CHAPTER 2
The Assessment Process

Introduction
In this chapter, the role of assessment in the educational plans of an adult learner with learning disabilities is discussed. The assessment process begins with screening and may also include diagnostic testing; therefore, it is important for teachers and learners alike to be clear on the difference between screening and diagnosis. *LD screening* answers the question, “Should this person be referred for diagnosis of a learning disability?” *LD diagnostic testing* answers the question, “Does this person have a learning disability?” Screening can be done by the teacher; diagnostic testing must be done by a licensed psychologist.

The chapter begins with a summary of the discussion on the overall assessment process discussed in *Bridges to Practice, Guidebook 2*. The chapter then shifts to the LD Action Research Project with a focus on screening, particularly observation screening, as a part of the assessment process for which teachers are particularly well equipped.

The Assessment Process
In *Bridges to Practice, Guidebook 2*, the assessment process is thoroughly reviewed and described as four phases:

- **Intake Phase:** Information about the learner is collected, and the need for such information is discussed with the learner. In this informal quest for information, the practitioner and learner become acquainted and the learner’s needs and goals begin to emerge.
- **Planning Phase:** If the learner is to remain motivated, the information gathered in the Intake Phase (the learner’s needs, goals, strengths, and ability levels) must be well matched with the lesson content and structure of instruction.
- **Instruction Phase:** A great deal of information about a learner can be gained in this phase during which practitioner and learner interact in the instructional setting. An observant practitioner conducts ongoing assessments, including informal ones, during the course of daily interactions.

*LD screening* answers the question, “Should this person be referred for diagnosis of a learning disability?”

*LD diagnostic testing* answers the question, “Does this person have a learning disability?”

*LD Screening* can be done by the teacher.

*LD Diagnostic testing* must be done by a licensed psychologist.
• **Review and Evaluation Phase:** Review and evaluation includes both informal and formal tools of assessment. Standardized tests will show areas of improvement and areas still needing work but informal assessments help to pinpoint such areas, as well.

Also included in the assessment process are screening instruments for learning disabilities. As noted in the introduction to this chapter, screening and diagnostic testing are not synonymous. Screening simply suggests which learners are candidates for diagnostic testing. *Bridges to Practice, Guidebook 2*, discusses the appropriate times for screening and testing and the advantages and disadvantages of obtaining an official diagnosis of a learning disability.

**The Screening Process**

The screening process defined in *Bridges to Practice* is loosely outlined below.

- Gather information about the learner.
- Review the observations with the learner.
- Determine how the learner feels about additional screening.
- Select a screening instrument.
- Obtain informed consent.
- Conduct the screening.
- Prepare a summary of the results of the screening to be discussed with the learner. At this point, decide with the learner the next course of action.

**Observation Screening: A Key Piece in a Teacher-Learner Partnership**

Screening may take a variety of forms. In some situations, people are screened for LD with a screening instrument when they enter a program. As part of an intake process, it may be quite short but highly predictive of LD.

The action research group tried out a screening process that, instead of being a quick indicator as mentioned above, is a collection of observations during the teaching/learning process. This observational screening has four components:

1. **Teacher Observation Screening**, preferably done over a period of
several weeks as the teacher and learner start to work together

2. **Learner Input**, in which a learner gives input on her own learning strengths and struggles

3. **Teacher-Learner Conference**, during which they compare observations and plan the learner’s instruction and adaptations

4. **Interpretation of Checklists**

1. **Teacher Observation Screening**

   *Screening for Adults with Learning Disabilities: The Role of the Practitioner in the Process* (Riviere, 1998) is an example of a user-friendly overview of screening for teachers to use over time. Written in 1998 by NIFL’s Center for Adult Literacy and Learning Disabilities (ALLD), it simply states that “Screening is an ongoing process of gathering pertinent information about the individual with a suspected learning disability (p. 2).” The checklist covers three areas as described below. As you move through the screening process, you and your student will gain insight into the kinds of things that are obstacles for her and ways of learning that work well for her. As you work through the suggestions, look for areas in which you, your student, or both have checked a number of items.

   • **Vision/Hearing and/or Auditory/Visual Processing Problems.** Items noted in this section may be due to physical problems, learning disabilities, or both. Your careful observation will assist in determining next steps for someone with these conditions and actions.

   • **Academic Performance: Reading, Expressive Language, Math.** Several check-marks in any of these areas are “red flags” that indicate a possible learning disability in that area. This is not a diagnosis; it is an indication that the person may need a diagnostic evaluation.

   • **Behaviors/Psychological Manifestations (Attention, Organization, Social, General).** If behaviors in attention, organization, or social interactions are observed over a period of time, they may be indicators of possible learning disabilities. As a teacher, you are making observations that can support a referral for diagnostic evaluation. If an adult learner makes the decision to do that, this kind of documentation can provide helpful information.

   (See Appendix A for a complete, reproducible copy of the *Screening for Adults With Learning Disabilities: The Role of the Practitioner in the Process* (Riviere, 1998.)
2. Learner Input

Self-knowledge on the part of the learner is an important component of the assessment process. Adults know a lot about how they learn best and what stands in their way. They may, however, need someone—often, the teacher—to ask the questions that help them step outside themselves and observe those kinds of things. The development of metacognitive skills (learning how to learn) and attitudes of self-understanding and self-advocacy are critical to success in many areas, so even in this assessment process, you are teaching needed skills. A document below, “Analyzing My Learning: Strengths and Struggles,” is an effective tool to elicit learner input.

“Analyzing My Learning: Strengths and Struggles” is an adapted version of Screening for Adults with Learning Disabilities: The Role of the Practitioner in the Process (described above), written in first person and somewhat simplified. It has been adapted for use as a tool for developing learner self-knowledge and, hence, self-advocacy.

(See Appendix B for a complete, reproducible copy of “Analyzing My Learning: Strengths and Struggles.”)

3. Teacher-Learner Conference

The conference should be done one-on-one if at all possible. Possible questions and openers include:

- “You checked (or wrote about) ____. Could you say a little more about that?”
- “I noticed ____. Have you ever noticed that?” or “What are your thoughts about that?”

For several reasons, it is important to do the observational screening in partnership with the learner.

- To provide documentation for possible referral for diagnosis
- To inform instruction and adaptations now
- To gain information from the adult learner who is a lifelong source of how she processes
- To start building self-understanding and self-advocacy in the learner
4. Interpreting the Checklists

Note: “The checklists” refer to Screening for Adults with Learning Disabilities: The Role of the Practitioner in the Process and “Analyzing My Learning: Strengths and Struggles.” The categories use the exact category titles from “Analyzing My Learning: Strengths and Struggles.”

Health/Medical/Family Factors that Might Affect My Learning
Items checked in this area are not necessarily indicators of learning disabilities, nor do they rule them out. They do point to other possible reasons for struggles in learning that may need to be addressed. If screening moves on to diagnostic assessment, this documentation may assist in the evaluation. If no items are checked here and the student is struggling with learning, this lends weight to the possibility of a learning disability. Because learning disabilities are often genetic, a checkmark under the family factors section may be significant. If a student marks this one, ask her to tell you more. For example, “What kind of problems did your dad (brother, sister, mother) have with reading (math, spelling)?”

Vision/Hearing
Items noted in this section may be due to physical causes or they may be processing problems. Arrange hearing and vision screenings if at all possible. If you observe several vision-related items, talk with the person about a vision appointment to determine if there are vision problems interfering with reading (convergence and other eye-tracking problems as well as acuity). Also try different lighting (lamps instead of fluorescent light) and colored overlays to reduce glare on white paper. If physical problems are ruled out, problems in this area may indicate learning disabilities.

Reading, Writing and Spelling, and Math
Several check marks in any of these areas are red flags that indicate a possible learning disability. Pay particular attention if one or more areas received a number of check marks, while another area received none. This inconsistent picture is, itself, a red flag of possible LD. Remember, this process is not a diagnosis; it is an indication that the person may need a diagnostic evaluation.

Pay particular attention if one or more areas (reading, writing, and spelling) received a number of check marks, while another area received none. This inconsistent picture is, itself, a red flag of possible LD.

Note regarding oral language: This particular screening checklist does not include oral language irregularities, but you may observe them.
While many are simply learned language patterns, some may indicate learning disabilities. If you observe the following, please make a note on your checklist since they can indicate learning disabilities:

- Difficulty pronouncing multisyllabic words: leaving out a syllable, mixing up the order of syllables (e.g., vin-ge-nar for vinegar, cat-i-pal for capital).
- Difficulty getting a thought into spoken language. Frustration and a few key phrases may be a tip-off: “Oh, you know—I mean.—Oh, I can’t explain it!”

**Note regarding students whose native language is not English: ESOL students.**

It is especially difficult to determine if an ESOL student also has learning disabilities. Please see the Bibliography for resources concerning this complex area.

**Other Factors that Can Affect Learning**

If behaviors in attention, organization, or social interactions are observed over a period of time, they may be indicators of learning disabilities or related conditions. As a teacher, you are making observations that can support a referral for diagnostic evaluation. If an adult learner makes the decision to do that, this kind of documentation can provide helpful information.

**Variations on the Use of Observational Screening: The Tennessee Teachers’ Experiences**

The teacher participants in the LD Action Research Project tried a number of approaches to observational screening. Those shared below are all variations on the four components. Some of the teachers focus on one component, such as Learner Input, while others use a combination.

**Example One: Glenda Turner’s One-to-One Intake Interview Approach**

“When I get a new student in my Families First class, I plan for about 30 minutes of uninterrupted time (if at all possible) with this student. I try to do this away from the other students, permitting us to have a private conversation. I want the student to feel comfortable with me and to have the opportunity to ask questions. I have each student complete an interest inventory and “Analyzing My Learning.” I explain that, if some of the questions are too personal, it is not necessary to answer them. I ask questions about their children, hobbies, jobs they have had, what they
The first part of the student’s self-report/analysis is critically important, yet often difficult for adults who are more familiar with their struggles than their strengths. Carol Clamon could do this part at any time with her students, as part of the “Analyzing My Learning: Strengths and Struggles” or as a separate activity.

After discussing the inventory, I go over test scores. This is when I go over the bonus system and explain how they can earn money with good attendance, good attitude, and good progress. The next step is choosing books to use. I usually give the student three or four different books. I explain that some are easier, some have more pictures, and so forth. I leave them to look at the books and make their choices. This is just one step in taking charge of their education.

I talk with each student about the importance of organizing her materials. I give each student a folder for each subject. I watch the student for several days, and, if organization continues to be a problem, we discuss ways to be better organized. I provide a notebook with dividers, a small zippered pouch that can be fastened in the notebook. The pouch contains pencils, a small sharpener, and a highlighter. They choose the color and choosing a pleasant color can make a difference. I encourage them to make a calendar on the computer to keep in the notebook. Many learning disabled students have difficulties with organization and this method seems to help.

Giving a new student some of your time on the first day can help. If she leaves with the feeling—‘This teacher cares, I am involved with making choices, the teacher understands me, and I have an opportunity to earn bonus money if I do my part,’ the student will usually return and return with a positive attitude about the program.”

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Example Two: Carol Clamon’s Approach – Using Writing to Help Students Recognize Their Strengths

“I read Chicken Soup at Work to the class. I read out loud, and then we would discuss. They did a lot of journal writing where I gave them a sentence stem and they completed it. Here are some of the ones I used:
• The hardest thing I ever did _________.
• The best thing I ever did _________.
• My best work experience _________.
• The things I do best _________.
• I am very proud of _________.
• I am most creative _________.
• I am most effective when _________.
• My uniqueness is _________.
• What I like most about myself is _________.
• A good example of my common sense is _________.
• What I like most about myself is _________.
Example Three: Margaret Lindop’s Approach – Group Activity Woven Into Regular Class Activities

“I did this as a group activity, finishing with individual conference sessions. Each step can be done on a separate day, weaving in basic skills and work preparation.

For a week or so before a required testing period, I would weave it into instructional activities. I used a “discuss-write-read” model with each day’s step, mind-mapping the discussion, and leading into writing. My hope was to place their required testing (ABLE at the time) in a bigger context of self-assessment and to do this kind of learner observation/analysis at the same time.

When I did this with my students, I used the conversation below to introduce each session.”

Using “Analyzing My Learning: Strengths and Struggles” in a Group Setting

Day 1: Strengths/Abilities/Interests
Periodically you take a test (e.g., TABE) to measure how much progress you’ve made. But, is that the only way to show what you’ve learned? (Wait for response.) How do you know you’ve made progress with your education? (Get responses.)

You’re adults and you know yourself pretty well. Have you ever tried to analyze your own strengths or abilities and, also, the kinds of things you struggle with? We all have both strengths and struggles, don’t we?

We’re actually going to look at our strong points, our abilities and our talents.

(Hand out first page, read each part, assisting with writing as needed.)

Day 2: Health/Medical/Family factors that might affect my learning
Yesterday we thought about our strengths. Today, let’s look at health or medical factors, including hearing and vision, that can affect our ability to learn. As we read each item, check it if you think it might be keeping you from making as much progress as you would like to make.

(Teacher reads each item out loud, learners following along, marking. After this section is completed, you might have open discussion that could lead to writing. You could develop this into an essay writing exercise if you wish.)

Day 3: Reading, Writing and Spelling, and Math
Yesterday we thought about a lot of things that can be barriers to learning. There’s another kind of barrier that you might not think about. Even though we’re quite intelligent, we can have a kind of problem with reading, writing, spelling, math, even thinking or organizing. These may be learning disabilities. Do any of you know that term? Do you know what it means? (Get their responses first. This is an opportune time to try to dispel myths about LD. Many people think it means the same thing as mental retardation although it is completely different. To demonstrate, you might want to do the name card activity from Chapter 1. It’s helpful to talk about these as information processing problems. Discussion and writing could follow.)
Today we’re going to talk about specific problems you may run into when you read, write, spell, or do math. Check anything that has been a problem for you. We’ll take a minute at the bottom of each page where you can explain anything else.

**Day 4: Other Factors That Can Affect Learning**

We’ve been thinking about all the different things that can get in the way when we’re trying to learn. Today we’re going to think about some factors you may not have thought of before. They have to do with how we pay attention, organize ourselves, and relate to other people. Check anything that you have experienced.

(After the discussion and mind-mapping, call attention to the structure of the ideas.) This is one way to do the prewriting for an essay, isn’t it?

**Day 5: REVIEW**

Over the last few days we’ve been thinking about things that can get in the way of our learning. Let’s stop and remember those kinds of things. What are some of those? (As learners respond, start to create a mind map similar to this on the board. Mind mapping is variously called cognitive mapping or webbing.)

Pick out three things that you think might apply to you or that you think are important and use those as your main points in your essay. Remember to give examples of each. (Adjust this to your group. Some people may write just a couple of sentences, but everyone should be encouraged to write.)

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**Example Four: Joe Spoon’s Story – Weaving Together Observation, Trial Teaching, and Planning**

In this account, Joe talks about his work with Sandy, an adult education student. He includes observation and trial teaching to plan with her. As Joe describes his “detective” work with Sandy’s reading difficulty, we see a skillful example of the try out and observe process of trial or diagnostic teaching.

“As in my opinion, it is the goal of every adult educator to provide their adult learners with the keys to enable those learners to open all the doors necessary for completion of their chosen goals. There is one particular skill that can serve to open many doors. That skill is reading. Reading can put any learner at the doorstep of numerous opportunities. Many students come to our adult education classes with all their reading skills intact. After a short period of review, these students are ready to move on. There are those students, however, who continually struggle with their reading abili-
ties. This causes problems for the student and for the teacher. As instructors, we need to realize that perhaps the student who does not read well may have a specific learning disability. How do we as adult educators identify and accommodate suspected learning disabilities?

At Workforce Connections here in Knoxville, Tennessee, students are observed from the very moment they report for orientation for signs that a learning disability may exist. Each student’s folder contains a screening instrument for learning disabilities. This form allows the instructor to observe and record behaviors that could signal a specific problem with learning. Another important part of each student’s file is “Analyzing My Learning.” This instrument allows the student to develop a sort of self-image of learning strengths and weaknesses. Using data from these two sources, our teachers can, usually within the first month of attendance, make informed decisions concerning the educational approach to use with any one student. I would like to present an account of one student who, with her teacher’s efforts and her own efforts toward self-help, is continuing to improve and succeed.”

Sandy

“From the beginning, I observed that Sandy was having great difficulties with reading. I noticed a pattern of very low scores when she responded to questions from the reading portions of GED practice material. Just what was her problem? I developed a strategy to help me understand how I could help. I wanted to know if Sandy was decoding all the words she read. Was she assigning the correct meaning to these words? I asked Sandy to begin to read aloud to me. She was able to verbalize most words. I asked her questions so I could determine her ability to comprehend what she had read. She really struggled to choose the correct response. ‘I’m stupid,’ she would say. ‘I’ll never be able to pass that blasted GED test!’ I encouraged her to not give up. I wanted her to try a few things that I thought would help. Perhaps she was trying to read and remember too much at one time. Was her ability to remember being pushed past its limits? We tried shorter passages. I asked questions about these passages. Her responses were much more accurate than before. Closely spaced reviews of material seemed to help Sandy’s retention. I felt that we were off and running. I was excited! I tried to relate many things we read to real life situations. The more she could relate, the more she remembered. Pictures of events or similar events also improved her retention skills.’

As an example of the kind of information a learner has to offer, here is what an adult learner told his teacher about what method worked for him. This discussion was part of an ongoing self-advocacy building strategy being used by his teacher. (Read more about building self-advocacy in Chapter 4.) Not only were Michael and his teacher working together to analyze his learning and find what worked for him, but Michael had also become advocate enough to arrange to have a diagnostic evaluation for LD. He does, indeed, have LD and is taking his GED with accommodations.
Example Five: Amanda Keller’s Experience – A Learner’s Knowledge and Self-Advocacy

“I asked Michael to tell me some things that work well for him as a student. This is a list of his answers:
• Working in a group, time to talk and help each other.
• Teachers who LISTEN to what I have to say about what is going on with me in class.
• Classmates helping each other.
• Make class fun and not dull. Most of us work a full-time job all day.
• Get the lessons down to everyday life.
• Open time to talk about the lessons in class before we take it home to do on our own.
• Let us give our opinions about the lessons and talk about better ways to change the lessons and help each other.

• I need more instruction in reading and writing, and not as much in math.
• Watch VCR tapes at home on reading and math.
• A lot of class instruction on what we are going to do with our lesson before we take it home to do it.

In addition to these things, some of the things I have observed Michael using are
• Highlighters to highlight important information in the lesson
• Yellow paper
• A typing stand when he reads to reduce the strain on his neck
• A spelling checker (although he relies on it very little now)."

Let’s say you have kept an observation checklist, and you and your student have talked about her learning strengths and struggles. You have tried to help her, along with your whole class, to understand the nature of LD as a possible obstacle in learning. There are a number of red flags for LD, and your student has decided that she wants diagnostic testing. (Note: She may, however, decide against this, and that is her decision.) You make the referral, preparing and supporting her throughout the process.

If you’re like many other teachers, you wish you understood the diagnostic testing process better. You’d like to be better able to prepare your students and you’d like to know how to really understand the psychological reports. What specific questions do you have?

In this next section on diagnostic testing, Dr. Sherry Mee Bell explains what is evaluated, what can be learned, and what the terms and scores mean. To illustrate, she has a case study of an adult diagnosed with LD. (See Appendix C for the case study.) Finally, she provides a useful reference list of each cognitive ability and recommendations for weakness in that area. What specific questions do you have?