

# Documentation Guidelines for Psychoeducational Evaluations

## I. Introduction

The following information applies to psychoeducational reports submitted by NBEO candidates seeking test accommodations.

1. The report must be on the evaluator's letterhead
2. The evaluator must be qualified
3. The evaluation must be current (typically within the last 3 years)
4. The report should contain comprehensive, relevant historical information
5. The report should include all scores, subtest scores, and index scores
6. The report should show evidence of a significant, current impact on functioning
  - a. (in a major life activity)
7. The report should demonstrate that alternative explanations for the condition
  - a. have been investigated and ruled out
8. The report must include a specific diagnosis
9. The report must include specific recommendations
10. The report must be signed by the evaluator

## II. General Requirements of the Psychoeducational Evaluation

1. Any diagnosis should be based on the aggregate of relevant history, test results, and level of current functioning, along with clinical judgment. It is standard practice to base a diagnosis on more than one or two tests.
2. Tests must be appropriately normed for the age of the examinee and must be administered in the standardized manner as designed by the test publisher. All tests should be designed and normed for adults.
3. All test scores must be provided (age-based standard scores when available). Evaluators should use the most recent form of a test and the most recent norms that are available, and the report should identify the specific test form as well as the norms used to compute scores. It is helpful to list all test data in a score summary sheet appended to the evaluation.
4. A qualified professional must administer the tests in the evaluation. In most cases, the examiner should have a doctoral degree. The NBEO reserves the right to request evidence of an evaluator's professional qualifications. Diagnoses and documentation provided by family members, even if otherwise qualified, will not be accepted.

## III. Structure of the Psychoeducational Evaluation

The preferred structure for a diagnostic report is suggested below; alternative report-formats are acceptable only if they cover the same content and meet the same criteria.

### A. Identifying Information

The first page of the report should be printed on the evaluator's letterhead, and should provide relevant identifying information, including the examinee's name, date of birth, the testing dates, age at the time of testing, and grade and school (if applicable).

### B. History & Background

Because learning disabilities (LD) and attention deficit hyperactivity disorder (ADHD) are commonly manifested during childhood (though not always formally diagnosed), relevant historical information for candidates diagnosed with these conditions should be provided; the candidate's academic history and learning processes in elementary, secondary and post-

secondary education should be investigated and documented. The report should include a summary of a comprehensive diagnostic interview that includes relevant background information. In addition to the candidate's self-report, the report should include:

1. a description of the presenting problem(s);
2. relevant developmental and psychosocial history;
3. relevant school and academic history including study habits, attitudes, notable trends in academic performance, and discussion of how the learning disability has impacted previous academic performance;
4. relevant family history, including primary language of the home and current level of fluency in English;
5. relevant medical history, including the absence of a medical basis for the present symptoms.
6. relevant employment history and discussion of how the learning disability has impacted job performance (if applicable).

The report should include information regarding accommodations that have been made in the past, including elementary or secondary school, during college, or for other standardized examinations. Note, however, that the fact that an accommodation has been granted on a previous occasion does not guarantee similar accommodations for the NBEO examinations.

### C. Other Reports

This section of the report should include results of any previous psychological, psychoeducational, or neuropsychological testing.

### D. Test Conditions and Psychometric Properties

The report should clearly indicate the test conditions (i.e., location, time of day), especially in situations where the test conditions may have impacted the examinee's performance (i.e., late in the day, in a noisy room in a school building). In addition, the report should indicate that all tests are standardized, nationally normed tests, and that all scores are based on age-norms (except when unavailable from the test publisher).

### E. Behavioral Observations

This is a critical component of the diagnostic report. The clinician is in the best position to document the impact of the disability as it may be manifested during the evaluation. These behavioral observations, combined with the clinician's judgment and expertise, are often critical in helping the clinician formulate a diagnostic impression. The evaluator should describe in detail the relevant test-taking behaviors that impact upon the examinee's performance. The evaluator should specifically indicate if a particular behavior may have adversely impacted the examinee's performance on a test. The evaluator should indicate if the behaviors noted during testing are consistent with the diagnosis, or if not, why not. Potential issues might include the examinee's level of motivation and cooperation during testing, anxiety level, attention, and oral language or social communication problems.

### F. Diagnostic Criteria

The evaluator must establish that the examinee, in fact, has a learning disability based on current diagnostic criteria that are generally and widely accepted.

### G. Test Results

The report should list the tests that were administered, with accompanying scores, and detailed interpretation. The report should describe in detail the individual's *functional limitations* due to the impairment, including the potential impact on the NBEO examination. The evaluation should include at least the following:

1. **Intelligence.** The evaluation should include measurement of intellectual ability, using a comprehensive intelligence battery that includes multiple subtests. All subtest and index scores should be reported.
2. **Academic achievement.** The evaluation should include multiple measures in each area of academic achievement (oral receptive or expressive language, reading, writing, spelling, math). The evaluation should include timed as well as untimed tests in each academic area (reading, written language, and math). If the examinee believes that there is difficulty with performance on longer timed tests, then the evaluation should include at least one measure of timed sustained reading comprehension. The report should clearly establish a statistically significant discrepancy between intelligence and an area of academic achievement.
3. **Processing deficit(s).** The report should clearly delineate the relationship between any processing deficit and the areas of underachievement. Rarely does a processing deficit impact only one area of functioning; the pattern of difficulties due to the processing deficit should be discussed.
4. **Exclusionary criteria.** In order to diagnose a candidate with a learning disability, other possible explanations for the underachievement should be systematically investigated and ruled out. These include (but are not limited to) emotional factors, attention, medical factors, effort and motivational factors, previous instruction (or lack thereof), and English as a second language (ESL). If there is any history of emotional difficulties, the evaluation should include objective assessment of emotional functioning, and the report should clearly indicate the extent to which emotional factors are (or are not) contributing to the presenting concerns.

**NOTE: In situations where an individual is thought to have two or more disorders, the diagnostic report should clearly describe the unique impact of each disorder.**

## **H. Integrative Summary**

The report should include a detailed, individualized integration of previous test results, relevant history, current test results, and clinical impressions. Computer-generated reports are not acceptable.

## **I. Diagnosis**

The report should include a specific diagnosis of the disability. A professionally recognized diagnosis (e.g., DSM code) for the particular category of disability is expected.

## **J. Evaluator's Recommendations**

1. It is essential that the recommendations be individualized; it is critical that the recommendations logically follow from the evidence of the history, test results, and the related documentation. Not all examinees are the same, not all learning disabilities are the same, and the impact from learning disabilities is not always the same; therefore, accommodation needs will not always be the same.
2. The evaluator should describe the rationale for each recommended accommodation or modification, which should be based on evidence from the testing. This should include a detailed explanation for why each accommodation is needed and how it will reduce the

impact of the identified functional limitations, specifically in relation to the NBEO examinations.

3. The evaluator should recommend specific accommodations and/or assistive devices. If additional time is requested, the evaluator should specify a precise amount of additional time (e.g., 25 percent additional time or time-and-a-half). A request for an untimed exam, or simply "extra time," is not sufficient.

#### **IV. Additional Considerations**

1. All documentation must be received by the NBEO in accordance with NBEO deadlines.
2. In order to establish a disability, an individual's performance in a major life activity must be compared to that of the average person in the general population. For example, it is not sufficient to demonstrate that an individual's reading achievement is significantly below IQ; the reading ability must also be substantially limited relative to an average person in the general population. Major life activities include caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, thinking, reading, concentrating, communicating, and working.