

FSL FAQs

POPARD Family - School Liaison Newsletter



FAQ: HOW TO READ A PSYCH-ED?

A Guide for the Perplexed

Understanding psych-eds (psychoeducational assessment reports) is a challenge for most readers. Below, we consider why this is and what might be helpful for most of us if we are reading a psych-ed.

Pity the poor psychologist !

They learn early in their careers, as part of their training, to write reports *for other psychologists* (their teachers and mentors).

These reports are lengthy and complex so that their instructors can be sure that their students (future psychologists!) are performing a challenging task adequately. Their reports must “prove” that they know what they are doing. As students, and often as interns or residents, their mentors often commend them for writing lengthy and detailed report.

The psychologist's report writing dilemma is how to write a report that is defensible to other psychologists and useful to clients (students) and their parents. Unless they take the time to write two versions, the result is often a compromise.

Pity the poor reader who must read lengthy and complex documents!

The habit of writing lengthy reports (commended in their training) continues for many psychologists as they enter practice, after registration. These lengthy reports, which are so useful to the trainers and supervisors of psychologists and programme administrators, may be less useful and informative to students, or to the parents and teachers of students, who are not psychologists. These readers might be primarily interested in understanding (a) the nature of a presenting problem and (b) how to address that problem.

Psych-ed Report Content

Common sections in a psych-ed report:

- **Reason for referral – a statement of the problem(s) that led to the referral**

- Health/Developmental/Social History - issues related to referral
- Education History - observations from school history
- Tests Administered - a list of tests and scales completed for the assessment
- **Rating Scale – scores are “translated” into verbal descriptions**
- Learning Aptitude - results of test(s) of aptitude or intelligence (abilities)
- Academic Skills – results of test(s) of basic skills in language arts and mathematics
- Social Skills – measures of social skills (adaptive behaviours) and problem behaviours
- **Summary - integration of results; diagnoses and designations, if needed**
- **Recommendations - general or specific; may involve referral for further assessment**
- Test Descriptions - descriptions of content and/or tables of scores obtained on some scales administered

Psych-ed reports differ a lot from one another. The list above is illustrative, rather than comprehensive. For example, some writers place tables of scores at the end of a report; some place tables of scores throughout their reports; some present very few scores; some include many scores. As well, some writers might include graphic images within a report or in a document separate from the report.

In the list above, 4 sections are in red. These portions of a report are important in:

- 1) clarifying the purpose(s) of the assessment,
- 2) understanding what test scores mean,
- 3) finding out the conclusion(s) the psychologist reached, and
- 4) managing the challenge(s) identified in the assessment

Reason for referral – a statement of the problem(s) that led to the referral

This section of a report is usually brief. The reason for referral is identified at the beginning of an assessment – usually in the very first conversation between a student or parents of a student and the psychologist. It is important to review, however, to be sure that it confirms the reason(s) for conducting the assessment.

Rating Scale – scores are “translated” into descriptions of performance

Scores cited in a psych-ed are derived scores; that is, they are *transformations* of raw scores (such as the number of words correctly defined by a test-taker on a vocabulary test) obtained on measures administered by the psychologist. Derived scores in reports often include:

- Standard Scores
- Percentiles
- Grade- or age-equivalents

Standard Scores. Standard score transformations use an *arbitrary mean* (average score) for a group or population; common values used by test developers are: 100 or 50 or 15 or 10.

The two advantages of standard scores are that they:

- (1) represent equal intervals of performance (they can be added and subtracted);
- (2) allow for easier comparison of performance across measures that use the same standard scores

Most reports contain a table in which there is a *description* of test scores, or ranges of test scores, to help a reader understand or translate a score. The most commonly used standard score that you might see in a report is based upon a mean of 100. The table to the right shows performance ranges based on that.

| Performance | Score Range |
|--------------------|----------------|
| well above average | 125 – |
| above average | 115 – 124 |
| average | 86 – 114 |
| below average | 76 – 85 |
| well below average | – 75 |

Three standard scores have special importance in a psych-ed.

The first of these is **85**; scores above 85 represent levels of performance that are usually considered sufficient for an individual to succeed in a K-12 classroom without special educational services. A score of 85 or lower on a test of reading, writing, or arithmetic *may* represent performance or learning that requires special educational support of one kind or another. A score of 85 or lower *may* lead to a diagnosis of a learning disorder.

The second standard score that is important is **70 (± 5)**. Scores of **75** or less represent levels of performance that almost certainly will require special educational services, including an adapted or modified curriculum. If this score represents performance in reading, writing, or arithmetic it will likely lead to a diagnosis of a specific learning disorder.

This score is also particularly important if it represents overall intellectual functioning. Scores of 75 or less that represent intellectual ability *and* adaptive functioning¹ *may* lead to a diagnosis of an intellectual developmental disorder.

The third standard score that is important is **55 (± 5)**. Scores of **60** or less are uniquely important if they represent overall adaptive functioning¹ for an individual who is diagnosed with Autism Spectrum Disorder. Community Living British Columbia currently uses this to determine eligibility for provincial support for adults. As well, if it represents overall intellectual ability, it may establish eligibility for designation for additional funding for a student enrolled in Kn-12.

Percentiles. Percentiles are derived scores that represent the percentage of scores that are the same or less than a given raw score.

Percentiles are not equal interval units and should not be added or subtracted, but they are useful in providing a perspective as to how common or uncommon a result is for a reference group. For example, a percentile (%ile) of 16 means that 16 percent of individuals in the norming group obtained the same raw score or less. Percentiles are linked to standard scores; depending on the test, a standard score of 85 is often found at the 16th %ile, while a standard score of 75 is often found at the 5th %ile.

Grade- or age-equivalents.

These derived scores represent the average raw score of a particular grade or age (e. g., the average score of children of age 8 yrs., 0 mo. to 8 yrs., 12 mo. who took the same test). Grade- and age-equivalents are also not equal interval units and should not be added or subtracted. They are, however, useful in *planning for instruction*.

Summary - integration of results; diagnoses and designations, if needed

Towards the end of a report there is usually a summary section in which the examiner summarizes test results and states their conclusions. They may list diagnoses if any are appropriate. They may also list special education designations for which the student might be eligible (a designation is an administrative act that a school or district administrator completes).

Diagnoses and eligibility for designations are important if an examiner concludes that adaptations, modifications, or interventions are necessary. We do not live in a world of infinite resources, and the results of psych-eds are tools used by our education system to assign resources to students to assist them in learning and especially in acquiring basic skills in language arts, mathematics, and socialization.

¹ Adaptive functioning refers to the ability of an individual to manage themselves and care for their needs at home, at school, and in the community.

Recommendations - general or specific; may involve referral for further assessment

Recommendations are the psychologist's opinion as to what actions a student, or parent, or teacher might take to address any problems identified in the course of the assessment, especially when a psychologist writes a diagnosis. Recommendations may be diverse, but they generally reflect 3 categories:

- Further assessment
- Adaptation
- Direct intervention

Further assessment might include consultation with a speech therapist or physician or other allied health professional, including another psychologist with special expertise, such as a neuropsychologist. Accessing these services is up to parents who must provide consent and who may have to access these services independently if they are only available in the community, rather than in the school.

Adaptation includes recommendations that involve adapting or modifying the physical or social or instructional environment of the student. Reducing the difficulty of reading material is an instructional adaptation; changing the configuration of a student's desk or providing a pencil grip are physical adaptations; moving a student's desk to another location in the classroom might be a social adaptation.

Direct intervention involves deliberate instruction to help a student acquire skills that they did not acquire in the course of their schooling to date. Remedial reading instruction provided individually or in small groups, social skills training in small groups, and individual or class-wide executive function instruction are examples of direct intervention.

Recommendations might involve the creation of, or revisions to, an Individual Educational Plan. See POPARD FAQs: **What do I do if I do not agree with the goals on the IEP?** or **Who is accountable at the school for making sure my child is making progress on his IEP goals?**

Questions

When reporting out, psychologists do their best to make the results of their assessment clear. But they may not always succeed. If you would like clarification, especially about a diagnosis or recommendations related to a diagnosis, ask for more explanation. Even if it is a month or more later. The writer of the report is the person who can best explain the results to you and answer any questions you might have, but if that person is not available, ask another psychologist.

IF YOU HAVE QUESTIONS OR WOULD LIKE FURTHER INFORMATION, CONTACT POPARD'S FAMILY-SCHOOL LIAISON.

EMAIL:
FSL@AUTISMOUTREACH.CA

PHONE:
604-952-4994