

For information on our COVID-19 response including any potential business impacts [visit our webpage](#). For telepractice support [see our resources](#).

[Home](#) [Professional Assessments](#) [Digital Solutions](#) [Telepractice](#) [Telepractice and the WIAT-III](#)

Telepractice and the WIAT-III

Wechsler Individual Achievement
Test, Third Edition (WIAT-III)

[See pricing options](#)

The telepractice information in this document is intended to support psychologists in making informed, well-reasoned decisions around remote assessment. This information is not intended to be comprehensive regarding all considerations for assessment via telepractice. It should not be interpreted as a requirement or recommendation to conduct assessment via telepractice.

Psychologists should remain mindful to:

Follow professional best practice recommendations and respective ethical codes

Follow telepractice regulations and legal requirements from federal, state and local authorities, licensing boards, professional liability insurance providers, and payors

Develop competence with assessment via telepractice through activities such as practicing, studying, consulting with other professionals, and engaging in professional development.

Psychologists should use their clinical judgment to determine if assessment via telepractice is appropriate for a particular examinee, referral question, and situation. There are circumstances where assessment via telepractice is not feasible and/or is contraindicated. Documentation of all considerations, procedures, and conclusions remains a professional responsibility.

Several professional organizations and experts have provided guidance on telepractice assessment (American Psychological Association Services [APA Services], 2020; Association of State and Provincial Psychology Boards, 2013; Grosch, et al., 2011; InterOrganizational Practice Committee, 2020; Stolwyk, et al., 2020) to assist psychologists in decision making and ethical and legal practice issues.

The *Wechsler Individual Achievement Test®-Third Edition* (WIAT-III; Pearson, 2009) can be administered in a telepractice context by using digital tools from Q-global®, Pearson's secure online-testing and scoring platform. Specifically, Q-global digital assets (e.g., stimulus book) are visible to an examinee in another location via the screen-sharing features of teleconference platforms. Details regarding Q-global and how it is used are provided on the [Q-global product page](#).

A spectrum of options is available for administering the WIAT-III via telepractice; however, it is important to consider the fact that the normative data were collected via face-to-face assessment. Telepractice is a deviation from the standardized administration, and the methods and approaches to administering the WIAT via telepractice should be supported by research and practice guidelines when appropriate.

Providers engaging in telepractice assessment may train facilitators to work with them on a regular basis in order to provide greater coverage to underserved populations (e.g., only two providers within a 500-mile radius, shortage of school psychologists within a school district). If such a facilitator is well trained and in a professional role (i.e., a

[Download a print-ready version of this telepractice information. \(PDF | 225.77 KB\)](#)

professional facilitator), they can help present the entire WIAT as would be expected in a face-to-face mode. If a professional facilitator is not used, it impacts the workflow of the session, subtest selection, and the approach to deriving composite scores.

In times when social distancing is necessary (such as the COVID-19 pandemic), using a professional facilitator may not be safe or feasible. If testing must occur under these conditions, the examinee may participate without the help of an onsite facilitator. If the examiner determines that no facilitator is required, the examinee can assist with technological and administrative tasks during testing and should be oriented to these responsibilities prior to, and again at the beginning of the session. An initial virtual meeting should occur in advance of the testing session to address numerous issues specific to testing via telepractice. This initial virtual meeting is described in the administrative and technological tasks portion of the Examiner Considerations section and referred to in various sections below. The examiner should consider best practice guidelines, the referral question, and the examinee's condition, as well as telepractice equivalence study conditions to determine if this is possible and appropriate. Independent examinee participation may not be possible or appropriate, for example, for examinees with low cognitive ability or with low levels of technological literacy and experience.

If the examiner determines that the examinee cannot participate independently, and testing must occur under social distancing constraints, the only facilitator available may be someone in the examinee's home (e.g., a parent, guardian, or caretaker). If the onsite facilitator is not in a professional role (i.e., nonprofessional facilitator), they can assist with technological and administrative tasks during testing and should be oriented to these responsibilities in the initial virtual meeting and again at the beginning of the session.

Professional and nonprofessional facilitators typically do not remain in the room with the examinee throughout the testing session. The examiner should plan to minimize (as much as possible) the need for the facilitator to remain in the room. In rare cases when the facilitator must remain in the room, they should do so passively and unobtrusively, and merely to monitor and address the examinee's practical needs, as well as any technological or administrative issues as necessary. The facilitator's role should be defined clearly by the examiner. The facilitator should only perform those functions the examiner approves and deems necessary. In any case, if a facilitator is necessary it is preferred that the facilitator remain accessible.

Conducting Telepractice Assessment

Conducting a valid assessment in a telepractice service delivery model requires an understanding of the interplay of a number of complex issues. In addition to the general information on Pearson's [telepractice page](#), examiners should address five factors (Eichstadt et al., 2013) when planning to administer and score assessments via telepractice:

1. Telepractice Environment & Equipment

Computers and connectivity

Two computers with audio and video capability and stable internet connectivity—one for the examiner and one for the examinee—are required. A web camera, microphone, and speakers or headphones are required for both the examiner and

the examinee. A second computer screen or split-screen format on a large computer monitor for the examiner is helpful to allow a view of the digital administration and scoring manual, but the examiner can also use the paper format manual or the Q-interactive® platform. The second computer or large screen also tends to make sharing test content more straightforward for the examiner.

Image/screen size

When items with visual stimuli are presented, the digital image of the visual stimuli on the examinee's screen should be at least 9.7" measured diagonally, similar to an iPad or iPad Air. Some teleconference platforms shrink the size of images, so the image size should be verified in the initial virtual meeting. It is recommended that computer screens used for teleconference assessment be at least 15" measured diagonally. Smaller screens, such as those of iPad minis, small tablet PCs, and smartphones, are not allowed for examinee-facing content, as these have not been examined empirically and may affect stimulus presentation, examinee response, and validity of the test results. Similarly, presenting stimuli on extremely large screens has not been examined, so the same precaution applies. At the beginning of the testing session, the examiner may ask for a peripheral camera or device (as described later in this section) to be aimed at the examinee's screen to ensure the examinee's screen is displaying images in the correct aspect ratio and not stretching or obscuring the stimuli image.

Teleconference platform

A teleconference platform is required. Screensharing capability is required if anything other than items with verbal stimuli and responses are administered.

Video

High-quality video (HD preferred) is required during the administration. Make sure the full faces of the examiner and the examinee are seen using each respective web camera. The teleconference platform should allow all relevant visual stimuli to be fully visible to the examinee when providing instruction or completing items; the view of the examiner should not impede the examinee's view of visual test stimuli.

Screensharing digital components

Digital components are shared within the teleconference platform as specified in [Table 1 \(PDF | 130.71 KB\)](#). There are two ways to view digital components in the Q-global Resource Library: through the pdf viewer in the browser window or full screen in presentation mode. Always use full screen (i.e., presentation) mode for digital components viewed by the examinee. This provides the cleanest presentation of test content without onscreen distractions (e.g., extra toolbars). Refer to Using Your Digital Assets on Q-global in the Q-global Resource Library for complete directions on how to enter presentation mode.

Test item security in the audiovisual environment

The examiner is responsible for ensuring test item security is maintained, as outlined in the Terms and Conditions for test use. The examiner should address test security requirements with the examinee (and facilitator, if applicable) during the informed consent process. The examiner should make it clear that the video should not be captured, photos should not be taken, and stimuli should not be copied or recorded, as this is a copyright violation. The examinee must agree that they will not record (audio or visual) or take photos or screenshots of any portion of the test materials or testing session, and not permit anyone to observe the testing session or be in the testing room (except for a facilitator, when necessary). Any response booklet used in the testing session must be returned to the examiner (see Assessment Procedures & Materials factor for more information).

Peripheral camera or device

A stand-alone peripheral camera that can be positioned to provide a view of the session from another angle or a live view of the examinee's progress is helpful. Alternately, a separate device (e.g., a smartphone with a camera or another peripheral device) can be connected to the teleconference and set in a stable position to show the examinee's pointing or written responses. The device's audio should be silenced and microphone should be muted to prevent feedback. The examiner should guide positioning of the peripheral camera/device before administering written response tasks (e.g. Alphabet Writing Fluency), and subtests that elicit pointing or gestured responses (refer to [Table 1 \(PDF | 130.71 KB\)](#)) so that the examiner can see the examinee's real-time responses are captured.

In a typical telepractice session, it is more feasible to make a document or moveable camera available in the examinee's location. However, while social distancing is necessary, the only camera available may be a stationary camera integrated into the examinee's laptop or computer screen. It is unrealistic to expect examinees to have document cameras within their homes. It may be necessary for examiners to think creatively about how to use a smartphone in the examinee's location to gain a view of the examinee's progress in a response booklet or when pointing at a screen. Prior to attempting this with an examinee, the examiner should work to become fluid and competent at directing examinees in these methods, which can require extensive practice with varied individuals and types of smartphones. In addition, this requires planning and practice in the initial virtual meeting to prevent technical difficulties, and so the examinee feels confident doing this when it is time. Many online instructional videos demonstrate how a smartphone may be used with common household objects (e.g., a tower or stack of books, paper weight, ruler, and rubber band or tape) to create an improvised document camera for use during tasks involving the response booklet. Similarly, for multiple choice tasks, some examinees tend to point to responses rather than say the number or letter corresponding to their response, and other tasks (e.g., Math Problem Solving) require the examinee to point at the stimuli. In this situation, other everyday household objects (e.g., books) could be used to form an improvised stand upon which to position the device to provide a second-angle view of the examinee pointing at the screen. Typically, devices provide the best view of the examinee's screen and pointing responses when positioned in landscape format. While using a smartphone as the peripheral camera is not an optimal solution for telepractice, it can be functional if executed well.

Gesturing

When gesturing to the stimulus book or the response booklet is necessary, the examiner should display them as digital assets onscreen and point using the mouse cursor. It may on occasion be necessary for the examiner to gesture to areas of a paper copy of a response booklet or to show how to respond to demonstration items (e.g., Sentence Composition) on the examiner's camera. Refer to [Table 1 \(PDF | 130.71 KB\)](#) for specific instructions by subtest.

Capturing response booklet performance (if used)

The examiner may ask for the completed response booklet to be shown on camera immediately at the conclusion of a task, so that the examiner can score it immediately and so responses are not lost or modified. One successful approach to protecting test security uses sealed envelopes (i.e., the sealed envelope method) and is described as follows. The examiner places the response booklet in a self-addressed stamped envelope and signs it on the seal, then mails or delivers it to the testing location. The examiner emphasizes that the sealed envelope containing the response booklet must not be opened until the examiner asks. After administration,

the response booklet is then placed in the provided self-addressed stamped envelope, sealed at the conclusion and signed on the seal on camera, and then mailed or delivered to the examiner immediately following the testing session.

Audio considerations

High-quality audio capabilities are required during the administration. An over the head, two-ear, stereo headset with attached boom microphone is recommended for both the examiner and examinee. Headphones with a microphone may be used if a headset is not available.

Audio check

The examiner should test the audio for both the examiner and examinee in the initial virtual meeting and at the beginning of the testing session to ensure a high-quality audio environment is present. This is especially critical for Oral Discourse Comprehension, Word Reading, and similar subtests. Testing the audio should include an informal conversation prior to the administration where the examiner is listening for any clicks, pops, or breaks in the audio signal that distorts or interrupts the voice of the examinee. The examiner should also ask if there are any interruptions or distortions in the audio signal on the examinee's end. Any connectivity lapses, distractions, or intrusions that occurred during testing should be reported.

Manage audiovisual distractions

As with any testing session, the examiner should do everything possible to make sure the examinee's environment is free from audio and visual distractions. If the examiner is unfamiliar with the examinee's planned physical location, a visual tour of the intended testing room should be given during the initial virtual meeting. The examiner can then provide a list of issues to address to transform the environment into one suitable for testing. For example, remove distracting items, silence all electronics, and close doors. The examiner should confirm that these issues have been addressed at the time of testing. If possible, the examinee should be positioned facing away from the door to ensure the examiner can verify through the examinee's camera that the door remains shut and can monitor any interruptions. The examiner should confirm that all other applications on the computer, laptop, or peripheral device are closed, the keyboard is moved aside or covered after the session is connected, and alerts and notifications are silenced on the peripheral device. Radios, televisions, other cellular phones, fax machines, smart speakers, printers, and equipment that emit noise must be silenced and/or removed from the room.

Lighting

Good overhead and facial lighting should be established for the examiner and examinee. Blinds or shades should be closed to reduce sun glare on faces and the computer screens.

Disruptions

The examiner should record any and all atypical events that occur during the testing session. This may include delayed audio or video, disruptions to connectivity, the examinee being distracted by external stimuli, and any other anomalies. These can be noted on the record form or in the Q-interactive notes and should be considered during interpretation and described in the written report.

2. Assessment Procedures & Materials

Copyright

Obtain permission for access to copyrighted materials (e.g., stimulus book, response booklet) as appropriate. Pearson has provided a [letter of No Objection \(PDF | 77.5 KB\)](#) to permit use of copyrighted materials for telepractice via non-public facing teleconference platforms and tools to assist in remote administration of assessment content during the COVID-19 pandemic.

Response booklets

Provide the response booklet to the facilitator in advance of the testing session and communicate the plan for securing and forwarding/returning materials, real-time and after testing. For example, seal the response booklet that is clearly labeled and have the facilitator open the envelope on camera only after requested to do so, and return the original response booklet to the examiner in prepaid envelopes to ensure test security is not compromised and test records can be maintained. The examinee or facilitator may sign the seal, tape up the provided envelope so that it cannot be opened without tearing, and show the envelope to the examiner on camera. They should be instructed to immediately mail it. It is acceptable to ask the examinee or facilitator to show pages of the response booklet immediately, if necessary to facilitate scoring, but the response booklet must be returned.

Digital assets

Practice using the digital assets until the use of the materials is as smooth as a face-to-face administration. Do not display items from the paper stimulus book on a camera.

Considerations

Review [Table 1 \(PDF | 130.71 KB\)](#) for the specific telepractice considerations for each subtest to be administered.

Input and output requirements and equivalence evidence

Consider the input and output requirements for each task, and the evidence available for telepractice equivalence for the specific task type.

Telepractice Versus Face-to-Face Administration

Although there are no published studies that examine the equivalence of telepractice and face-to-face administration and scoring of the WIAT-III specifically, a number of studies support equivalence of tasks that are highly similar to the WIAT-III subtest with respect to constructs assessed and input/output demands. These studies include nonclinical examinees (Galusha-Glasscock et al., 2016; Sutherland et al., 2017; Wright, 2018a, 2018b), as well as examinees with specific learning disabilities, (Hodge et al., 2019), intellectual disability (Temple et al., 2010), and other clinical conditions (Cullum et al., 2006; Galusha-Glasscock et al., 2016; Grosch, Weiner, Hynan, Shore, & Cullum, 2015; Hildebrand, Chow, Williams, Nelson, & Wass, 2004; Ragbeer et al., 2016; Stain et al., 2011; Temple et al., 2010; Wadsworth, Dhima, et al., 2016; Wadsworth, Galusha-Glasscock, et al., 2018).

It is important to consider the conditions under which equivalence studies of telepractice and face-to-face assessment modes are conducted and attempt to reproduce these as closely as possible if testing via telepractice. Typical telepractice studies that support telepractice and face-to-face equivalence involve the examiner becoming very familiar with the teleconference platform by using it for its intended purpose for several hours, and administering tests, even those that are familiar in face-to-face mode, multiple times to practice

examinees. Most studies that have established telepractice and face-to-face mode equivalence involve an onsite facilitator who is in a professional role. However, preliminary research conducted with parents serving as an in-home facilitator who managed audiovisual needs and response booklets found no significant differences across modes (International Neuropsychological Society [INS], 2020). Finally, the examinee is typically in an office- or school-based setting (with the exception of the study described in INS, 2020). Therefore, if in-home assessment is taking place, it is advisable to prepare a similar environment as much as possible as described in Audio/Visual Environment section.

Digital Versus Traditional Format

Telepractice involves the use of technology in assessment as well as viewing onscreen stimuli. For these reasons, studies that investigate assessment in digital versus traditional formats are also relevant.

Investigations of WIAT-III tasks and tasks with similar input/output demands, from the *Wechsler Intelligence Scale for Children–Fourth Edition* (WISC-IV; Wechsler, 2003), the *Wechsler Adult Intelligence Scale–Fourth Edition* (WAIS-IV; Wechsler, 2008), and the *Wechsler Intelligence Scale for Children–Fifth Edition* (WISC-V; Wechsler, 2014), have produced evidence of equivalence when administered and scored via digital or traditional formats to *examinees without clinical conditions* (Daniel, 2012; Daniel, 2013; Daniel et al., 2014; Raiford, Zhang, et al., 2016). In addition, equivalence has been demonstrated for tasks with similar input/output demands with *examinees with clinical conditions*, such as intellectual giftedness or intellectual disability (Raiford et al., 2014, Raiford, Zhang, et al., 2016), attention-deficit/hyperactivity disorder or autism spectrum disorder (Raiford, et al., 2015; Raiford, Zhang, et al., 2016), or specific learning disorders in reading or mathematics (Raiford, Drozdick, et al., 2016; Raiford, Zhang, et al., 2016).

Evidence by Subtest

[Table 2 \(PDF | 114.38 KB\)](#) lists each WIAT-III subtest, the input and output requirements, and the evidence of subtest equivalence in telepractice–face-to-face and digital–traditional investigations for similar tasks. The abbreviations in the Input and Output column correspond to the various input and output requirements of each subtest, and a key appears at the bottom of the table. For example, brief spoken directions as an input requirement is abbreviated as BSD. The numbers in the evidence columns correspond to the studies in the reference list, which is organized alphabetically in telepractice and digital sections. For clarity, each study is denoted either T or D, with T indicating the study investigated telepractice–face-to-face mode, and D indicating the study addressed digital–traditional format.

3. Examinee Considerations

Appropriateness

The examiner should first ensure that a telepractice administration is appropriate for the examinee and for the purpose of the assessment. Clinical judgment, best practice guidance for telepractice (e.g., APA Services, 2020; ASPPB, 2013; IOPC, 2020), information from professional organizations and other professional entities (e.g., licensing boards, legal resources, professional liability insurance providers, payors), consultation with other knowledgeable psychologists, existing research, and any available federal or state regulations should be considered in the decision-

making process. Consideration should be given to whether the necessary administrative and technological tasks involved in a telepractice session can be accomplished without influencing results.

Preparedness

Before initiating test administration, the examiner should ensure that the examinee is well-rested, able, prepared, and ready to appropriately and fully participate in the testing session.

Facilitator role

If using a facilitator, the role of the facilitator must be explained to the examinee so participation and actions are understood.

Headset

It may not be appropriate or feasible for some examinees to use a headset due to behavior, positioning, physical needs, or tactile sensitivities, or if a headset is not available. Clinical judgement on the appropriate use of a headset in these situations should be used. If a headset is not utilized, the examiner's and examinee's microphones and speakers should be turned up to a comfortable volume.

Mouse

On some teleconference platforms, the examiner can pass control of the mouse to allow the examinee to point to indicate responses; this is an option if it is within the capabilities of the examinee. However, best practice guidelines provide cautions about this. For example, the IOPC guidelines suggest examiners be alert throughout administration, return control of the screen once the task is finished, and never leave the computer unattended while the examinee has control over the examiner's computer (IOPC, 2020).

4. Examiner Considerations

Practice

During the telepractice setup, and before administering to any actual examinee, the examiner should rehearse the mechanics and workflow of every item in the entire test using the selected teleconference platform so that the examiner is familiar with the administration procedures. For example, a colleague could be used as a practice examinee.

Standardized procedures

The examiner must follow the administration procedures of face-to-face administration as much as possible. For example, if a spoken stimulus cannot be said more than once in face-to-face administration, the examiner must not say it more than once in a telepractice administration unless a technical difficulty precluded the examinee from hearing the stimulus.

Administrative and technological tasks

In order to conduct a smooth telepractice session, audiovisual needs and materials must be managed appropriately. The initial virtual meeting involves the examiner, examinee, and/or the facilitator (if used), and is the opportunity for the examiner to provide information about the audiovisual needs and materials. During the initial virtual meeting, the examiner should provide training in troubleshooting audiovisual needs that arise during the testing session, including camera angle, lighting, and

audio checks. The examiner should provide verbal feedback to guide camera adjustment, checking the onscreen video shown by the peripheral camera/device to provide information about how to reposition it until the proper view is shown. The examiner should emphasize that no materials should be opened until the examiner provides instructions to do so, if applicable. The examiner should also expect to provide verbal guidance about these issues during the testing session. Refer to the Telepractice Environment & Equipment section and to [Table 1 \(PDF | 130.71 KB\)](#) for specific subtest telepractice considerations.

If used, the facilitator is to assist with administrative and technological tasks and not to manage rapport, engagement, or attention during the testing session. The examiner should direct them not to interfere with the examinee's performance or responses. Any other roles and responsibilities for which an examiner needs support, such as behavior management, should be outlined and trained prior to the beginning of the testing session. The examiner is responsible for documenting all behaviors of the facilitator during test administration and taking these into consideration when reporting scores and performance.

5. Other Considerations

There are special considerations for written reports describing testing that takes place via telepractice. The professional completing the written report should state in the report that the test was administered via telepractice, and briefly describe the method of telepractice used. For example, *"The WIAT was administered via remote telepractice using digital stimulus materials on Pearson's Q-global system, and a facilitator monitored the administration onsite using a printed response booklet during the live video connection using the [name of telepractice system, e.g., Zoom] platform."*

The professional should also make a clinical judgment, similar to a face-to-face session, about whether or not the examiner was able to obtain the examinee's best performance. Clinical decisions should be explained in the report, including comments on the factors that led to the decision to conduct testing via telepractice and to report all (or not to report suspect) scores. In addition, it is recommended that the report include a record of any and all atypical events during the testing session (e.g., delayed video or audio, disruptions to connectivity, extraneous noises such as phone ringing or loud dog barking, person or animal unexpectedly walking into room, the examinee responding to other external stimuli). Notes may be recorded about these issues on the record form or in the notes section on Q-interactive. List and describe these anomalies as is typical for reporting behavioral observations in the written report, as well as any observed or perceived impact on the testing sessions and/or results, and consider these in the interpretation of results. For example, *"The remote testing environment appeared free of distractions, adequate rapport was established with the examinee via video/audio, and the examinee appeared appropriately engaged in the task throughout the session. No significant technological problems or distractions were noted during administration. Modifications to the standardization procedure included: [list]. The WIAT subtests, or similar tasks, have received initial validation in several samples for remote telepractice and digital format administration, and the results are considered a valid description of the examinee's skills and abilities."*

The WIAT-III was not standardized in a telepractice mode, and this should be taken into consideration when utilizing this test via telepractice and interpreting results. For example, the examiner should consider relying on convergence of multiple data sources and/or being tentative about conclusions. Provided that the examiner has thoroughly considered and addressed the factors and the specific considerations as listed above, the examiner should be prepared to observe and comment about the reliable and valid delivery of the test via telepractice. Materials may be used via telepractice without additional permission from Pearson in the following published contexts:

WIAT-III manuals, stimulus book, word cards, or Oral Reading Fluency booklet, and associated administration materials via Q-global®

WIAT-III via Q-interactive (requires advanced technology skills and mirroring software)

Any other use of the WIAT-III via telepractice is **not** currently recommended. This includes, but is not limited to, scanning the paper stimulus book, word cards, or Oral Reading Fluency booklet; digitizing the paper record forms; holding the materials physically up in the camera's viewing area; or uploading a manual onto a shared drive or site.

References

American Psychological Association Services (APA Services). (2020). *Guidance on psychological tele-assessment during the COVID-19 crisis*. (2020).

[https://www.apaservices.org/practice/reimbursement/health-codes/testing/tele-assessment-covid-19?](https://www.apaservices.org/practice/reimbursement/health-codes/testing/tele-assessment-covid-19?fbclid=IwAR1d_YNXYS2Yc5mdlz_ZIYSkrrj_6A9BQeKulHxEEjjRh1XDR6fOYncM3b4)

[fbclid=IwAR1d_YNXYS2Yc5mdlz_ZIYSkrrj_6A9BQeKulHxEEjjRh1XDR6fOYncM3b4](https://www.apaservices.org/practice/reimbursement/health-codes/testing/tele-assessment-covid-19?fbclid=IwAR1d_YNXYS2Yc5mdlz_ZIYSkrrj_6A9BQeKulHxEEjjRh1XDR6fOYncM3b4)

Association of State and Provincial Psychology Boards (ASPPB). (2013). *ASPPB telepsychology task force principles and standards*.

https://cdn.ymaws.com/www.asppb.net/resource/resmgr/PSYPACT_Docs/ASPPB_TELEPSYCH_PRINCIPLES.pdf

Eichstadt, T. J., Castilleja, N., Jakubowitz, M., & Wallace, A. (2013, November). Standardized assessment via telepractice: Qualitative review and survey data [Paper presentation]. Annual meeting of the American-Speech-Language-Hearing Association, Chicago, IL, United States.

Grosch, M. C., Gottlieb, M. C., & Cullum, C. M. (2011). Initial practice recommendations for teleneuropsychology. *The Clinical Neuropsychologist*, 25, 1119–1133.

Interorganizational Practice Committee [IOPC]. (2020). *Recommendations/guidance for teleneuropsychology (TeleNP) in response to the COVID-19 pandemic*.

<https://static1.squarespace.com/static/50a3e393e4b07025e1a4f0d0/t/5e8260be9a64587cfd3a9832/1585602750557/Recommendations-Guidance+for+Teleneuropsychology-COVID-19-4.pdf>

Pearson. (2009). *Wechsler individual achievement test (3rd ed.)*. San Antonio, TX: Author.

Stolwyk, R., Hammers, D. B., Harder, L., & Cullum, C. M. (2020). *Teleneuropsychology (TeleNP) in response to COVID-19*.

<https://event.webinarjam.com/replay/13/pyl2nayhvsp09>

Wechsler, D. (1999). *Wechsler Abbreviated Scale of Intelligence*. Pearson.

Wechsler, D. (2008). *Wechsler Adult Intelligence Scale* (4th ed.). Pearson.

Wechsler, D. (2014). *Wechsler Intelligence Scale for Children* (5th ed.). Pearson.

Telepractice–Face-to-Face Mode

See [Table 1 \(PDF | 130.71 KB\)](#)

1. Brearly, T., Shura, R., Martindale, S., Lazowski, R., Luxton, D., Shenal, B., & Rowland, J. (2017). Neuropsychological test administration by videoconference: A systematic review and meta-analysis. *Neuropsychology Review*, 27(2), 174–186.
2. Cullum, C. M., Hynan, L. S., Grosch, M., Parikh, M., & Weiner, M. F. (2014). Teleneuropsychology: Evidence for video teleconference-based neuropsychological assessment. *Journal of the International Neuropsychological Society*, 20, 1028–1033.
3. Galusha-Glasscock, J., Horton, D., Weiner, M., & Cullum, C. M. (2016). Video teleconference administration of the Repeatable Battery for the Assessment of Neuropsychological Status. *Archives of Clinical Neuropsychology*, 31(1), 8–11.
4. Grosch, M., Weiner, M., Hynan, L., Shore, J., & Cullum, C. M. (2015). Video teleconference-based neurocognitive screening in geropsychiatry. *Psychiatry Research*, 225(3), 734–735.
5. Hildebrand, R., Chow, H., Williams, C., Nelson, M., & Wass, P. (2004). Feasibility of neuropsychological testing of older adults via videoconference: Implications for assessing the capacity for independent living. *Journal of Telemedicine and Telecare*, 10(3), 130–134. <https://doi.org/10.1258/135763304323070751>
6. Hodge, M., Sutherland, R., Jeng, K., Bale, G., Batta, P., Cambridge, A., Detheridge, J., Drevensek, S., Edwards, L., Everett, M., Ganesalingam, K., Geier, P., Kass, C., Mathieson, S., McCabe, M., Micallef, K., Molomby, K., Ong, N., Pfeiffer, S., ... Silove, N. (2019). Agreement between telehealth and face-to-face assessment of intellectual ability in children with specific learning disorder. *Journal of Telemedicine and Telecare*, 25(7), 431–437. <https://doi.org/10.1177/1357633X18776095>
7. Ragbeer, S. N., Augustine, E. F., Mink, J. W., Thatcher, A. R., Vierhile, A. E., & Adams, H. R. (2016). Remote assessment of cognitive function in juvenile neuronal ceroid lipofuscinosis (Batten disease): A pilot study of feasibility and reliability. *Journal of Child Neurology*, 31, 481–487. <https://doi.org/10.1177/0883073815600863>
8. Stain, H. J., Payne, K., Thienel, R., Michie, P., Vaughan, C., & Kelly, B. (2011). The feasibility of videoconferencing for neuropsychological assessments of rural youth experiencing early psychosis. *Journal of Telemedicine and Telecare*, 17, 328–331. <https://doi.org/10.1258/jtt.2011.101015>
9. Sutherland, R., Trembath, D., Hodge, A., Drevensek, S., Lee, S., Silove, N., & Roberts, J. (2017). Telehealth language assessments using consumer grade equipment in rural and urban settings: Feasible, reliable and well tolerated. *Journal of Telemedicine and Telecare*, 23(1), 106–115. <https://doi.org/10.1177/1357633X15623921>
10. Temple, V., Drummond, C., Valiquette, S., & Jozsvai, E. (2010). A comparison of intellectual assessments over video conferencing and in-person for individuals with ID: Preliminary data. *Journal of Intellectual Disability Research*, 54(6), 573–577. <https://doi.org/10.1111/j.1365-2788.2010.01282.x>

11. Wadsworth, H., Galusha-Glasscock, J., Womack, K., Quiceno, M., Weiner, M., Hynan, L., Shore, J., & Cullum, C. (2016). Remote neuropsychological assessment in rural American Indians with and without cognitive impairment. *Archives of Clinical Neuropsychology*, 31(5), 420–425. <https://doi.org/10.1093/arclin/acw030>
12. Wadsworth, HE, Dhima, K., Womack, K.B, Hart, J., Weiner, M. F., Hynan, L. S., & Cullum, C. M. (2018). Validity of teleneuropsychological assessment in older patients with cognitive disorders. *Archives of Clinical Neuropsychology* 33(8), 1040–1045. <https://doi.org/10.1093/arclin/acx140>
13. Wright, A.J. (2018a). Equivalence of remote, online administration and traditional, face-to-face administration of the Woodcock-Johnson IV cognitive and achievement tests. *Archives of Assessment Psychology*, 8(1), 23-35.
14. Wright, A. J. (2018b). Equivalence of remote, online administration and traditional, face-to-face administration of the Reynolds Intellectual Assessment Scales-Second Edition. <https://pages.presencelearning.com/rs/845-NEW-442/images/Content-PresenceLearning-Equivalence-of-Remote-Online-Administration-of-RIAS-2-White-Paper.pdf>

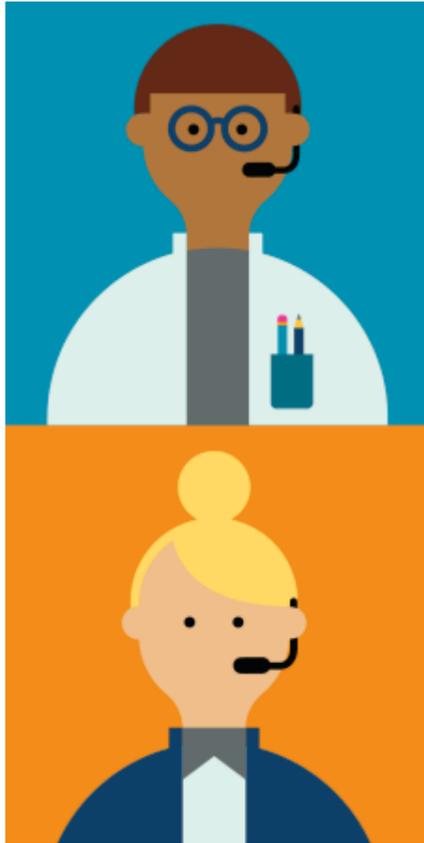
Digital–Traditional Format

See [Table 2 \(PDF | 114.38 KB\)](#)

1. Daniel, M. H. (2012). Equivalence of Q-interactive administered cognitive tasks: WISC–IV (Q-interactive Technical Report 2). Pearson. https://www.pearsonassessments.com/content/dam/school/global/clinical/us/assets/q-interactive/009-s-Technical%20Report%202_WISC-IV_Final.pdf
2. Daniel, M. H. (2013). Equivalence of Q-interactive and paper scoring of academic tasks: Selected WIAT–III subtests (Q-interactive Technical Report 3). Pearson. <https://www.pearsonassessments.com/content/dam/school/global/clinical/us/assets/q-interactive/008-s-Technical-Report-5-WIAT-III.pdf>
3. Daniel, M. H., Wahlstrom, D., & Zhang, O. (2014). Equivalence of Q-interactive and paper administrations of cognitive tasks: WISC®–V (Q-interactive Technical Report 8). Pearson. https://www.pearsonassessments.com/content/dam/school/global/clinical/us/assets/q-interactive/003-s-Technical-Report_WISC-V_092514.pdf
4. Raiford, S. E., Holdnack, J. A., Drozdick, L. W., & Zhang, O. (2014). Q-interactive special group studies: The WISC–V and children with intellectual giftedness and intellectual disability (Q-interactive Technical Report 9). Pearson. Retrieved from http://www.helloq.com/content/dam/ped/ani/us/helloq/media/Technical_Report_9_WISC-V_Children_with_Intellectual_Giftedness_and_Intellectual_Disability.pdf
5. Raiford, S. E., Drozdick, L. W., & Zhang, O. (2015). Q-interactive special group studies: The WISC–V and children with autism spectrum disorder and accompanying language impairment or attention-deficit/hyperactivity disorder (Q-interactive Technical Report 11). Pearson. http://images.pearsonclinical.com/images/assets/WISC-V/Q-i-TR11_WISC-V_ADHDAUTL_FNL.pdf
6. Raiford, S. E., Drozdick, L. W., & Zhang, O. (2016). Q-interactive special group studies: The WISC–V and children with specific learning disorders in reading or mathematics (Q-interactive Technical Report 13). Pearson. <https://www.pearsonassessments.com/content/dam/school/global/clinical/us/assets/q->

interactive/012-s-Technical_Report_9_WISC-V_Children_with_Intellectual_Giftedness_and_Intellectual_Disability.pdf

7. Raiford, S. E., Zhang, O., Drozdick, L. W., Getz, K., Wahlstrom, D., Gabel, A., Holdnack, J. A., & Daniel, M. (2016). Coding and Symbol Search in digital format: Reliability, validity, special group studies, and interpretation (Q-interactive Technical Report 12). Pearson. https://www.pearsonassessments.com/content/dam/school/global/clinical/us/assets/q-interactive/002-Qi-Processing-Speed-Tech-Report_FNL2.pdf



A customer reflects on using Q-global digital stimulus books and manuals:

Q-Global has been a great solution for us. Managing testing materials between a variety of sites and districts could be very tricky. The online testing materials have completely resolved any access challenges we faced. Observing and recording the client's response through telepractice continues to require a good deal of coordination- particularly for pointing activities. However, the clinician being able to directly manage test stimuli and present them to the client through screen share technology makes that process much less cumbersome.

Thank you for being so proactive with making your tools accessible to telepractitioners!

Nate Cornish, MS, CCC-SLP
Clinical Director
VocoVision

[Professional Assessments](#)
[Large Scale Assessments](#)
[Graduate Admissions](#)

[Product Platform Logins](#)
[Clinical Privacy Policy](#)
[Clinical Permissions & Licensing](#)
[Clinical Terms of Sale & Use](#)
[Clinical Legal Policies](#)

[About](#)
[Careers](#)
[Seasonal Employment](#)
[Other Pearson Sites](#)

[Website Terms of Use](#) [Privacy Statement](#) [Do not sell my info](#) [Patent Notice](#) [Accessibility](#)

Copyright © 1996–2020 [Pearson](#) All rights reserved.