, KTEA) and that will need to continue in our current circumstances as well.

With any ED assessment during this time, it will be prudent to pause to determine if the symptoms and behaviors that student is currently demonstrating are a true condition or a common response to the continuing uncommon circumstances noted above. The NASP PREPaRE model indicates that initially crisis responders should avoid classifying crisis reactions as mental illness, and identify that some reactions would be considered "common reactions to uncommon circumstances." (Brock, S.E., Nickerson, A. B, Louvar Reeves, M.A., Connolly, C.N. Jimerson, S.R., Pesce R. C. & Lazaaro, B.R. (2016)). Furthermore, it is recommended that classification of crisis reaction as being possible



indicators of psychopathology should not begin until a week or more after objective crisis threats have terminated (Brock et.al 2016).

Educational Criteria for Autism:

CCR 3030 (b)(1) Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, and adversely affecting a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

(A) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in subdivision (b)(4) of this section.

(B) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in subdivision (b)(1) of this section are satisfied.

R: Review of records will still be vital when examining the Autism classification. In addition to student records, psychologists will want to examine any outside assessments, especially speech and language, social, emotional, and behaviorally focused reports. Relevant medical records may provide valuable information about diagnosis and treatment, and may include assessments completed at the time of diagnosis. If available, Regional Center records will be relevant in an autism assessment as a child may have had a previous evaluation through that system. A thorough health and developmental history will also continue to be a critical piece of data for this assessment. Sleep and eating patterns as well as the presence of any co-occurring medical conditions should be part of information gathered. As stated above, carefully documenting the student's functioning prior to the pandemic is a crucial aspect of current assessment.

I: Interviewing the parent and student is also a vital part of collecting data to determine eligibility. Adaptive/daily living skills as well as specific autism behavior interviews are routine parts of autism testing and should continue to be utilized during this time (ADI-R and Vineland are examples). If feasible, interviews could be conducted via telephone or virtually. Interviews tend to be less work for parents than lengthy rating scales, which is important to consider during this time. Teacher interviews will also be vital to determine what behaviors are observed and how they may or may not impact educational functioning. Interviews with teachers from the previous school year when in-person school was in session may also be helpful. If a student has a counselor, psychologist, psychiatrist, etc., interviews with these persons will be part of the assessment process.

O: Observations of the student in their current learning environment should be attempted. An observation instrument specific to autism has been developed and discussed widely as an option to gather this information: [Brief Observation of Symptoms of Autism \(BOSA\) Training](#). This is a structured play interaction between parent or caregiver and child and takes approximately 12-16 minutes. However, this does require the psychologist to be trained in use of the ADOS-2. Again, if attempting an observation of a virtual classroom, perhaps ask the parent to have the student turn on the camera when you will be "popping into" the class synchronous learning opportunities. Document any student refusal to turn on their camera. Observations of social interaction, a critical component of the Autism eligibility criteria, may be difficult in these times. There may be opportunities to see social interaction through synchronous learning or the parent may be able to provide opportunities to observe social interactions. As schools begin to offer in-person and hybrid learning opportunities, this may become easier.



T: Testing a student with standardized tests is typically part of the assessment process. However, tests for diagnosis in autism, such as the Autism Diagnostic Observation Schedules - Second Edition (ADOS-2) have not been validated for use while wearing a mask. Dr. Catherine Lord, ADOS-2 developer, discussed this and other important considerations for autism assessment during this time in a [webinar dated May 29, 2020](#). Cognitive/processing testing is typically a part of an Autism evaluation as learning concerns may also exist. Adaptive/daily living and rating scales are routine parts of autism testing and should continue to be utilized. Many school psychologists utilize digital rating scales for ease of administration and scoring. These will continue to be an option assuming the student's family has internet access. However, if your school is still 100% in distance learning, asking a teacher to complete a standardized rating scale may not be appropriate as their view of the student is very limited at this time. Please refer back to the importance of interviewing when rating scales are not appropriate. Dr. Cecil Reynolds suggested a way to interpret rating scale and testing data during this time:

“Student’s teacher completed a BASC-3 teacher rating scale, but these observations were based on a virtual learning environment. In a typical classroom learning environment, such as existed before the pandemic, I would interpret teacher ratings to indicate the following: (list interpretations). However, there is no data available to indicate whether or not these interpretations remain accurate for observations made in a virtual learning environment. The parent rating scale was consistent in the following areas (list and discuss). Student’s self-report indicated additional consistencies in these areas (list or say didn’t show consistencies). A detailed history of Student’s behavior, going back over the last several years, revealed the following consistencies: (list). When I interviewed Student, he/she told me (list consistencies). State conclusions that are reasonable to reach based on all of this information gathering from multiple sources including, but not limited to, a detailed history, parent and teacher input, and a child’s perspective. It may be that you have to say that the disparity in information collected was so great, that it is best to defer at this point in time making any judgments about a Special Education placement. However, you can list suggestions of needed supports or classroom accommodations that could be helpful until you can complete an even more comprehensive evaluation.”

**Adapted from Cecil Reynolds dialogue on [School Psyched Podcast 9-6-2020](#)*

As stated earlier in the paper, you may not have enough data or have so much disparity in information collected, that it is best to defer making any judgments about a Special Education placement. Schools are encouraged to collaborate with local regional centers when appropriate to help families attempt to access services if appropriate.

IV. What should not be done: State and National Professional Guidelines

The reader is encouraged to review the [Series # 1 paper](#) for a summary of the state and national professional guidelines surrounding assessment issues.

V. References/Resources

Brock, S.E., Nickerson, A. B, Louvar Reeves, M.A., Connolly, C.N. Jimerson, S.R., Pesce R. C. & Lazaaro, B.R. (2016) School Crisis Prevention and Intervention: The PREPaRe Model, 2n Edition. National Association of School Psychologists



CALIFORNIA ASSOCIATION OF SCHOOL PSYCHOLOGISTS
RESOURCE PAPER

Kami Paris Lead School Psychologist, Columbia Public Schools, Rocheport MO. September 21, 2020. [Remote Observation for Special Education Evaluation](#) resource posted on the NASP Member Exchange Discussion Board.

[The Pandemic's Impact on Special Education Evaluations and SLD Identification.](#) Accessed on NASP Online - COVID-19 Resource Center. Return to School documents.

UCLA Center for Autism Research and Treatment: Assessments in this time of social distancing. Presented by Dr. Catherine Lord and moderated by Dr. Amanda Gulsrud.

UCLA Center for Autism Research and Treatment: Brief Observation of Symptoms of Autism (BOSA) Training by Dr. Catherine Lord's Lab at UCLA CART. Speakers: Deanna Dow, PhD, Alison Holbrook, PhD, So Hyun "Sophy" Kim, PhD, Christina Toolan, PhD, Katherine Byrne

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