**COLLABORATIVE EVALUATION: Working Together**

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**Collaborative Evaluation is**

* Interdisciplinary
* Process throughout evaluation
* Consensus agreement
* Comprehensive conclusions

**In Collaborative Evaluation the Psychologist provides:**

* Information about instruments available
* Lead in selecting testing instruments
* Determining accommodations that can be made without significant impact on validity
* Information on determining additional eligibilities

**Characteristics of instruments with good predictive validity**

* Opportunities for guided practice with multiple demonstrations
* Tasks require inferential skills rather than rote memory
* Require the least amount of accommodations
* Include students with VI during test development
* Provide specific guidelines from test developers regarding accommodations

**Characteristics of instruments with poor predictive validity**

* Emphasis on rote memory
* Emphasis on language and vocabulary
* No or minimal opportunities for demonstration
* Use of small manipulatives
* Overemphasis of skills unique to students with VI

**In Collaborative Evaluation the TVI provides:**

* Overview of visual impairment
* References about evaluation of students with VI
* Clinical information about visual impairment
* Functional implications of visual impairment
* Recommended accommodations
* Recommended adaptive devices, materials, and medium

**VI IS NOT A SINGLE CONDITION**

* Visual Impairments may be:
  + Congenital or Acquired
  + Total Blindness or Low Vision
  + Neurological or Ocular in origin

**VI AND OTHER CONDITIONS**

* Neurological etiologies have increased risk for other conditions
* Approximately 60-75% of students with VI will have another condition
* These may be a variety of conditions

**Students with VI have different patterns of development**

* Knowledge of these differences is critical for members of the Collaborative Evaluation Team to interpret data correctly

**Degree of difference will be dependent upon multiple variables**

* Degree of vision loss
* Age at which it occurred
* Early intervention
* Neurological involvement
* Opportunities for experiential learning

**Specific examples of these differences are specified in Addendum 1**

* Motor development
* Social development
* Language development
* Cognitive development

**TVI provides references and support for the evaluation process**

These materials are referenced in the Addendum 3

* Reference materials to read
* Testing materials available for purchase

**References on evaluation process**

References provided in Addendum 3

* Position Paper developed and posted on American Printing House for the Blind website that outlines best practice guidelines for intellectual evaluation
* NASP article on Students with VI appearing in book Helping Children at Home and at School
* Book from American Printing House entitled Collaborative Assessment
* Book from Texas School for the Blind and Visually Impaired entitled Making Evaluation Meaningful

**Instruments available for students with VI through APH**

Materials are available in both large print and Braille including materials such as rulers, charts, and graphs

* Woodcock-Johnson IV
* Boehm Test of Basic Concepts
* Key Math Test of Achievement

**Clinical information about visual impairment**

One of more of these documents must be available for review

* Ophthalmological report
* Optometric report
* One of more of these documents must be available for review

**Functional implication of visual impairment**

Provides the guide to any activity with the student with VI

* Functional Vision Assessment (FVA) prepared by TVI or O&M instructor specifying use of vision in the “real world”
* Specifies accommodations, optimal environment, materials
* Critical piece of the individual education plan
* Once approved it is a required plan for service and accommodations

**Accommodations**

Are changes made because of visual impairment that do not change the difficulty level of the tasks

* Do not modify the difficulty level of any task
* Allow student with VI to access a particular task
* Planned in advance
* Specifically documented in one of the reports mentioned

**Examples of accommodations include the following**

* Providing real-life objects instead of pictures
* Raised line drawings
* Presenting words or problems in LP or Braille
* Extension of time for completion using a pre-determined formula

**Adaptive Devices**

Are equipment that are provided to student with VI that allow student to access materials and instruction

* Must be specified in documents such as clinical reports or functional vision reports
* Use must be documented in report
* Must be available to student with VI during the evaluation and use must be encouraged
* Refusals by student to use device must be documented in reports
* Are equipment that are provided to student with VI that allow student to access materials and instruction

**FINAL REPORT DOCUMENTS**

All of the following information

* Consultation with TVI
* Modifications in environment
* Accommodations and modifications
* Observations in multiple environments
* Any refusal by student to use devices or accommodations
* Caution in interpretation of results
* Professional judgment regarding validity
* All of the following information

**CAUTIONARY STATEMENTS**

Results will always be an estimate without the validity and reliability of an instrument administered as specified.

Important to state that it is an estimate but is consistent with other data and observation

**ADDENDUM 1**

* Developmental Differences for Students with VI

**MOTOR DEVELOPMENT**

* Generally delayed developmental milestones
* Lack of purposeful movement
* Self-stimulatory behavior
* Minimal physical and outdoor activities

**SOCIAL DEVELOPMENT**

* Delay of early bonding and smiling behaviors
* Hesitancy in exploration and initiation
* Lack of imitative and pretend play
* Egocentric approach
* Overidentification with adults
* Problems understanding peer culture
* Difficulty in maintaining peer relationships

**LANGUAGE DEVELOPMENT**

* Delayed babbling
* Echolalic speech
* Misuse of pronouns
* Use of words without understanding
* Tangential or egocentric conversations
* Limited ability to maintain age-appropriate discussions

**COGNITIVE DEVELOPMENT**

* Difficulty with generalizing to new situations
* Tendency to rely on rote memory
* Inability to focus upon multiple elements of a concept
* Complications in estimating abilities because of large vocabularies and rote memory

**ADDENDUM 2**

Ten points to guide Best PRACTICE

* POSITION PAPER ON INTELLIGENCE TESTING

**POSITION STATEMENT**

When appropriate practices are followed, cognitive or intelligence testing of individuals who are blind or VI provides useful and valuable information to test-takers, their families, instructors, and other decision makers.

<https://sites.aph.org/accessible-tests/position-papers/intelligence-testing/>

**TEN POINTS TO GUIDE BEST PRACTICE**

Point 1: Intelligence test results yield valuable information about an individual and increase the usefulness of the overall evaluation.

Point 2: Administrators of tests need training in theory of assessment and test construction as well as child development and communication of individuals who are blind or VI

Point 3: The reason for the evaluation and specific clinical judgments and recommendations should be clearly documented.

Point 4: The TVI, classroom teacher, family, and individual must be involved during planning, evaluation and report writing

Point 5: Evaluators should be aware of the individual’s medical and developmental history, as well as the implications of the eye condition on the tasks to be performed (and implementation of recommendations).

Point 6: Adaptations, which include accommodations that do not change the concept nor the difficulty level of the test materials should be planned in advance in collaboration with the visual impairment and/or rehabilitation professional and the test developer, and be well-documented in the final report.

Point 7: Symbols, tactile graphics, and miniature objects must be carefully considered and used with caution to represent pictorial or graphical information. Real objects must be used whenever possible.

Point 8: Evaluation should include direct observation in multiple situations.

Point 9: When visual-spatial items or tests are administered, these results should be used only for clinical purposes and to identify appropriate modifications of educational or vocational materials and instructional methods. Results obtained from visual-spatial evaluations must never be reported as scores or used to determine other eligibilities.

Point 10: Reports of assessments of individuals with visual impairments need to be expanded to include an explanation of the procedures followed, changes in standardized administration, and the description of performance observed.

**CAUTIONARY STATEMENTS**

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Important to state that it is an estimate but is consistent with other data and observation

**Addendum 3**

* References and Testing Materials

**References**

* Collaborative Assessment by Steve Goodman and Stuart Wittenstein (available through American Printing House)
* Making Evaluation Meaningful by Marnee Loftin (available through Texas School for the Blind and Visually Impaired)
* Intelligence Testing of Individuals who are Blind or Visually Impaired: A Position Paper. <https://sites.aph.org/accessible-tests/position-papers/intelligence-testing/>
* Visual Impairments Including Blindness: Information for Parents and Educations. Helping Children at Home and School: For Families and Educators by Carol Evans and Marnee Loftin. (available through National Association for School Psychologists)

**Testing Materials**

Available through American Printing House:

* Key Math 3 in contracted and uncontracted Braille as well as Large Print ($239 for Braille and $349 for LP)
* Boehm Test of Basic Concepts-Preschool and Kindergarten in Big Picture and Tactile ($291/384 for Big Picture and $564/519 for Tactile)

Available through publisher

* Woodcock Johnson IV (Tests of Achievement, Test of Cognitive Abilities, and Oral Language) in contracted and uncontracted Braille as well as Large Print ($890 for Braille and $437 for LP). Materials as well as additional supportive materials must be ordered through Houghton Mifflin Harcourt
* Scales of Independent Behavior: short form for the Visually Impaired ($103 for 25 booklets. Must be ordered through Riverside Publishing.