

Practice guide for the assessment of school-age students in educational contexts

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APS Professional Practice Advisory Group

APS Psychologists in Schools Interest Group

APS Psychologists in Schools Reference Group

APS Tests and Testing Reference Group

SPA Private Practice Reference Group

SPA Vic Learning Difficulties and Dyslexia Working Group

Purpose of this practice guide

This practice guide has three key aims:

1. To provide practitioners with best practice principles for the assessment of school-age students in educational contexts.
2. To encourage greater consistency of assessment processes across states and territories, and across public and independent sectors.
3. To encourage greater consistency of assessment processes and communication across allied health professions that conduct assessments of school-age students in educational contexts.

Key Principles

General principles

Principle 1: Practitioners use a range of processes for gathering information about students.

Principle 2: Practitioners recognise that assessment occurs for the benefit of the student.

Principle 3: Practitioners clarify the purpose of the assessment and develop an appropriate assessment plan.

Principle 4: Prior to beginning an assessment, practitioners ensure informed written consent is obtained from the parent (or guardian), or from the student and parent/guardian if the student is younger than 18 but considered to be of an age and level of functioning to be able to provide informed consent.

Principle 5: Practitioners discuss confidentiality, including the exceptions to confidentiality, with students, parents and other relevant parties who may seek access to assessment information.

Principle 6: Practitioners protect the integrity and validity of test instruments.

Principle 7: Comprehensive assessment often requires input from a multidisciplinary team.

Qualifications, training and expertise of practitioners providing assessment.

Principle 8: Practitioners are qualified and competent to assess school-age students.

Principle 9: Practitioners have the required level of competence to conduct assessments including knowledge of, and training in, the administration, scoring and interpretation of relevant standardised tests.

The assessment process: Informal assessment techniques

Principle 10: Practitioners make use of a range of opportunities and methods for collecting relevant information including informal assessment techniques.

Principle 11: Practitioners develop a comprehensive history as part of the assessment.

Principle 12: Practitioners conduct interviews in an appropriate setting.

Principle 13: Practitioners establish a supportive interview approach.

Principle 14: Practitioners use effective evidence-based interviewing techniques to obtain accurate and relevant information from the student, parents, teachers and significant others.

Principle 15: Practitioners use observation as an integral part of the assessment.

Principle 16: Practitioners use observation to assist in determining the validity of the formal testing process.

The assessment process: Standardised testing

Principle 17: Practitioners take account of a range of factors in test selection including the intended purpose of the test, the psychometric properties of the test, information it can provide with regard to the referral question, and consideration of any special needs of the student including physical ability, language ability and culture.

Principle 18: Practitioners arrange the test environment to maximise student participation and minimise distractions.

Principle 19: Practitioners identify whether students require any aids or equipment and ensure they have access to these during participation in the assessment process.

Principle 20: Practitioners are aware of the risks to themselves when working with young people and take precautions to avoid situations where their behaviour may be misconstrued or deemed to be inappropriate.

Principle 21: Only in exceptional circumstances do practitioners allow a third party to be present during the testing process.

Principle 22: Practitioners select only tests that they can administer, score and interpret competently.

Principle 23: Practitioners have an understanding of how student characteristics can impact on test performance.

Principle 24: Practitioners adhere to standardised test protocols and administration, scoring and interpretation procedures as documented in the test manual.

Principle 25: Practitioners take appropriate steps to ensure the student's date of birth is correctly recorded and the student's age is correctly calculated to ensure a valid comparison with test norms.

Principle 26: Practitioners take into account the complexity of profiles when calculating and reporting test scores with a focus on interpreting test results with reference to strengths and weaknesses rather than focusing on a single test score.

Principle 27: Practitioners recognise that standardised tests may not always be able to quantify a student's functioning.

Principle 28: Practitioners follow guidelines in determining when retesting with the same test can occur and recognise that retesting within short periods of time is not desirable.

Assessment of students with specific needs

Principle 29: Practitioners take account of the possible effect of factors that may impact on the assessment process, including language, cultural background and disability.

Principle 30: Practitioners understand the use of reasonable test accommodations.

Principle 31: Practitioners consider whether accommodations are required for an assessment, the suitability of available accommodations to increase access to a testing opportunity, or the availability of an alternative test that would not require accommodations to be made.

Principle 32: Practitioners apply accommodations only when it is necessary to provide more equitable access and not when this will lead to an advantage for the student over other students.

Principle 33: Practitioners consider the extent to which an accommodation may impact on the construct being measured and document this in the report.

Principle 34: Where there are no reasonable options for test accommodations to enable fair and valid access for the student, practitioners make clear the limitations of the testing process used.

Principle 35: Practitioners recognise that modifications to a test will preclude the interpretation of the results with reference to standardised procedures and test norms.

Assessment reports and recommendations

Principle 36: Practitioners clearly and accurately outline assessment processes and tools in assessment reports.

Principle 37: Practitioners highlight any limitations of the assessment and the implications of these limitations.

Principle 38: Practitioners prepare high quality individualised reports.

Principle 39: Practitioners make clear whether a diagnosis is applicable.

Principle 40: Practitioners write assessment reports in clear language with consideration of all potential recipients.

Principle 41: Practitioners seek to provide verbal feedback to ensure adequate understanding of the assessment report.

Principle 42: Practitioners do not include in reports any documentation or information that will compromise the integrity of any test, or contravene copyright laws or any agreement with the supplier of the test being used.

Principle 43: Practitioners make recommendations that address the referral question and provide any additional information determined to be useful in meeting the student's needs.

1. Introduction

A number of allied health professionals may be involved in the assessment of students in educational contexts¹, commonly psychologists, speech pathologists, and occupational therapists. In Australia, practices associated with the assessment of students by allied health professionals² have varied across states and territories and across public and independent sectors. This has led to inconsistencies in the methods used to assess students, the reporting practices followed, and in the outcomes for students following an assessment with regard to the provision of services, educational planning, and interventions. Whereas schools, educational authorities and state and territory governments may make decisions regarding their capacity to provide services, it is essential that the assessments by practitioners³ are based on sound underlying principles that follow best practice.

This document addresses assessment for educational purposes in the broader sense. It therefore not only focuses on cognitive, motor and oral and written language abilities, but extends to assessing mental health, social skills and communication, behavioural functioning, voice and fluency, all of which may impact on a student's educational progress. This is important given the range of presentations that may underlie educational issues in school contexts including, for example, autism spectrum disorder, intellectual impairment, language impairment, gross and fine motor problems, and behavioural disorders.

Alongside this document, allied health professionals should draw on their own professional resources for guidance including codes of ethics, guidelines and resource documents on assessment and on working with specific population groups.

2. Assessment: General principles

Principle 1: Practitioners use a range of processes for gathering information about students.

Assessment is a systematic process for gaining information about the student relevant to the referral question. It may involve formal assessment using standardised tests and informal assessment procedures including observation, interview, and the use of screening instruments and questionnaires. Thus assessment will typically involve a range of processes such as:

- gaining a developmental and medical history
- interviews with the student and significant others
- consultation with other professionals (e.g., teachers, medical practitioners, other allied health professionals)
- observations of the student at different times and in different settings
- examination of school records and past assessment reports
- administration, scoring and interpretation of standardised test instruments

¹ Where reference is made to educational contexts this covers all assessments conducted for educational purposes regardless of whether this occurs in the school, professional rooms or at the student's home.

² Whilst it is recognised that other professionals, including teaching staff, may be involved in assessment of students, this document focuses on assessment by allied health professionals.

³ The term practitioner is used to refer to the person who is responsible for the assessment process including the administration, scoring and interpretation of standardised tests and the reporting of the assessment outcome.

Principle 2: Practitioners recognise that assessment occurs for the benefit of the student.

A key role of practitioners undertaking assessments in educational settings is to reduce the barriers to learning. Assessment focusses on identifying the strengths and weaknesses of the student and informs effective decision making based on individual intervention plans that assist the student to meet his or her full potential. The outcome of assessment can provide evidence to support educational planning or access to funding and special education services. It may also contribute to the diagnostic process or lead to a referral for clinical intervention.

Principle 3: Practitioners clarify the purpose of the assessment and develop an appropriate assessment plan.

Assessment in educational contexts is generally conducted for the purpose of intervention and educational planning including for differentiating the curriculum, providing treatment, making accommodations that facilitate student participation, access to funding resources or eligibility for a specialised school or unit. Practitioners consider the referral question and the specific student presentation and use their expertise to select appropriate tests and assessment processes that are likely to provide the information being sought by the referrer.

Part of the assessment process may be to inform, at a systemic level, decisions about funding allocation in order to implement the required interventions. Whereas the purpose of an assessment may include the need to consider a diagnosis for support funding, this is not the sole purpose of any assessment, rather the assessment should aim to provide the basis for intervention planning.

The practitioner reviews the assessment process as new information is obtained to ensure that the original assessment plan continues to focus on the specific needs of the student and adapts the plan if necessary. For example, information gained through observation, history-taking, preliminary testing or a response to intervention may influence further assessment as well as subsequent test selection.

Principle 4: Prior to beginning an assessment, practitioners ensure informed written consent is obtained from the parent (or guardian), or from the student and parent/guardian if the student is younger than 18 but considered to be of an age and level of functioning to be able to provide informed consent.

In seeking consent to conduct the assessment, practitioners provide sufficient information to inform the parent(s) (or guardian) and student of what the assessment process involves in language that is at an appropriate level for the individual. This typically includes providing information about the assessment process, who will receive the assessment report, the potential risks and benefits of proceeding with the assessment, confidentiality of information and limitations to confidentiality. The parent (s)/guardian and student, as appropriate, are provided with enough information to fully understand the implications of proceeding or not proceeding with the assessment. The information should be provided in plain English unless the family is of a different linguistic background, in which case the services of an interpreter may be required in order to ensure those providing consent have fully understood what is involved.

Involving the student in the consent process in a developmentally appropriate way is an important part of building rapport and engaging and motivating the student.



Principle 5: Practitioners discuss confidentiality, including the exceptions to confidentiality, with students, parents and other relevant parties who may seek access to assessment information.

Practitioners are required by the privacy laws of their jurisdiction and the code of ethics of their professional organisation to keep confidential the information collected about the student other than as agreed with the parent(s), legal guardian or the student as appropriate. This may include in the management of requests for information from teachers, the school principal or other professionals. Practitioners report assessment results to other parties only once appropriate consent has been obtained.

Principle 6: Practitioners protect the integrity and validity of test instruments.

When practitioners use published assessment tools with copyrighted test forms they comply with publisher and copyright requirements. Practitioners do not disclose content and/or administration and scoring principles of a test to anyone that is not qualified to access the test as this can render the test invalid. When not in use, practitioners store test instruments in a secure location and only accessed by practitioners qualified to use them.

Principle 7: Comprehensive assessment often requires input from a multidisciplinary team.

When planning an assessment, permission is gained from the parent(s) or guardian, and the student if relevant, for practitioners to communicate and share information appropriately with other assessing professionals. Practitioners seek access to and consider information from other professionals in order to inform their overall assessment ensuring appropriate release forms are signed. Care is taken to avoid duplicating assessment information and to schedule assessment tasks in a coordinated way.

3. Qualifications, training and expertise of practitioners providing assessment

Principle 8: Practitioners are qualified and competent to assess school-age students.

Practitioners:

- hold the required qualification(s) in their professional field
- hold any required registration or membership of a professional body for their profession
- have access to all of the relevant assessment tools and equipment
- have knowledge of the key principles for working with school-aged students including developmental stages and their impact
- take a systems approach by considering the individual, family, school and community context
- understand the principles of assessment
- have the underlying theoretical and technical knowledge necessary to plan and implement the assessment process including the use of suitable standardised test instruments
- understand the strengths and limitations of different assessment procedures
- have knowledge of federal and state and territory laws relevant to young people such as mandatory reporting, disability and family law matters

Principle 9: Practitioners have the required level of competence to conduct assessments including knowledge of, and training in, the administration, scoring and interpretation of relevant standardised tests.

In conducting assessments practitioners have the theoretical knowledge underlying the assessment, the technical skills and proficiencies needed to develop and administer an appropriate assessment process, and are competent in the implementation of the required assessment procedures. As part of the assessment process, competent practitioners:

- ensure competence in developing and conducting assessments through evidence-based training and learning opportunities such as:
 - the completion of relevant units or courses of learning as part of a tertiary degree
 - the completion of professional learning courses (online or face-to-face) presented by appropriately qualified professionals
 - the completion of courses provided by test publishers
 - supervised practical experience
 - appropriate professional reading in conjunction with peer supervision
- administer, score and interpret only those test instruments for which they are qualified to have access and are fully competent to use
- can evaluate the psychometric properties of tests
- take account of the impact on any variation to standardised administration
- formulate appropriate recommendations
- communicate assessment results, interpretation and recommendations effectively to relevant parties (e.g., parent, teacher) in both oral and written form

4. The assessment process: Informal assessment techniques

Principle 10: Practitioners make use of a range of opportunities and methods for collecting relevant information including informal assessment techniques.

Informal assessment techniques are an important part of the assessment plan. Informal assessment provides valuable information to inform assessment plans and supplement formal assessment processes. An accurate student history is essential and can be gained through different information seeking modes including interview, consultation and review of documentation such as existing medical, allied health and school reports. Psychometric testing results are not reported without the contextual and supportive information provided by informal assessment.

Principle 11: Practitioners develop a comprehensive history as part of the assessment.

The first step towards gaining a comprehensive history is to determine the relevant parties to be interviewed. Comprehensive history-taking in the educational context typically involves interviewing one or more of the following: the student, the student's parent(s), guardians and/or carer(s), the student's classroom teacher and significant others (e.g., other family members, general practitioner, and paediatrician). The practitioner seeks information about the student's family history and developmental history including perinatal and postnatal periods, physical, language, emotional, social, psychological and educational development. Information about significant life events and screening

for hearing, vision, mental health issues and substance use may be relevant. Any previous assessment results and recommendations should also be considered.

Principle 12: Practitioners conduct interviews in an appropriate setting.

The practitioner gives thought to when and where to conduct the interview including considerations of privacy, comfort and cultural sensitivities.

Principle 13: Practitioners establish a supportive interview approach.

Interviewees are encouraged to ask questions or clarify reasons for the interview if they are unsure. They are also encouraged to seek clarification and to provide additional information, if possible, after the interview. Some interviewees may wish to attend interviews accompanied by a support person. Examples of when this may occur include when working with culturally and linguistically diverse or Aboriginal and Torres Strait Islander families, parents with an intellectual disability, parents of children with disabilities, parents of a child with a terminal illness or a person who is vulnerable in any way. An interpreter may be used for these meetings when required, but is not considered to be a support person.

Principle 14: Practitioners use effective evidence-based interviewing techniques to obtain accurate and relevant information from the student, parents, teachers and significant others.

For each assessment, practitioners consider the most appropriate interview techniques and are aware of the strengths and weaknesses of different techniques including unstructured, semi structured or fully structured interviewing.

As well as gathering information about the student, the interview assists in establishing rapport which promotes open communication. Rapport is facilitated through the provision of a relaxed atmosphere, support and reassurance, good listening skills and a sensitive questioning style that reduces anxiety and promotes rapport.

Principle 15: Practitioners use observation as an integral part of the assessment.

Practitioners engage in observational work each time they work with a student. There may however, be times where observation occurs in a structured and planned way to gain specific information through, for example, the setting up of specific activities. When assessing students, particularly young students, it may be important to observe them when they are involved in everyday activities and interactions. Depending on the referral question, observation may need to occur in different settings, at different times of day and with different people present (e.g., family members, peers).

Information from observations provides valuable information about a student's characteristics and can assist in considering a student's abilities and skills, to evaluate how he or she responds in different contexts and to assist the practitioner to clarify his or her thinking.

Principle 16: Practitioners use observation to assist in determining the validity of the formal testing process.

Information obtained through observation, including during formal testing, supplements the information gained from testing and assists in determining the validity of the testing process. For example, observations about the student's motivation, concentration and distractibility, or any other factor that may have interfered with the administration of the test is valuable information to be considered when reporting outcomes of formal testing.

5. The assessment process: Standardised testing

Principle 17: Practitioners take account of a range of factors in test selection including the intended purpose of the test, the psychometric properties of the test, information it can provide with regard to the referral question and consideration of any special needs of the student including physical ability, language ability and culture.

When planning an assessment process involving the use of standardised test instruments, practitioners have a clear understanding of the purpose of the assessment and knowledge of the available tests to effectively respond to the referral question.

Tests selected have adequate validity and reliability for the situation in which they are being used with the student. Practitioners select tests wherever possible that have norms that include the population for the student being assessed. If a suitable test with Australian norms is not available, an alternative is to use a test with Australian adaptations, typically involving changes to language that make a test more applicable to the Australian context. In doing this, the practitioner provides a clear qualification in any report prepared that test results must be considered with caution, reference to test norms cannot occur, and results are to be considered tentative.

Practitioners use available resources such as test manuals, academic publications, and information distributed by test publishers and test providers to determine that a test is appropriate for use with a particular student.

If practitioners are not competent in working with a specific population group or with tests that meet the needs of the student they make a referral to another practitioner with such expertise or take further steps to develop competence including working under the supervision of another professional with expertise in the area in question.

Principle 18: Practitioners arrange the test environment to maximise student participation and minimise distractions.

Factors impacting on comfort such as heat, light, seating, table height, and noise or other distractions during testing can affect a student's responses, and impact on the assessment outcomes. Practitioners ensure that the test setting meets the needs of the specific testing to be completed taking into account advice provided in the test manual and ensuring the room is private, has adequate lighting, appropriate furnishings, and that potential distractions are minimised.

Principle 19: Practitioners identify whether students require any aids or equipment and ensure they have access to these during participation in the assessment process.

Prior to undertaking an assessment practitioners take all appropriate steps to identify whether a student needs an aid or specialist equipment, for example as a result of a visual or hearing impairment. Practitioners also ensure that such aids are used during assessment to ensure the student is not disadvantaged while being assessed.



Principle 20: Practitioners are aware of the risks to themselves when working with young people and take precautions to avoid situations where their behaviour may be misconstrued or deemed to be inappropriate.

Practitioners of both sexes protect themselves against claims that can be made by students of inappropriate behaviour by the practitioner, or from violent behaviour from the student. Practitioners consider ways of preventing such risks, for example, ensuring relevant people are aware you are meeting with the student, choosing the setting carefully avoiding isolated locations where there is no visual access and if appropriate leaving the door open. In doing so, practitioners recognise that they must balance the need to engage students for assessment in distraction free settings while protecting themselves from the risk of claims of inappropriate behaviour or from violent behaviour. Practitioners clearly explain their role as part of the assessment and model clear boundaries and respect for the student.

Principle 21: Only in exceptional circumstances do practitioners allow a third party to be present during the testing process.

At times other people, such as the student's parents or a trainee, may want to sit in on the testing process. The advice in many test manuals discourages the presence of a third party as an individual's behaviour changes when a third party is present and the tests have been normed without any third party in the room. It is preferable therefore, that third parties are not present. The practitioner explains the importance of tests being administered in a controlled environment and how the presence of another person may impact on the test outcomes.

There may be some instances when having a third party in the room may be necessary, for example, having a parent to settle a highly anxious child who otherwise is not responding. This is likely to be dependent on the child's age and temperament. The third party should be clearly instructed not to interfere with the standardised procedure and, where possible is seated out of the student's vision. When a third party has been in the room, the practitioner documents this in the report along with their judgment about the impact it had on the assessment, recognising that it may not only have affected the student's performance but also their administration of the test.

At times it may be necessary to use an interpreter to assist with communication. The use of an interpreter to translate psychometric test items during the administration of a test is not recommended as this may impact on the validity of the test. If the use of an interpreter is the only option, the person should be a qualified, registered interpreter and properly briefed regarding the importance of following standardised procedures. Results must be reported with caution and the use of an interpreter documented in any report of the assessment.

Principle 22: Practitioners select only tests that they can administer, score and interpret competently.

Practitioners have both a professional and ethical obligation to ensure that they provide services only in those areas in which they are competent. This includes carrying out testing only when the practitioner has the knowledge and understanding of test use and the skill to administer, score, interpret and report the outcomes of the specific test.

Practitioners have a responsibility to ensure that they update their knowledge and skills to conduct relevant assessments as would be expected in their area of employment. If they have not used a test for a period of time practitioners take appropriate steps to review the administration and scoring of the test instrument and seek consultation to ensure accurate interpretation of results and to support valid and reliable assessment outcomes.

Principle 23: Practitioners have an understanding of how student characteristics can impact on test performance.

Practitioners endeavour to put the student at ease prior to testing to reduce anxiety and increase motivation. Establishing and maintaining rapport, using language that is suitable for the student's age and level of understanding and meeting any specific needs of the student as appropriate will also assist the practitioner to engage with the student.

Rapport building may include discussing the testing process with the student in a positive way to maximise engagement and reduce any anxiety the student may be experiencing. If the practitioner identifies additional factors that may impact on the referral question, for example, mental health issues, these are taken account of in the assessment process or an appropriate referral is made.

Principle 24: Practitioners adhere to standardised test protocols and administration, scoring and interpretation procedures as documented in the test manual.

Test administration is conducted according to the test manual instructions. When scoring test responses practitioners adhere to the scoring criteria and document any supplementary information gained as part of the assessment that assists in explaining test results.

If standardised test administration has not been possible, practitioners document the reasons for this, details of how the administration differed from standard practice, and their judgement about implications for the outcomes and the basis of this judgement.

Interpretation of test results takes account of any specifications set out in the test manual. In addition, relevant background information collected across the assessment process, along with the practitioner's expert judgment, inform the interpretation of test results.

Principle 25: Practitioners take appropriate steps to ensure the student's date of birth is correctly recorded and the student's age is correctly calculated to ensure a valid comparison with test norms.

Practitioners:

- determine the student's date of birth from a reliable source
- If an accurate date of birth cannot be established or the date provided appears to be inaccurate then an estimate is made and the basis for the estimate documented⁴.
- correctly calculate the student's age at the time of testing
- use the appropriate norms for the student's age, in particular noting any procedure in the test manual for rounding ages to fit norm categories

⁴ If a date is provided on the student's referral information that date should be used with an explanation of the reasons it is considered inaccurate and the process for determining a different age estimate made clear. Reporting of test outcomes could occur using the age provided as well as the estimate and a statement made indicating the implications of the assessment for both ages.

Principle 26: Practitioners take into account the complexity of profiles when calculating and reporting test scores with a focus on interpreting test results with reference to strengths and weaknesses rather than focusing on a single test score.

Test results may yield complex profiles that deviate from typical profiles. In addition, many tests measure more than one construct providing profiles across a set of related constructs. The profile, in combination with other information gathered during the assessment process forms the basis for interpreting the implications of the test results and recommendations stemming from the assessment. Recommendations focus on both strengths that can be further developed and areas in need of targeted educational and/or clinical intervention. Recommendations may also refer to the need for further assessment if more information is required, for example, to determine the basis of difficulties the student is experiencing.

Where a student profile is atypical, the practitioner takes into account possible explanations for the profile differing and when there are substantial differences in performance from those expected across components of the test, considers possible explanations for this, as well as taking into account whether it is meaningful to calculate a single test score based on this profile.

In contexts in which a single test score is expected, for example for access to funding, the practitioner provides information on the validity of the score, and considers the profile, interpreting this with respect to the student's performance and other information gathered during the assessment process to provide recommendations. Practitioners recognise that in some cases single test scores misrepresent the underlying profile for the student and as a result it is misleading to report the test score.

Principle 27: Practitioners recognise that standardised tests may not always be able to quantify a student's functioning.

A student's functioning may not be quantifiable using a standardised test because their level of functioning is below the level required to obtain a meaningful result. In such cases, especially if the use of such a test is expected by an educational authority, practitioners fully document any attempt they made to administer parts of the test and any responses obtained. Depending on the purpose of the testing the practitioner may be able to provide an estimate of the level of functioning based on other components of the assessment process, including interviews with parents, guardians or carers and observations of the student in a range of settings. Any estimate provided on this basis is appropriately qualified with respect to its validity.

A student's behaviour and compliance during a test administration may render the results invalid. In such cases the practitioner documents the behaviours exhibited and any steps taken to encourage compliance and engagement. This may include the presence of a parent or carer, rest breaks, or providing incentives to encourage participation. Again, if appropriate, the practitioner may be able to provide an estimate of the level of functioning based on interviews and observations but clearly qualifies the validity of such an estimate.



Principle 28: Practitioners follow guidelines in determining when retesting with the same test can occur and recognise that retesting within short periods of time is not desirable.

Practitioners avoid retesting within short periods of time as it results in over-testing for the student and is unlikely to yield additional meaningful information. This is especially the case if the first administration of the test may have an impact on performance when re-testing within a short time frame. For these reasons practitioners follow the advice in the test manual or provided elsewhere regarding the period before a test can be re-administered, noting that for many tests this is at least 12 months, and may be longer.

6. Assessment of students with specific needs

Principle 29: Practitioners take account of the possible effect of factors that may impact on the assessment process, including language, cultural background and disability.

Practitioners working with students with specific needs that may impact on their assessment have appropriate training and expertise in that area. They have knowledge of a range of assessment strategies and resources that relate to the specific needs. Practitioners carefully consider the test that may be used with a particular student, the possibility of using an alternative and the need to make accommodations to the selected test to minimise any disadvantage to a student with specific needs.

Principle 30: Practitioners understand the use of reasonable test accommodations.

Accommodations are changes made to processes or tools that enable students that are disadvantaged because of language, culture or disability, to take part in an assessment procedure. Accommodations aim to overcome the student's functional challenges in order to allow the student to demonstrate his or her abilities and knowledge and to increase the validity of inferences that can be made. Accommodations include changes to the environment or equipment (e.g., seating) or to specific aspects of the administration of the test (e.g., time allowed, size of print, use of braille). Practitioners who are making accommodations have expert knowledge of the impact of the particular condition or disability that is requiring an accommodation, be that linked to language, culture, disability or a combination of these. The aim of an accommodation is to give the student the equivalent opportunity to perform as an individual without a specific need, while measuring the same construct.

Principle 31: Practitioners consider whether accommodations are required for an assessment, the suitability of available accommodations to increase access to a testing opportunity, or the availability of an alternative test that would not require accommodations to be made.

Information to determine the need for accommodations may come from a range of sources including informal assessment of the student and consultation with parents, teachers or significant others. The practitioner considers whether the student already uses accommodations in the classroom or home, noting that not all accommodations will be appropriate for the testing setting. Alternative tests, such as nonverbal tests including ones that have pictorial instructions for students with language difficulties, may be more appropriate than accommodations to tests in some situations.

Principle 32: Practitioners apply accommodations only when it is necessary to provide more equitable access and not when this will lead to an advantage for the student over other students.

The sole aim of an accommodation is to provide the student who has a particular impairment with the same opportunity to perform on a test as a student who does not have the disability. These are the only circumstances in which practitioners make an accommodation and all steps are taken to ensure it does not provide the student with an advantage. Thus, as a general principle, testing accommodations are intended to support students that require them but not to provide an advantage over students who do not need them.

Principle 33: Practitioners consider the extent to which an accommodation may impact on the construct being measured and document this in the report.

Practitioners make clear why a standardised procedure would disadvantage the student and document in sufficient detail any accommodations that were made. In addition, the reasons for making such accommodations and the practitioner's assessment of the implications of these accommodations on the student are reported.

Principle 34: Where there are no reasonable options for test accommodations to enable fair and valid access for the student, practitioners make clear the limitations of the testing process used.

Where there may be no accommodation that will lead to a fair assessment of the underlying construct, practitioners document the limits of any testing process in all communications and advise recipients to interpret outcomes with caution. If there has clearly been a negative impact stemming from language, culture or disability, then practitioners do not report scores based on norms when these scores would under-represent the student's ability.

Principle 35: Practitioners recognise that modifications to a test will preclude the interpretation of the results with reference to standardised procedures and test norms.

In contrast to accommodations that involve measuring the same construct, modifications to tests change the construct that is being measured. Test modifications might include simplifying the language in a test that assesses comprehension or providing response options when assessing general knowledge. Test modifications alter what is being measured to an extent that inferences cannot be made about a student's performance on a particular test with reference to the original construct. Consequently, such an assessment and test results cannot be interpreted in the context of the test protocols and any associated norms.



7. Assessment reports and recommendations

Principle 36: Practitioners clearly and accurately outline assessment processes and tools in assessment reports.

Practitioners provide sufficient information in reports to inform the reader of the processes (e.g., interview, observation, formal testing) used in gathering information about the student. This includes being specific about the test instruments with full details about the edition. If an abbreviation for a test is used, the first reference is provided in full with the abbreviation in brackets, for example, the Wechsler Preschool and Primary Scale of Intelligence - Fourth Edition Australian and New Zealand Standardised Edition (WPPSI-IV A&NZ).

Principle 37: Practitioners highlight any limitations of the assessment and the implications of these limitations.

There may be some limitations to the assessment process whether these are related to the assessment instrument, the test conditions or the characteristics of the student. Practitioners make any limitations clear in the reporting of the assessment findings and make a judgment about what the implications of these limitations are on the assessment outcomes and hence on the conclusions that can be drawn from the assessment.

Principle 38: Practitioners prepare high quality individualised reports.

Practitioners provide individualised reports that clearly address the referral question. Professional reports distinguish between subjective and objective information, and between information gathered directly from the student through observation or formal assessment, and information obtained indirectly, for example, reported by a teacher or parent about the student.

Reports provide a summary of relevant background information, an accurate account of the assessment process and test findings, an interpretation of the results, and recommendations. Reports also include reference to anything that might have impacted on the assessment process and the extent to which this might have affected the outcome. They are written in a neutral and relevant manner, and are free of typographical and grammatical errors. When practitioners use templates for the preparation of reports, they ensure that each report is tailored, documenting the assessment process and outcomes for each student. Computer generated reports that provide test scores and basic interpretations of results for the practitioner are not incorporated directly into reports. Reports are completed within a short period of time following the assessment, are dated, signed, and include the contact details of the professional along with details of registration or membership of relevant association.

Principle 39: Practitioners make clear whether a diagnosis is applicable.

If there are grounds to make a diagnosis then practitioners make this with reference to an appropriate classification system (e.g., DSM, ICD). Practitioners articulate how the test findings, behavioural observations, and other sources of information relate to the respective diagnostic criteria. This is provided recognising that the recipient of the report may not have the required training to understand how the test findings are linked to potential diagnostic criteria.

If the diagnosis remains unclear after the assessment then practitioners convey this explicitly in the report and the reasons outlined. The use of ambiguous expression (e.g., 'characteristic of', 'consistent with') is avoided.

Principle 40: Practitioners write assessment reports in clear language with consideration of all potential recipients.

An assessment report clearly communicates the assessment findings, the practitioner's conclusions and recommendations. Practitioners recognise that although a report may have been prepared for a particular party who may also have signed a confidentiality clause, ultimately it may be read by various parties including parents, teachers, other professionals or legal representatives and should be understandable to all parties. The purpose of the assessment, the intent of the report, and any limitations are made clear to avoid the misuse of the report or its contents

Principle 41: Practitioners seek to provide verbal feedback to ensure adequate understanding of the assessment report.

Practitioners seek to discuss findings and recommendations in the report in person with relevant parties, particularly the student's parents and the referrer, should this be another party, to ensure an understanding of the content of the report and to allow the opportunity for clarification. Presenting information initially in person in a clear and supportive manner assists in reducing any anxiety the student or parents may be experiencing and provides the opportunity for follow-up questions and further clarification.

Principle 42: Practitioners do not include in reports any documentation or information that will compromise the integrity of any test, or contravene copyright laws or any agreement with the supplier of the test being used.

Practitioners have a responsibility to protect the integrity and validity of psychometric tests and consequently do not disclose in any report or verbal feedback information about the content of tests that might render the tool invalid for future use or may lead to the misuse of tests or test information. When it is considered important or valuable to provide examples of responses to particular tests to illustrate a behaviour or response style, this should be done in such a way as to capture the intent of the particular element without revealing the specific item or question.

Principle 43: Practitioners make recommendations that address the referral question and provide any additional information determined to be useful in meeting the student's needs.

In making recommendations the practitioner integrates the information gathered during the assessment, formulates a judgment about factors that may impact on the student (e.g., physical, family, school), and draws on his or her knowledge of suitable interventions. The practitioner may also consider whether the student meets criteria for a diagnosis and the appropriateness of making a diagnosis in the context in which the assessment was conducted. A practitioner's knowledge of available services and resources greatly assists in making practical and realistic recommendations. As part of the recommendations a referral to another professional for further assessment (e.g., neuropsychological assessment, medical review) or for intervention may be required to provide additional information, and at times to rule out possible causes of difficulties experienced (e.g., referral to audiologist to exclude hearing impairment as the underlying cause of a language delay). The recommendations provide opportunities for meeting a student's needs in the educational context but also consider other factors relevant to the student's wellbeing.

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Notes

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