

How is a Psychoeducational Assessment Completed?

[Dr Christianne Durish] A psychoeducational assessment can be completed in a number of different settings, often in the school setting, sometimes it can be done in the community setting, or in a private practice. The key components of a psychoeducational assessment involves the referral process, the clinical interviewing, it involves the standardized testing of the student or the individual, it involves questionnaires, often completed by the teacher, the student, sometimes the parents, and it also involves a feedback meeting, and of course, a report.

Well it's really important, first of all, to rule out other factors that could impact a child or an individual's functioning. So we're looking for a person's medical and developmental history, we're looking to understand their schooling history, what interventions might have taken place for that person, and also trying to understand their functioning from a psychosocial perspective as well.

So we're trying to rule out all of the variables that are involved in accounting for the way an individual performs at school. So we might speak to parents for a clinical interview, we would be sometimes speaking with teachers, sometimes with the individual, of course, involved in the assessment, sometimes we're even looking at other sources of information like report cards, IEPs, maybe medical or developmental history, other interactions with allied health professionals like speech-language pathologists, occupational therapists, all of this information gets collected.

It's important to have a broad assessment and use tools that look at multiple different areas of functioning and really get to the underpinnings of why a child might be struggling in the school setting. When a student comes in for psychometric testing, they spend about four to six hours with a psychometrist or a psychologist to complete a battery of cognitive and academic tests, and then the student might also fill out questionnaires along with the parent and the teacher, and then the student may or may not be involved in a feedback meeting as well to go over all the findings and the recommendations.

We do include a number of measures that look at different areas of cognition, so typically we're looking at intellectual functioning, we're looking at attention, executive functioning, memory, perhaps fine motor skills, of course academic functioning across

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the areas of reading, writing, math. So these are typically the tools that are used in the standardized testing, and then we also want to be including questionnaires. So these are questionnaires designed to assess a child's cognitive, academic, psychosocial, adaptive functioning in the classroom environment and in the home environment.

Standardized testing really does need to be completed one-on-one, and this is because the very nature of what standardization means, which is that these tests are delivered in a very specific way in order to ensure that the information we're gathering from that individual is due to their test performance as opposed to extraneous variables.

So for example, if a parent was in the room, this might impact the way a child is responding on that test, which can impact our ability to rely on those results. Standardization means that these tests have been administered to a large group of people of different ages and ability levels, and it's been done in a very, very specific way so that we can trust that our results actually reflect the child's true ability level.

Behavioral observations are crucial to a psychoeducational assessment because we need to ensure that the data that we are collecting from that individual is due to how their brain is functioning and not due to something else.

So if a low score shows up, we want to be able to have confidence that that low score is due to that's their best ability level and that's a true area of weakness and not due to something like anxiety or fatigue or challenges with focus. We want to make sure that we're looking at whether or not the student is paying attention to the material. We want to understand their response style. Are they impulsive? Are they taking their time? Are they very slow to respond to items? We want to understand if there are other symptoms like maybe anxiety that might be showing up and impacting the way that they're responding to items. And we also want to make sure that they're giving their best effort as well.

So when parents and educators are completing questionnaires, sometimes it's easy to make assumptions that a child's behavior might be normative. It might be, this is what a typical eight-year-old boy looks like. But that's actually what the purpose of these questionnaires are for, is to add in that normative piece to better understand whether or not the severity or the frequency of these concerns are in excess. So what I often tell parents and educators is to describe on questionnaires what you see, what you observe in the classroom setting or in the home setting and leave it up to the questionnaires to create those norms.