

ASSESSMENT FOCUS

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Accommodations in Testing: Methods to Ensure Validity

Jeffery P. Braden, Ph.D.

The issue of assessment accommodation has taken on increasing importance in recent years. Federal legislation has provided rights to individuals with disabilities to be accommodated in assessments, and demanded that children with disabilities be included in assessments for the purpose of educational accountability. Thus, disabled individuals have both the right to be accommodated, and many institutions have an obligation to include disabled individuals within assessment programs. These mandates magnify the importance of accommodation in assessment.

Psychologists who accommodate people with disabilities strive to remove extraneous sources of variance, while retaining the essential features of the assessment. For example, a psychologist who wants to assess reading skills in a client with a visual impairment must remove the extraneous variance introduced by visual activity. The psychologist might remove extraneous variance by ensuring the client used appropriate visual correction, by supplying the test in large print, or by some combination of methods. If the psychologist fails to accommodate the client, the test becomes a test of visual acuity—not reading ability—for the client.

What appears to be a simple issue can become complex. I prefer to use concepts developed by Samuel Messick to guide my decisions regarding accommodations for individuals with disabilities. Messick proposed that there were two sources of invalidity in assessment: construct under-representation, and construct-irrelevant variance. Construct under-representation occurs when an individual is given an assessment, and the construct or constructs of interest are under-represented in the assessment. For example, a psychologist who wanted to assess an individual's intelligence should not give a test comprised solely of sports trivia. Such a test would underrepresent the domain of interest.

Construct-irrelevant variance occurs when the assessment samples performance unrelated to the domain of interest. Most sources of construct-irrelevant variance introduce test difficulty (e.g., testing non-English speaking clients using an English-only test would introduce the irrelevant construct of English language knowledge and make the test more difficult for non-English speaking people). However, construct-irrelevant variance can also make a test artificially easy. For example, multiple choice tests designed so that the final option (all of the above) appears only when it is the correct option may introduce construct-irrelevant variance (a person's "test wiseness") into the assessment and make the test artificially easy. The examinee can respond correctly without understanding the content of the test question.

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Conventions

Be sure to come see us at our booths when you are at the following events:

National Association of School Psychologists (NASP) Las Vegas, NV, booth #101	4/6–10/9
Nelson Butter's West Coast Neuropsychology Conference (WCNP) San Diego, CA.	5/7–9/9
American Psychiatric Association Washington, D.C., booth #942	5/15–20/9
American Psychological Association, Boston, MA, booth #315	8/20–24/9
Children and Adults with Attention Deficit Disorder (CHADD) Washington, D.C.	10/7–9/9
National Academy of Neuropsychology (NAN) San Antonio, TX	11/10–13/9



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Accommodations

The challenge confronting psychologists in accommodating individuals with disabilities is to take steps to reduce construct-irrelevant variance, while retaining adequate construct representation. Psychologists can change four aspects of assessment to accommodate clients with disabilities:

- Timing (e.g., providing breaks or extra time to complete the assessment)
- Setting (e.g., giving a group test in an isolated room, providing accessibility furniture)
- Response format (e.g., allowing oral responses to replace written responses)
- Presentation format (e.g., providing assessment in large print, changing the language or mode of presentation, eliminating some aspects of assessment).

Some accommodations may involve more than one change. For example, translating a test into another language changes presentation formats and may change response formats (i.e., responses are given in the new target language).

An Example Using the WAIS®-III

Principles of accommodation can be illustrated by the challenge of assessing the intelligence of deaf and hard-of-hearing clients using the *Wechsler Adult Intelligence Scale®—Third Edition* (WAIS®-III). Psychologists may use measures of intelligence to detect disabilities in addition to deafness, and to differentiate the effects of deafness (e.g., delayed/limited English language development and academic achievement) from the client's cognitive abilities. To provide a standardized accommodation for deaf and hard-of-hearing clients who use American Sign Language (ASL), Christine Kostrubala and I worked with The Psychological Corporation to develop an ASL translation of the WAIS-III. The ASL translation of the WAIS-III exemplifies some of the challenges faced in accommodating individuals with disabilities in psychological assessments.

The first challenge a psychologist must address is whether construct under-representation will occur if one omits the Verbal subtests of the WAIS-III. There are many who recommend deaf individuals not be given verbally loaded tests for estimating intelligence. They make this recommendation because knowledge of English language may introduce construct-irrelevant variance (e.g., the test may tap the deaf person's knowledge of English, rather than the person's cognitive abilities). However, elimination of verbal subtests also fails to assess the deaf person's English language knowledge and reasoning. Thus, psychologists must make a difficult decision: on the one hand, eliminating language-loaded tests reduces the construct-irrelevant variance due to English language knowledge, but on the other hand, it may also lead to under-representation of cognitive abilities. In reconciling this dilemma, we reasoned it was best to provide translations of verbal tests to psychologists, and alert them to the need to make decisions regarding appropriate clinical assessment of intelligence. That is, if a psychologist

wants to estimate cognitive abilities, it is not advisable to use verbally loaded language measures, as these will typically under-estimate deaf people's cognitive abilities due to limited

English knowledge. However, if a psychologist is trying to predict the likelihood of success for a deaf individual in an environment that demands substantial English language skills, knowledge, and reasoning—success in a professional or college setting, for example—verbal subtests will better sample the constructs of interest to the psychologist and client. Therefore, we provided ASL translations of both the Verbal and Performance Scale subtests, with the caveat that psychologists must carefully choose which tests to administer and score when conducting clinical assessments.

Another example of the dilemmas faced in accommodations is test translation. The goal of any linguistic translation of a cognitive test is to render the test into a new language, while retaining the properties that the test had in its original language. Thus, English words can be translated into words in the target language, in this case, ASL. A problem that arises in translations is that often many words in the target language could be used to replace the English word. Some of these words are less frequently used (i.e., more difficult), and others are more frequently used (i.e., easier) than the original English word. For example, when we translated the question "How many are in a dozen?" we elected not to use the ASL sign for "dozen." The reason is the sign for "dozen" is also the sign for "12!" Thus, our translation would have changed the question from "How many are in a dozen?" to "How many are in twelve?" This is an example of how a translation might introduce construct-irrelevant variance by making the item artificially easy. Instead, we elected to render the question "How many are in a d-o-z-e-n?" in which the word "dozen" was spelled with individual letters. This approach may introduce some construct-irrelevant difficulty, as it requires the deaf person to know the English word "dozen." However, we felt this was less likely to create construct-irrelevant variance than using ASL sign "12."

There are many other issues psychologists must consider when accommodating people on tests. Generally, test consumers want cases in which individuals receive accommodations to be flagged as different from cases in which test takers receive no accommodations. This helps the test user decide whether the score represents the same thing for test takers who were accommodated versus those who were not. Conversely, test takers, particularly those who have disabilities, do not want their scores flagged as different. They believe this violates their right to privacy and may result in biased or discriminatory decisions by test consumers when reviewing test scores. The best compromise might be to include a narrative description of

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accommodations (i.e., changes in timing, setting, response format, and presentation) within a report, but not to “flag” or otherwise call attention to the accommodations used in the assessment.

Another issue is some accommodations clearly eliminate construct-irrelevant variance, whereas others may alter the construct being assessed. For example, with the exception of visual acuity exams, psychologists should provide and encourage individuals to use corrective lenses or other devices to enhance visual acuity when taking a test. These accommodations, such as wearing corrective lenses or using large print, are offered to any or all individuals, as the construct of visual acuity is irrelevant to the test. Therefore, no one would care whether a test-taker had an accommodation such as wearing glasses. However, other accommodations may alter the domain assessed. A common accommodation on achievement and aptitude testing is extra time. Providing a person with a disability extra time may allow that person to reduce the construct-irrelevant variance associated with the test score. However, such an accommodation is not offered to all test takers, as it changes the difficulty of the test in ways related to the construct of interest. In contrast to wearing glasses, extra time is a controversial accommodation, as it might raise all people’s test scores, rather than just those whose disability interferes with their ability to take the test.

Currently, there is very little research to direct accommodations. Some preliminary research has suggested that careful analysis of prerequisite task demands can lead to effective—and fair—accommodations. The data regarding the WAIS-III ASL translation show the translation results in highly reliable subtest and composite scores. However, little is known about the impact of many common accommodations, such as providing extra time for clients with learning disabilities. Therefore, psychologists must be careful to use their knowledge of what they want to measure, and their knowledge of the client, to ensure high levels of construct representation while eliminating the construct-irrelevant variance introduced by clients’ disabilities and/or language differences.

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Disability Laws Drive Assessment Practice

Jim Ysseldyke, Ph.D. & Martha Thurlow, Ph.D.

Requirements in federal disability laws are pushing state and district assessment programs to make changes in their testing practices. These important tests increasingly are a part of high stakes accountability systems (e.g., a student must pass a test to earn a high school diploma; student performance determines whether school staff are fired or given cash rewards).

For some time now, disabilities have been recognized in laws that address accommodation in instructional and employment situations. In 1997, a major special education law, the Individuals with Disabilities Education Act (IDEA), incorporated requirements that, for the first time, affected state and district assessment programs.

To meet the requirements of IDEA and be eligible for special education funding, states now must include students with disabilities in district and state assessments; alternate assessments must be given to any students not included in the regular assessments. IDEA also requires students with disabilities be allowed to use testing accommodations if needed and students with disabilities be desegregated and reported with the same frequency and methods as students without disabilities.

In essence, the assessment requirements in federal laws like IDEA have been driven by past assessment practices. The exclusion of students with disabilities from large-scale assessment is the primary reason for this additional requirement in IDEA. Without state or district-level data, there is no program-level information on how students with disabilities are doing in school and whether programs meet their needs. Changing this situation requires changes in the work of test developers and test administrators. Developers, for example, have to examine their item development and field-testing practices to ensure that all students are included during these phases of test development. Test accommodations will have to be considered part of standard testing practice for many students with disabilities. In addition, analyses will need to be conducted to identify the accommodations that produce measures of students’ **abilities**, not their disabilities.

Changing test development practices is just the beginning. Individuals responsible for administering tests to students will have to be prepared to help make decisions about good testing practices for these students. Primary among the decisions that have to be made are what type of assessment is most appropriate for an individual student (regular assessment, assessment with accommodations, or alternate assessment) and what accommodations a student needs during testing.

Criteria for making consistent decisions must be developed by assessment programs and accurately implemented by assessment personnel. For example, if a student is unable to sit for

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more than 30 minutes at a time, and the test is designed to take 60 minutes, an accommodation most likely is needed. The appropriate accommodation should be identified by blending the information on needs and what has been done instructionally for the student. Often, instructional accommodations are the best predictor of needed assessment accommodations.

We already have some indications of what the outcomes of IDEA 1997 might be. In several states, comprehensive assessment systems are now being implemented or field tested. This means every student in these states is assessed on large-scale assessments capable of producing descriptions of the performance of students. Of course, not all students take the same assessment; those with significant cognitive disabilities participate in an alternate assessment. Still, in these states, they are finding that more students than originally thought could take the regular assessment, with or without accommodations.

We don't yet know if changes in large-scale assessment practices will transfer to other assessments, such as those used in individualized tests for special education eligibility determination. Many accommodations required for large-scale assessments already are provided in individualized testing. Some accommodations will not be applicable to individualized testing because of the purpose of the individualized tests.

When all students are included in large-scale assessments from the beginning (i.e., from the conceptualization of test specifications and item development), state and district assessments acquire several characteristics they did not have before. For example, comparable performance scores are obtained and used in descriptions of how students are doing. And, with all students included in the assessment system, decisions made by policymakers reflect information on all students, not just a subset. Perhaps just as important, if not more so, is that these new assessments will allow all students to demonstrate their skills and their **abilities** rather than their disabilities.

Dr. Jim Ysseldyke is director and **Dr. Martha Thurlow** is associate director of the National Center on Educational Outcomes at the University of Minnesota.

Assessment Issues in IDEA Amendments of 1997

Jerome M. Sattler, Ph.D.

The assessment provisions of IDEA 1997 are evolutionary rather than revolutionary. As in prior legislation, assessment is designed to:

- Determine if a student has a disability;
- Determine if a student meets the criteria for special education under one of the categories designated in IDEA;
- Determine a student's present educational functioning and needs;
- Guide decision making about what is an "appropriate education;" and
- Monitor student progress and provide information on program or intervention effectiveness.

Several procedural changes have been made from prior legislation. First, parental consent is required for the initial assessment as well as for reassessments, with the exception of pre-expulsion assessment, in which case parental consent should be sought but is not mandated. Second, parents are specifically included in eligibility decisions throughout the evaluation process. Third, formal testing is not mandatory for reassessments if the multidisciplinary team reviewing existing data decides that no additional testing is needed. Fourth, states or districts must design ways to conduct alternative assessments for students with disabilities who cannot be tested with regular procedures used in group assessments. New guidelines for assessment stress the need to (a) use several tools and strategies to gather functional and developmental information about the student and to provide instructionally related information; (b) include information provided by parents; and (c) use technically sound instruments.

To implement the new guidelines, psychologists will need to use not only standardized tests, but interview and observation procedures as well. They will need to develop skills in interviewing students, parents, teachers, and others. IDEA stresses the need to use a variety of assessment tools and strategies to gather relevant information. Checklists may need to be developed to obtain information about students' functional capacities, including how they function in different settings. Curriculum based measures also may prove useful in the assessment process, but they are not a substitute for standardized testing.

What will be difficult to implement, however, is how to provide worthwhile instructionally relevant information because existing tests usually are not designed for this purpose. Obtaining information from teachers about the student's day to day output and learning style, performing a qualitative analysis of the student's responses to standardized tests and to classroom tests, and using information processing models, however, will help in providing instructionally related information.

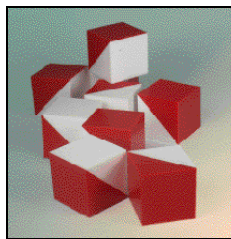
Dr. Jerome M. Sattler is a professor of psychology at San Diego State University.



Wechsler Abbreviated—Reliable Documentation for IDEA

Jianjun Zhu, Ph.D.

Psychologists, clinicians, and researchers often need a fast and reliable measure of intelligence to aid in treatment, intervention, and training decisions. For instance, they often need to screen for mental retardation or giftedness, or for vocational or rehabilitation planning. Frequently, they may need to retest individuals who received a comprehensive evaluation at an earlier time, or obtain IQ estimates for clients referred for psychiatric evaluations. IQ estimates may be needed for research purposes, such as preexperimental matching for cognitive ability. The expansion of mental health services and the effects of managed health care on these services also have placed time and financial constraints on the practice of psychology. In these situations, administration of a full battery may not be feasible.



The **Wechsler® Abbreviated Scale of Intelligence (WASI™)** was developed to meet the demand for a brief reliable, individually administered measure of intelligence in clinical, psychoeducational, and research settings. It yields the three traditional Verbal, Performance, and Full Scale IQ scores, requires 15-30 minutes to administer, and covers ages 6 to 89. *Wechsler Abbreviated™* also is linked to WISC-III and WAIS-III and provides tables for estimating IQ score ranges on these related Wechsler batteries.

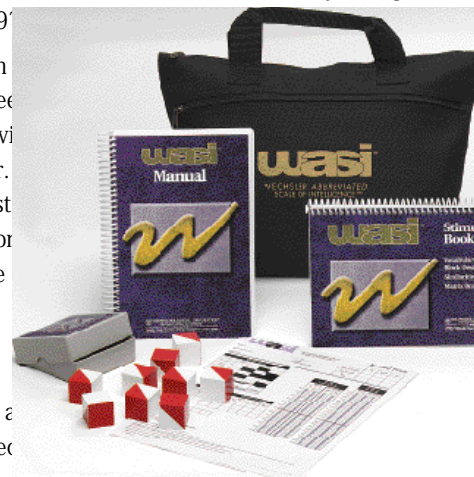
Norms for *Wechsler Abbreviated* were developed using a new, nationwide standardization sample. The four subtests, Vocabulary, Block Design, Similarities, and Matrix Reasoning, contain new items similar in format to the traditional Wechsler counterparts. These subtests were chosen for their strong association with general cognitive abilities and for their relationship to constructs of intelligence, such as the verbal and performance and crystal and fluid dichotomies. Administration of all four subtests is a means of quickly estimating an individual's verbal, nonverbal, and general cognitive functioning. When time is a major constraint, only two subtests of *Wechsler Abbreviated*, namely, Vocabulary and Matrix Reasoning, are needed for estimating general cognitive functioning in 15 minutes or less.

In practice, children in special education have been reevaluated with IQ tests every three years. Although the new change in legislation does not mandate the three-year reevaluation of IQ, the law still requires the school psychologist to provide reliable evidence to justify the decision of no reevaluation. This is especially true when a new placement decision is planned. At times, such justifications without assessment may be more time-consuming and less safe than simply administering *Wechsler Abbreviated* to obtain a quick assessment of the general cognitive function.

Previous research suggests that although intelligence is, in general, a stable characteristic of an individual, it is less stable at the younger age (Neisser et al., 1996). Also, the IQ scores of children with certain developmental disorders are not as stable as was previously thought (Bauman, 1991). For instance, studies by Avant (1985), Anderson,

Cronin, and Kazmierski (1989), and Zhu, Woodell, and Kreiman (1997) demonstrated that the average IQ scores of children with learning disabilities were lower after a three-year interval. One interpretation of these findings is that the slopes of the development of cognitive ability are different for normal children and children with developmental disorders. Therefore, as children grow older, the gap between normal children and children with developmental disorders increases. The second explanation of these findings might be that the construct of intelligence is different for younger and older children, and that intelligence tests designed for different age ranges might be measuring relatively different constructs. Evidence from factor analytic research suggests that at the younger age, the intellectual ability is usually less differentiated. Factor analysis revealed only two robust factors using WPPSI-R® standardization data (Carlson & Reynolds, 1981; Gyurke, Stone, & Beyer, 1990; Wechsler, 1989), but four robust factors using WISC-III® and WAIS-III® standardization data (Kamphaus, Benson, Hutchinson, & Platt, 1994; The Psychological Corporation, 1991, 1997).

Therefore, as children the gap increases between children and children with developmental disorder. findings seem to suggest that periodic reevaluation of cognitive function are necessary for certain clinical groups of children. Reliable estimates of the current status of a student's general intellectual ability will assist in the development of a reliable intervention plan or placement.



Jianjun Zhu is a project director at The Psychological Corporation.

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In the Northwest and California, **Dr. Charles Williams**, a practicing psychologist for more than 25 years, is eager and willing to share his expertise. Charles is a great listener and problem solver, and especially enjoys brainstorming with customers to help find solutions to their assessment needs. He has worked in a variety of settings, including public schools, county guidance clinics, and private practice. He has taught at a number of community colleges and universities in the state of Washington. Since joining The Psychological Corporation, he has devoted time researching assessment needs in corrections and in managed care. He is always on the look out for authors with new ideas and new products. He is available for training workshops at all levels. Charles can be reached at (360) 571-5114.

Dr. Gerald Lindahl is beginning his second year as the Midwest Clinical Consultant. Prior to joining The Psychological Corporation, Jerry worked in the public school system, with community mental health services, and as a trainer for a variety of professional and parent organizations. Having come to The Psychological Corporation directly from his position as a school psychologist, Jerry is most familiar with the changing roles and needs of psychologists working in that setting. His workshops and presentations are geared to meeting those changing roles. He spends a good deal of his time working with the Educational Sales Team in the Midwest. On another note, Jerry has developed a series of workshops geared to the non-school clinical market. You can reach Jerry at (513) 573-0248.

Dr. David Schwartz is new to The Psychological Corporation this year. He is a neuropsychologist, straight from private practice. David also was an adjunct faculty member at Kennesaw State University and spent a full year

as a consultant doing training for The Psychological Corporation. David brings a great deal of enthusiasm to his new position. An avid consumer of The Psychological Corporation's products, he has developed a workshop style that is fast paced and encourages audience participation. He focuses on the functional utility of the tests and the integration of results across tests to form diagnostic hypotheses. He makes use of case studies to demonstrate the power of the instruments. He has developed a comprehensive list of workshop topics. David can be reached at (770) 973-7401.

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