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ABSTRACT

The authors contend that it is necessary to assess the training needs of professionals who are routinely involved in evaluating exceptional children. They suggest that assessment personnel are not performing in the most proficient way possible. The roles of the primary care physician in early identification and of psychologists and special educators are examined. Issues in the conduct of needs assessment research, including political and methodological factors, are considered. Seven recommendations for improving the performance of assessment personnel are listed, including more emphasis on delineating specific knowledge, skill, and personality components in assessment: cooperation between professionals and needs assessment researchers: and possible periodic relicensing of personnel involved in assessment. (CL)

Assessing the Assessors: A Necessary

and Important Training Function

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Abstract

This paper presents the argument that it is necessary to assess the training needs of professionals who are routinely involved in the evaluation of execeptional children. The need for such assessment is based <u>upon the premise that at present</u>, assessment personnel are not performing in the most proficient way possible. Support for this premise is presented through discussion of the role of the primary care physician in early identification, and through discussion of the performance of evaluation duties by psychologists and special educators. The paper also discusses a number of complex issues, including difficulties in the underlying concepts and methodology of needs assessment, that must be addressed if the training needs of assessment personnel are to be fully identified. Finally, recommendations for improving the performance of assessment personnel are given.

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Assessing the Assessors: A Necessary and Important Training Function

This paper will discuss the need for assessment of personnel involved in the evaluation of exceptional children. Those involved in evaluation of exceptional children help to provide the information upon which identification, classification, placement, and educational programming are based. Assessment professionals include but are not limited to pediatricians or other primary care physicians, public health nurses, social workers, clinical or school psychologists, educational diagnosticians, and to an increasing extent, special education classroom teachers.

There are a number of reasons for which the evaluation of knowledge, skills, and performance of professionals is typically undertaken. These reasons include the gathering of information for decisions related to pre and inservice training, licensure and certification, productivity, and hiring and dismissal. This paper will focus upon assessment of <u>groups</u> of professionals for the purpose of identifying training needs. The paper will attempt to show (a) why it is important to assess the training needs of assessment professionals, (b) what issues must be confronted if such efforts are to fully succeed, and (c) what can be done to improve the performance of these individuals.

The Need for Assessing Professionals' Training Needs

The basic premise underlying evaluation of professionals' assessment training needs is that present levels of performance are lacking. Data exist to support the contention that the performance of those responsible for assessment of children is in fact deficient. The need for improved assessment performance is most clearly demonstrable for physicians

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providing primary care to children, and for psychologists and special educators involved in the psychological and educational testing of exceptional children. The Primary Care Physician and Assessment

The primary care physician is thought to be the professional with the best opportunity for early discovery of developmental dysfunction in children (Jacobs & Walker, 1978; Masland, 1969; Pearson, 1968, 1976). As part of the routine pediatric examination, this professional can gain early insight into whether a child is developing normally. Review of the familial, maternal, and perinatal history, assessment of developmental status, and evaluation of the parent-child interaction by the physician, can all contribute to the early recognition of handicap. and the prompt referral of the infant or young child to the appropriate evaluation and intervention services. Those physicians in the best position to function as early identifiers are pediatricians, family practitioners, and general practitioners. as these professionals provide the major portion of primary medical care to the nation's children (Rosenbloom & Ongley, 1974; Task Force on Pediatric Education, 1978).

At present, however, there is great concern that physicians are not making early referral to specialists of infants and young children exhibiting evidence of developmental disorder (Gofman, 1969; Masland, 1969; Ruben, 1978). Tardiness in referral may result in the delayed provision of services, the persistence of unrealistic expectations by parents for the child's development. and the emergence of difficulties secondary to the developmental problem. Data to support the charge of delayed referral are limited, but do exist (e.g., Aldrich, Holliday, Colwell, Johnson, Smith, & Sharpley, Note 1: de la Cruz, 1976; Haynes, 1976; Kelly & Menolascino, 1975; Luterman & Chasin, 1970; Ruben & Rozycki, 1970; Shah. Chandler. & Dale, 1978).

A number of explanations have been suggested for the delayed referral of children by physicians. One such suggested cause is a tendency on the part of the physician to postpone diagnosis, either in the hope that time will allow the child to "catch-up" or, alternatively, show the child to possess a clearly identifiable diagnostic entity (Tjossem, 1976). Also suggested as a cause for tardy referral has been a lack of knowledge of historical high risk signs (Pearson, 1968), and a lack of knowledge of normal child development or of the measures used in its assessment (Lewis, Note 2). Finally, the problem may be related to a lack of knowledge of available community evaluation and intervention services (Masland, 1969; Tjossem, 1976).

The role of needs assessment research in the problem of delayed referral should be clear. The task is first to discover, through evaluation of personnel, the specific content (or attitudinal) areas in which additional or restructured training is needed, and then to provide that training. While a number of efforts have been made along these lines (e.g., Becker, 1978; Cornely, Bachar, & Hankerd, Note 3; Dworkin, Shonkoff, Leviton, & Levine, Note 4; Shah et al., 1978; Shonkoff, Dworkin, Leviton, & Levine, Note 5; Task Force on Pediatric Education, 1978), these attempts are not completely satisfactory. Most significant is the fact that the majority of these studies have failed to tap in any direct and comprehensive way, the knowledge base of physicians. Some studies (e.g., Cornely et al., Note 3; Task Force on Pediatric Education, 1978) have attempted to assess training needs indirectly through opinion survey of physicians, while others (e.g., Shah et al., 1978) have based their conclusions on parents' perceptions of the adequacy with which the referral needs of their handicapped children were met by physicians. While both these types of

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research are important, the validity of basing pre and inservice curricular decisions on opinions and perceptions, rather than on direct assessment of knowledge, must be questioned.

A second reason for questioning the value of these studies as needs assessments is that with the exception of Becker (1978), all studies mentioned have dealt with pediatricians, and pediatricians only. This situation is problematic since a substantial portion of the primsry medical care given U.S. children is provided by physicians <u>other than</u> the pediatrician (Rosenbloom & Ongley, 1974; Task Force on Pediatric Education, 1978).

In sum, the training needs of primary care physicians vis-a-vis their ability to rapidly identify and refer special needs children have yet to be adequately assessed.

The Psychologist, the Special Educator, and Assessment

With regard to the educational and psychological evaluation of exceptional children, problems in professional performance are also said to exist (Bransford, 1974; Kirk & Kirk, 1978; Kirp & Kirp, 1976; MacMillan & Meyers, 1977; McDaniels, 1979; Meyers, Sundstrom, & Yoshida, 1974; Salvia & Ysseldyke, 1978). The general consensus is that many of the psychologists and special educators involved in the evaluation of children lack the knowledge required for proper implementation of the assessment process. Some authors have even gone so far as to charge outright professional incompetence (e.g., Kirp & Kirp, 1976).

The data to support the need for improved performance in educational and psychological evaluation of children are also limited, but growing. For example, a number of researchers have found large clerical error rates for

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the scoring of intelligence test protocols by examiners (Miller & Chansky, 1972; Miller, Chansky, & Gredler, 1970; Warren & Brown, 1973). Others have found tests being used in a routinized and stereotyped manner with little regard for providing teachers with meaningful instructional feedback (e.g., Keogh, Kukic, Becker, McLoughlin, & Kukic, 1975). Still other evidence has been provided to suggest deficits in professional performance as cause for the misclassification of children (e.g., <u>Diana v. State Board of Education</u>, 1970; Garrison & Hammill, 1971).

While much of this research has focused upon the performance of clinical and school psychologists, there is reason to believe that the assessment training needs of special educators are at least as pronounced as those of other assessment professionals. For example, Hammill and Blumberg (1967) and McLaughlin, Hinojosa, and Trlica (1973) have found special educators to be deficient in understanding basic statistical symbols and terminology. Because a firm grounding in basic statistics is necessary for proper understanding of the rudiments of educational and psychological measurement (Salvia & Ysseldyke, 1978), these findings suggest that special educators may encounter difficulty with many of the basic concepts necessary for proper test selection, administration, and interpretation. Bennett (1980) has presented data in support of this suggestion. His data indicate that educational diagnosticians do not possess an adequate level of proficiency in understanding or applying such basic concepts as reliability and validity in interpretation of test results. This lack of proficiency could well result in the misinterpretation of test results and hence, in the misclassification of children.

In conclusion, the existing literature concerning the performance of professionals involved in the assessment of exceptional children strongly

suggests that additional attempts to specifically define the training needs of these professionals are badly needed.

Issues in the Conduct of Needs Assessment Research

The Rules and Regulations of PL 94-142 (U.S. Office of Education, 1977) provide a potential mechanism for the identification of the training needs of assessment personnel. The regulations require states to determine annually the extent to which qualified special education and related service personnel exist and the areas in which those personnel need training. However, for this mandate to result in the identification of the specific training needs of assessment personnel, a number of complex issues must be confronted. These issues can be separated into those that are primarily of a political nature and those that are more related to the underlying concepts and methodology of needs assessment research.

Political Issues

Under the rubric of political issues are three related problems. These are (a) a lack of recognition of the existence of problems in the performance of assessment professionals, (b) a hesitancy on the part of professionals to cooperate with needs assessment efforts, and (c) a lack of financial support for needs assessment research.

The lack of recognition within the fields of special education, psychology, and medicine of problems in professionals' assessment performance has no doubt contributed much to the paucity of needs assessment research with evaluation personnel. This lack of recognition has been aided in large part by a strong professional focus on the inadequacy of present testing instruments. Many available tests have been severely criticized because they are said to be technically inadequate (Salvia & Ysseldyke, 1978), culturally bissed

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(Hobbs, 1975), or inappropriate as aids in the development of instructional programs (Wallace & Larsen, 1978). While criticisms of instrumentation are in many cases justified, they have been seized upon with such "bandwagon" fervor that attempts to bring to light other difficulties in assessment have been obscured. Though new emphasis is being given the identification of professional performance difficulties through the needs assessment provision of PL 94-142, problems in professional performance have yet to achieve status as a major concern in the assessment of exceptional children.

A second political issue in the conduct of needs assessment research is that of professional cooperation. It has been the experience of these authors that professionals are sometimes hesitant to participate in needs assessment efforts. This hesitancy is understandable. In part, it stems from a lack of awareness of the importance of such research. It may also result from the fact that professionals perceive needs assessment research as an attempt to evaluate competence. The research may therefore be viewed as a threat to the well-being of those under study. It should be stressed, however, that needs assessment efforts are by definition undertaken for <u>constructive</u> purposes. They are aimed at improving the performance of professionals and the quality of service they provide.

The final political issue is one of funds. Relative to other research and development areas in special education, support for needs assessment efforts has been minimal. PL 94-142, for example, requires states to undertake annual needs assessment efforts but does not earmark specific funds for this purpose. However, with an increase in awareness of the need for such research, more adequate support may be forthcoming.

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Conceptual-Methodological Issues

A number of complex conceptual-methodological issues are involved in the conduct of needs assessment research. While comprehensive treatment of these issues is beyond the purposes of this paper, some discussion of them will provide an introduction to the types of conceptual-methodological problems encountered in needs assessment.

To begin with, there is the problem of <u>what</u> to assess. This problem may best be approached by first developing a fairly comprehensive understanding of the nature of the job in question (Thorndike, 1949). At the least, this involves a review of previous research, reading of training manuals and other documentary materials, discussion of the job with personnel and personnel-trainers, and observation of personnel performing the job. A more complete understanding of the job can be developed through actual experience in learning and performing some aspect of the job for a brief period. The results of these efforts should be fashioned into a comprehensive and specific description of the job. The description should include a listing of the activities that make up the job and their relative importance, the conditions under which the job is performed, and the materials and equipment necessary for performance of the job.

Once a description of the job has been formulated, the researcher can next set about the task of postulating which knowledge and skill domains. and personality traits, are implicated in performance of each of the specific activities that compose the job. The domains and traits that are postulated as important are a set of hypotheses or inferences drawn from the job description. Due to practical necessity, the process of

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linking traits and domains with job activities is most often inferential rather than empirical. Unfortunately, there will be cases where logical analyses will have omitted important components, or specified as important traits or domains that are in reality unrelated to job performance.

Given that there is some indication of performance deficits from previous research or from discussion with experts, the needs assessment researcher must next choose for study the knowledge, skill, and personality components most probably responsible for the reported deficit. The most likely components for assessment will be those associated with the activities in which deficient performance has been reported. It goes almost without saying, however, that there are numerous knowledge, skill, and personality requirements associated with any given professional activity. The choice of which one or ones to assess is no simple matter, but should involve careful review of previous research, consultation with experts, and consideration of the relative importance of each component to the activity in question.

Having dealt with what to assess, the researcher must next confront the problem of <u>how</u> to assess it. Methods for evaluating a group's knowledge or skill in an area are many and diverse. They range from indirect (and somewhat questionable) means like soliciting opinions, to more direct means such as product examination (e.g., review of case reports) and proficiency testing. Such factors as knowledge of specific job-relevant content areas (e.g., for the school psychologist, knowledge of the uses of particular achievement tests) can often be adequately assessed through such direct measures as conventional paper and pencil testing. The measurement of more complex components of job performance however, is a far more difficult

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undertaking. The more complex components of job performance (e.g., skill in establishing rapport) may need to be evaluated through the use of simulations or through actual observation of job performance. The problems of developing valid, reliable, and cost-efficient measures of complex performance have yet to be completely resolved. In fact, the situation is such that Bennett (in press), in a comprehensive literature review, found that well-researched cools for evaluating the performance of school psychologists were virtually non-existent.

Once areas for assessment have been specified and measures selected or developed, some means of interpreting the results must next be established. What level of performance on a proficiency test. for example. should be viewed as indicative of the existence of a training need? Ideally, the level to be used is that which most accurately predicts deficient performance on the job. Determination of this level would require a study designed to explore the relationship between performance on the needs assessment measure and performance on some more general measure of job performance (e.g., a supervisor's rating). Unfortunately, such additional studies are in most cases impractical, and in some cases impossible. In addition, they raise a host of issues of their own (e.g., technical adequacy of the criterion measure). The interpretation of needs assessment results will, then, probably involve considerable dependence on the judgement of the researcher and other personnel experts in arriving at the minimal levels of knowledge and skill necessary for successful performance of the job.

In sum, a number of complex issues must be dealt with if full identification of professionals' assessment training needs is to be accomplished. These issues include questions of both political and methodological-conceptual concern.

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Recommendations

The following recommendations are directed towards improving the competencies of professionals involved in the assessment of exceptional children:

1. The fields of special education, psychology, and medicine need to become more aware of the problems that exist in professionals' performance of the assessment function.

2. More efforts need to be directed at the delineation of specific knowledge, skill, and personality components central to performance of the evaluation function for the various groups of professionals engaged in assessment. In addition, adequate tools for measurement of these knowledge, skill, and personality areas need to be developed along with methods for sensibly interpreting the results of performance on these measures.

3. Identification of the training needs of assessment professionals <u>through direct means</u> using already existing and newly developed tools should be more widely and routinely undertaken. Use of indirect measures as the <u>sole</u> means for determining training needs should be discouraged.

4. The results of training needs studies should be translated into

5. Professionals need to be encouraged to cooperate with needs assessment efforts. This research will ultimately function to improve the competence of evaluation personnel and help them to more adequately serve exceptional children.

6. Funding agencies need to recognize the necessity to more fully support study in this area.

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7. Finally, consideration should be given to requiring periodic relicensing of personnel involved in the assessment of exceptional children. Relicensing should be based in part upon objective evaluation of the professional's assessment knowledge, skill, and performance. 1 11 12 - 4

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Summary

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Course in the course of the states This paper has presented evidence to suggest that the performance of professionals involved in the assessment of exceptional children is deficient. . In addition, the argument was advanced that the knowledge and skill needs -. which underlie deficient performance have not yet been adequately identified. 3 1 1.14 · · · A number of complex issues that must be confronted if these training needs are to be fully determined were reviewed. Finally, recommendations for improving the performance of assessment personnel were given.

Reference Notes

Aldrich, R., Holliday, A., Colwell, D., Johnson, B., Smith, E., & Sec. 2. and and to streppe strepped the 2 Sharpley, R. The mental retardation services usage and needs among ાં આ ખુત families with retarded children in selected areas of Washington State (Research Report 3-17). Olympia, Washington: Department of Social and Health Services, Division of Institutions, 1971. 2. Lewis, M. Institute for the study of exceptional children: Research plan. Princeton, N.J.: Educational Testing Service, 1979. 3. Cornely, D., Bachar, M., & Hankerd, M. A study of pediatric residency training and pediatric research projects. Prepared for the Joint Committee on Pediatric Research, Education, and Practice, 1965. 4. Dworkin, P., Shonkoff, J., Leviton, A., & Levine, M. Training in developmental pediatrics: How practitioners perceive the gaps. Paper

presented at the meeting of the Society for Pediatric Research, New York City, April 1978.

5. Shonkoff, J., Dworkin, P., Leviton, A., & Levine, M. <u>Primary care</u> <u>approaches to developmental disabilities</u>. Paper presented at the meeting of the Ambulatory Pediatrics Asociation, New York City, 1978.

15

ensi e secondo e a **<u>References</u>**

Becker, L. Teaching pediatricians to serve learning disabled children and

Bennett, R. Basic measurement competence in special education teacher,

diagnosticians. (Doctoral dissertation, Teachers College, Columbia University, 1979). <u>Dissertation Abstracts International</u>, 1980, <u>40</u>,

4996A. (University Microfilms No. 8006792)

Bennett, R. Methods for evaluating the performance of school psychologists. School Psychology Monograph, in press.

Bransford, L. Social issues in special education: Stop gap measures may be a form of cultural genocide. Phi Delta Kappan, 1974, 55, 530-532.

de la Cruz, F. Pediatric care and training: A paradox? In T. Tjossem

(Ed.), Intervention strategies for high risk infants and young children.

Báltimore: University Park Press, 1976.

Diana v. State Board of Education, C-70, 37 RFP (N.D. Cal. 1970).

Garrison, M., & Hammill, D. Who are the retarded? <u>Exceptional Children</u>, 1971, 38, 13-20.

Gofman, H. The physician's role in early diagnosis and management of learning disabilities. In L. Tarnopol (Ed.), <u>Learning disabilities: Introduction</u> <u>to educational and medical management</u>. Springfield, Ill.: Charles C. Thomas, 1969.

Hammill, D., & Blumberg, A. The special education teacher's understanding of statistics: A study. <u>Journal of Special Education</u>, 1967, <u>1</u>, 321-325. Haynes, U. The national collaborative infant project. In T. Tjossem (Ed.),

Intervention strategies for high risk infants and young children.

Balitmore: University Park Press, 1976.

16

Hobbs, N. <u>The futures of children</u>. San Francisco: Jossey-Bass, 1975.
Jacobs, F., & Walker, D. Pediatricians and the Education for All Handicapped Children Act of 1975 (Public Law 94-142). <u>Pediatrics</u>, 1978,

Kelly, N., & Menolascino, E. Physicians' awareness and attitudes toward the retarded. <u>Mental Retardation</u>, 1975, <u>13</u>(6), 10-13.

- Keogh, B., Kukic, S., Becker, L, McLoughlin, R., & Kukic, M. School psychologists' services in special education programs. <u>Journal of School Psychology</u>, 1975, <u>13</u>, 142-148.
- Kirk, S., & Kirk, W. Uses and abuses of the ITPA. <u>Journal of Speech and</u> - <u>Rearing Disorders, 1978, 43, 58-75.</u>
- Kirp, D., & Kirp. L. The legalization of the school psychologists' world. Journal of School Psychology, 1976, 14, 83-89.

Luterman, D., & Chasin, J. The pediatrician and the parent of the deaf child. <u>Pediatrics</u>, 1970, <u>45</u>, 115-116.

MacMillan, D., & Meyers, C. The nondiscriminatory testing provision of PL 94-142. Viewpoints, 1977, 53, 39-56.

Masland, R. Children with minimal brain dysfunction: A national problem.

In L. Tarnopol (Ed.), Learning disabilities: Introduction to educationsl and medical management. Springfield, Ill.: Charles C. Thomas, 1969.

McDaniels, G. Assessing handicapped students: Beyond identification.
In W. Schrader (Ed.), <u>New directions for testing and measurement</u>:
<u>Proceedings of the 1978 ETS Invitational Conference</u>. San Francisco:
Jossey-Bass, 1979.

 $\mathbf{18}$

17

McLaughlin, J., Hinojosa, V., & Trliča, J. Comprehension of statistical terms

by special education students. <u>Exceptional Children</u>, 1973, <u>39</u>, 408-412. Meyers, C., Sundstrom, P., & Yoshida, R. The school psychologist and assessment

in special education. <u>School Psychology Monograph</u>, 1974, <u>2</u>(1), 1-57. Miller, C., & Chansky, N. Psychologists' scoring of WISC protocols. Psychology

in the Schools, 1972, 9, 144-152.

Miller, C., Chansky, N., & Gredler, G. Rater agreement on WISC protocols.

Psychology in the Schools, 1970, 7, 190-193.

Pearson, P. The physician's role in diagnosis and management of the mentally retarded. Pediatric Clinics of North America, 1968, 15, 835-859.

Pearson, P. Report of the pediatrics committee. In T. Tjossem (Ed.),

Rosenbloom, A., & Ongley, J. Who provides what services to children in private medical practice? <u>American Journal of Diseases of Children</u>, 1974, <u>127</u>, 357-361.

Ruben, R. Delay in diagnosis. Volta Review, 1978, 201-202.

Ruben, R., & Rozycki, D. Diagnostic screening for the deaf child. <u>Archives of</u> Otolaryngology, 1970, <u>91</u>, 429-432.

Salvia, J., & Ysseldyke, J. <u>Assessment in special and remedial education</u>. Dallas: Houghton Mifflin, 1978.

Shah, C., Chandler, D., & Dale, R. Delay in referral of children with impaired hearing. Volta Review, 1978, 206-215.

The Task Force on Pediatric Education. <u>The future of pediatric education</u>. Evanston: American Academy of Pediatrics, 1978.

18

- Thorndike, R. <u>Personnel selection: Test and measurement techniques</u>. New York: Wiley, 1949.
- Tjossem, T. <u>Intervention strategies for high risk infants and young</u> children. Baltimore: University Park Press, 1976.
- U.S. Office of Education. Education of handicapped children: Implementation of Part B of the Education of the Handicpped Acr. <u>Federal</u> Register, 1977, 42, 42474-42518.

Wallace, G., & Larsen, S. <u>Educational assessment of learning problems</u>: Testing for teaching. Boston: Allyn and Bacon, 1978.

20

Warren, S., & Brown, W. Examiner scoring errors on individual intelligence tests. Psychology in the Schools, 1973, 10, 118-122.