



## Full Diagnostic Evaluation

There is a saying ...“if you don’t know where you are going, any road will take you there...”

To select the proper ‘road’ for each child to reach his or her potential, we **MUST** start with a **“Full Diagnostic Evaluation”**.

What does a **“Full Diagnostic Evaluation”** include?

**#1 – Information Intake** The most important aspect of an evaluation is to understand the reasons for the evaluation.

- Is it to determine why a child isn’t paying attention?
- Is it to determine why a child is struggling academically?
- Is it to determine why he doesn’t speak very much or doesn’t get along with others?

At the intake, parents meet with the specialist who will be conducting the evaluation. While parents may initially contact **REED** because *‘the school told us to call’*, the parents and specialist doing the evaluation **MUST** have a clear understanding of what the evaluation will reveal. In many cases, the parents may want an evaluation to learn more about the reason for apparent underachievement, but also have concerns about the child’s behavior at home. The intake meeting is the time to discuss the full range of concerns. **REED** has nearly 100 different assessment tools/tests. When the intent of the evaluation is clear, the precise testing tools can be selected.

- General and individualized questionnaires are provided for parents.
- Questionnaires are provided for teachers to complete.
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Prior to the assessments, parents are advised to take their child for a complete audiological and vision test.

(Translators provided if necessary)

**#2 –Assessment** Assessment is a broad, comprehensive process, not any specific activity or technique or test. Primarily the assessment is a mental activity of the assessor. It does not take place on a sheet of paper, but within the brain of the individual who integrates and interprets the information.

The general model of data gathering at **REED Institute** is best described as ecological or context-based. This means we do not just want to know how a child performs on a test, but how he performs in his day-to-day activities. Our referrals may be child driven, but our assessments are ecologically valid and look at the child in the context of home, community and program.

Therefore we work with families and other referral sources as collaborative consultants and invite and expect them to become part of the problem-solving process. One word that guides **REED's** assessment process is "Multiple". We will need multiple samples of data from multiple sources in multiple contexts. We need to observe in multiple settings and work with the child on multiple occasions using multiple measures that sample multiple domains.

Will this take time? Yes! Good work takes time.

Therefore, we at **REED Institute** have chosen to increase our efficiency with the use of structured interviews and well-selected rating scales and other such measures which allow us to be more cost effective without the need for cutting back on assessment time.

The core of the evaluation process is the formal assessment meeting, which can take at least 3 hours for the first session. However, in cases of young children or those resistant or unable to participate in an extended session, a child may be brought to **REED** for 3 to 5 half-days, so observations and assessment can take place over an extended period of time. If any child does not complete the assessment in 3 hours, further sessions will be scheduled.

The "**Full Diagnostic Evaluation**" includes measures of intellectual ability, description of cognitive abilities, such as attention, concentration, and memory as well as communication skills, language development, educational achievement levels, learning style, organizational skills, and adaptive behavior. Developmental, biological and medical aspects must be considered as well.

- First level of assessment focuses on the areas of concern raised at the consultation.
- If first level of assessment reveals the need for more information, a student will return to **REED** as needed to undergo second level of assessment until all necessary information has been gathered.
- If necessary, a student may be observed in the school.

In some cases, the parent may be requested to take the child to a medical specialist to obtain more information.

After the assessment is complete, all the data is compiled, integrated, and analyzed. A comprehensive report is written.

**#3 Parent Conference** The completed report is discussed in detail with the parents. Time is taken to assure understanding and to answer any questions the parents may raise. The report will provide specific information so that appropriate goals are chosen for the child. The report may confirm giftedness or identify a specific learning or behavioral disability or syndrome.

However, while the child's performance on the test items is discussed, the most important portion of the report is the 'Recommendations' section. What do we need to do to address the Assessment Question?

- The individualized recommendations tell us how to reach the child's goals and who must be involved.
- The recommendations are clearly explained and include methods, materials, and resources for parents, teachers, and the child.

**#4 Action Plan** At the parent conference, or after the parent has had time to re-read and consider the report, an 'Action Plan' is developed. This is where the findings of the assessment are linked to school and home. Results may indicate a need to receive support at school or participation in a specified, individualized program. Whatever action is chosen, the method by which its effectiveness will be measured is discussed.

#### **What children benefit from an evaluation?**

- Stacy is in danger of being retained in grade 2. Is retention a wise choice?
- Sunny is moving to a new school, what are his achievement levels?
- Max struggles to write clearly and quickly. Should he have concessions on coursework or standardized testing?
- Ken seems less and less motivated each year. Is there a problem?
- Elena can't seem to make friends at the new school. What is the problem?
- Stephen seems to do well on schoolwork, but lacks 'common sense'
- Matthew's doctor says he is autistic. Is this true?
- Ellie spends 2 hours on a 10 minute homework assignment. What's the matter?
- Dillon is very bright. Does he need support so he doesn't get bored in class?

Even if you do not suspect a disability, an evaluation can insure that a child is learning to full potential!

