

DOCUMENT RESUME

ED 219 912

EC 143 197

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 TITLE Psychological Assessment of the Preschool Disadvantaged Child.  
 PUB DATE 16 Apr 82  
 NOTE 26p.; Paper presented at the Annual International Convention of the Council for Exceptional Children (60th, Houston, TX, April 11-16, 1982, Session F-55).

EDRS PRICE MF01/PC02 Plus Postage.  
 DESCRIPTORS American Indians; \*Culture Fair Tests; \*Disadvantaged Youth; Evaluation Methods; Hispanic Americans; Learning Readiness; Literature Reviews; Minority Groups; Preschool Education; \*Psychological Evaluation; Student Characteristics; \*Student Evaluation; Test Bias

ABSTRACT

The author describes a psychological assessment process for use with the disadvantaged preschooler which involves screening (identification), diagnostic evaluation, instruction related assessment (formative evaluation), evaluation of the results of instruction (summative evaluation), and prediction of readiness. Some generalizations which apply to preschool assessment are: (1) the necessity of using both multiple measures and multiple opportunities for observation, (2) the distinction between capacity and performance and the relevance of applying dynamic assessment strategies, (3) the attention which needs to be paid to adequate sensory functioning, and (4) the positive aspects of assessing the preschool child (such as the child's eagerness for attention). The issue of nondiscriminatory assessment and assessment of minority children is considered in terms of attempts to devise culture free measures. Among the findings relevant to preschool minority groups are that in assessing children from nonEnglish speaking groups, the language dominance within the child and the primary language of the home needs to be known; in assessing the Hispanic child, rapport should be established with the family before attempting work with the child; and in assessing the Native American child, nonverbal measures seem to be the least biases in evaluating ability to learn. It is concluded that nondiscriminatory assessment involves the use of a variety of measures and strategies with the measures suiting the issues to be assessed and with direct learning or dynamic strategies included.

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Psychological Assessment of the Preschool Disadvantaged Child

Paper presented at the CEC National Convention, Houston, Texas

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Boehm and Sandberg (1982) identify six purposes of assessment at the preschool level: screening (identification), diagnostic evaluation, instruction related assessment (formative evaluation), evaluation of the results of instruction (summative evaluation), evaluation of program effectiveness, and prediction of readiness. Our Team's assessments incorporate all but one of these purposes; that is, we are not as yet involved in evaluation of program effectiveness, although some ideas for future research evaluating our own practices will incorporate this purpose as well.

In the area of screening and identification, we look to the teachers for this information. We provide the teachers with a referral form and screening checklist to assist their decision making in identifying children who require referral, and we are in the process of training teachers and aides to administer the Denver instruments as an initial formal screening assessment. Following screening and referral, we combine diagnostic evaluation with instruction-related assessment and strive not only to determine the nature and possible causes or maintaining conditions of the referral problems, but to relate findings and recommendations to the preschool educational setting. This is formalized into an IPP (preschool

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equivalent of an IEP) process, but goes beyond mere paperwork into a truly consultative relationship between referral sources and assessors. Evaluation of the results of instruction occurs when the child's progress is monitored and periodically reevaluated. This reevaluation and monitoring is most feasible when children are referred early in the year, when they are young enough to be enrolled in Head Start for two years, and/or when they are receiving direct speech therapy. This type of involvement with the child is optimal, and permits derivation of a much more accurate diagnostic picture which includes assessment of the child's response to intervention. A recent example of the utility of such an approach occurred when a child by the third assessment revealed himself to have a specific language disability, when the first assessment would have resulted in a diagnosis of mental retardation.

And, finally, prediction of readiness occurs when the children are assessed prior to graduation from Head Start and when they are about to enroll in kindergarten. At this time the children who are likely to require special education services in public school are assessed specifically to identify their school readiness skills and areas of special need, and Clinic Team members are then available as child advocates, representing the child and family at team meetings

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where decisions regarding special education services are made.

Thus, as Boehm and Sandberg point out, the above cited purposes are not discrete events, but a continuum of assessment services provided to individual children. This need for multiple stages of involvement, as well as multiple exposure to the child within any single stage, is a particularly important issue in the assessment of any preschool child (Lidz, 1977).

After this over-all summary of the assessment process, I would like to elaborate in somewhat greater detail on the diagnostic aspect as it relates to an instructional setting, as there are issues concerning this process which are of particular concern for the preschool child (Lidz, 1977, 1982).

I will first stress that we use no standard battery of tests for our psychological assessments, and this statement represents a value and point of view which asserts that assessments are most meaningful if they respond to the issues raised by the referral source, although the direction may at a later time vary in response to questions raised in the examiner's mind (Lidz, 1981). Because of this value, the referral form has been designed to elicit information which allows each assessment to be custom-tailored for individual cases. There is, therefore, no opportunity for the teacher

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to request a specific type of assessment; but only to formulate the issues of concern and the questions to be addressed. It is then possible for the assessor to determine an array of assessment strategies to be applied, which may vary from any combination of teacher/parent interviews, classroom observation, to formal standardized tests. The measures are at the service of the decisions to be made and the information to be derived; the assessor is not at the service of the measures.

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The nature of the developmental level of the preschool child creates special challenges for the assessor, and, in fact, makes assessment of the preschool child an area of specialty. The child between three and five has not necessarily developed the ability to sit still for an hour at a time, respond appropriately to formalized test directions, or verbalize in clearly formulated phrases. This is especially true of the child who is referred for assessment, as the reasons for referral may precisely incorporate deficiencies which reduce the accessibility of the child to adult intervention. The examiner must therefore not only be acquainted with a large array of appropriate measures, but must be adept at capitalizing upon the child's natural response tendencies. Because the child is usually not the

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best source of information about his or her own circumstances, rating scales, questionnaires, and observational techniques are particularly useful at this age. Because play is the natural activity of the preschool child, assessment measures which incorporate play have great potential for yielding significant information. Because development tends to proceed in a fairly regular sequence, some of the components of which have been identified for this age group, developmental scales are another major source of relevant information. Whatever the measure, individual assessment even for screening purposes is a necessity at this age.

I would like to mention some generalizations which apply to the assessment of the preschooler. The first is the necessity of utilizing both multiple measures and multiple opportunities for observation, a point already alluded to above.

While such multiplicity is optimal at any age, it is essential at the younger ages. The behavior and levels of functioning of young children normally fluctuate (Flapan and Neubauer, 1970; Vane and Motta, 1978; Dunst and Rheingrover, 1981) and rapport-building is a major component of the interaction with children who may still be struggling with separation and who are quite variant in their development of social skills in dealing with strangers. That familiarity with the examiner can have facilitating effects on the preschool child's test

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performance has been documented by Stoneman and Gibson (1978). Anecdotally, it is of note that a number of preschool children from economically disadvantaged backgrounds are highly skilled in their social interactions even when very poorly developed in their task orientation and object relatedness. In some cases, clearly not the majority, there is a social precocity which is inappropriate, so that the child is almost totally person focused with poor adult-child boundaries, while at the same time extremely unskilled in preacademic demands such as listening to stories, completing puzzles, labeling shapes and colors, etc.

A second issue concerns the distinction between capacity and performance and the relevance of applying dynamic assessment strategies at this age. True to the saying of not knowing a book by its cover, most assessors are now well aware of the difficulty of interpreting obtained scores as more than samples of current achievement rather than capacity to achieve. For the middle class child, or any nonhandicapped child from an environment which has provided optimal mediating experiences (Feuerstein, 1979), there is likely to be a closer coincidence of test functioning with learning ability. For the child who is disadvantaged in terms of exposure to optimal mediation, the coincidence between ability to profit from instruction and response to standard assessment procedures is



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likely to be reduced, and this lack of coincidence is more likely to characterize the low SES preschool child (Lidz, 1982; Hunt and Kirk, 1974). It thus becomes necessary for the assessor not only to establish the nature and degree of deficiency- or even the nature and degree of intactness- but to consider processes by which the child arrives at solutions and errors as well as processes by which the child's behavior can be modified. This is the essence of dynamic assessment-which, I hasten to add, is not adequately developed for the preschool child, but which is nevertheless possible to apply on an informal, supplementary basis. There are some tests already on the market which incorporate elements of a process-oriented or dynamic approach, such as the Psychoeducational Evaluation of the Preschool Child (Jedrysek, Klapper, Pope, and Wortis, 1972), Goodman-Lock Box (1981), and Discovering Learning Capacity by Stott (using Flying Start Materials, 1971).

A third issue is the greater priority of attention which needs to be paid to adequate sensory functioning, particularly to hearing, relative to the assessment of older children. Because communication skills are still developing, and are in fact in the most rapid stage of development, and, especially, because communication itself may be the referral issue and



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may reflect a number of origins of difficulty, the diagnostic ability of the examiner is put to the test. It is not sufficient merely to describe the components of the problem for remediation without concern for causes. Looking at hyperactivity without considering lead poisoning or at speech disorder without assessing hearing acuity may ignore possible treatable conditions for which the assessor is in a unique position to detect (Gallagher and Bradley, 1972).

The final issue to be mentioned here describes the positive aspects of assessing the preschool child. Except for the very inhibited child or the child with unresolved separation problems, we have found preschoolers eager for and open to the attentions of the assessor. The children virtually clamor to be taken out, and feel rejected when they are not selected to be special- quite in contrast to the older child who may almost visibly wither in front of peers if the psychologist dare seek the child out for special attention. Another wonderful aspect of assessing the preschool child is the relative unselfconsciousness, so that real observation is possible. While a visitor to the classroom is likely to attract attention, with encouragement, the children will just go about "doing their thing", and some realistic behavioral samples can be easily derived. Even when alone with the examiner, the preschool child can barely resist playing with

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toys presented, and I have at times invited another child in for a play observation just to promote interaction and enhance the realistic qualities of the play:

Evans (1974) lists a number of trends in the measurement of young children's behavior, which include: a rapid increase in the measures available, increased concern with nonintellective factors, decreased ethno-centrism, broadening of the types of strategies used, greater individualization and prescriptive attention, and the availability of a growing number of resource books and services. The list of preschool tests passed out is only a selection of what is available, although, as we are all well aware, quantity does not equal quality, and there is, not surprisingly, more of the former than latter. In the annotated list of assessment measures, some measures of particular promise and with which large numbers of assessors may not be familiar have been selected for elaboration. It is up to the individual assessor to determine what information is needed and by what means such information is best elicited or generated.

With regard to the issue of ethno-centrism, so far, little has been said which is specific to the disadvantaged

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preschool child. This to a large extent represents a point of view that much of what has been said in general about assessment of preschool children applies to the disadvantaged child as well. There is, after all, more in common about children than not. I would like to spend the rest of the time discussing some specifics of nondiscriminatory assessment.

The issue of nondiscriminatory assessment and assessment of minority children is perhaps the biggest issue in assessment today, and response to the problems posed may result in dramatic changes in assessment methodology, particularly in the cognitive domain (Reschly, 1981; Hines, 1981).

Historically, attempts to devise culture-free measures were unsuccessful, and there appeared to be a lull in the literature between the earlier attempts of Eels and Cattell and the more recent research of Mercer. The concepts of culture-fairness approximates the idea of nondiscriminatory assessment in the aspect of attempting to use content which is common to the cultures represented by the children assessed rather than attempting the impossible feat of freeing the content from any cultural influence (Anastasi, 1965). However, the test must also have relevance to a significant criterion, and not merely fail to discriminate between minority groups or to give advantage to a minority

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group. As Williams (1974) suggests, the concept of fairness may be more appropriate to a test's use than to the test itself.

The alternative concept of culture-specificity may hold some promise for the purposes of within culture prediction (Samuda, 1975; Kratochwill, et al. 1975; Scarr, 1981), but has little applicability beyond documenting acquisition of vocabulary and concepts within a narrow spectrum of vernacular. Other alternative attempts at nondiscriminatory assessment have included the use of Piagetian tasks, linguistic translations pluralistic norms, criterion-referenced measures, pretraining for test-wisness, modifications of administration and instructions, and learning potential assessment (discussed above under dynamic strategies). All of these have areas of application as well as problems and limitations (Duffey et al, 1981; Bailey and Harbin, 1980). Adaptive behavior measures, and inclusion of nonintellective factors are additional responses to the problems of traditional assessment for minorities.

Relatively simple solutions to the issue of overrepresentation of minorities in mental retardation categories are either to change the statistical cut-off points which contribute to the definitions of retardation, and to label

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measures of intelligence as indicators of achievement. While such solutions represent oversimplifications of some aspects of the issues involved, they remain viable partial responses nevertheless. However, if the current measures used are successful in predicting school achievement, then it is clear that the stress on the borderline deficient child is not receiving a fully adequate response by merely changing labels. And it is doubtful that Mercer is suggesting that such children should not receive specialized programming--only that they should not be viewed or labeled as retarded.

The issue of defining a nondiscriminatory measure seems to have a lot to do with the use one intends to make of the results. If the outcome of the assessment is to be a diagnostic label which aims to distinguish between mental deficiency and normal cognitive functioning, then it would be very important for the items to reflect content with which the children are familiar, that all have had an opportunity to be exposed to the material, that it is administered in the primary language, etc. If, however, the outcome of the assessment is to reflect the child's degree of mastery over basic aspects of an identified culture or curriculum, the above prerequisites would be less critical or even irrelevant, and the test would be used to establish discrepancies between the child's current and the desired status, which in turn

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would suggest educational objectives, without implications about the nature of the learner. However, in the case of most psychological assessments, it is necessary to have something to say about the nature of the learner. As Duffey and his co-authors suggest (1981), if there is any solution to the issue of defining a nondiscriminatory assessment, it is more likely to lie in the manner in which the measures are selected for specific decision-making purposes and in the changing of our approaches to categorization of learners, rather than in any test or strategy per se.

One issue of nondiscriminatory assessment is that of deficit versus difference concepts in interpreting results. While there may have been too much emphasis over the years on deficit (Cole and Bruner, 1971), to deny that prolonged exposure to poverty is likely to take its toll on relationships and child development does not do a service to those living under the stress of such conditions. On the other hand, it is necessary to acknowledge the positive cultural developments of the populations involved, and improve the knowledge base regarding cultural differences so that children can be viewed in the context of their environments. The assessor needs to be able to make distinctions between discrepancies which are deficits and those which are

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differences, and to identify those differences which may produce deficits under specific circumstances.

Other issues of cross-cultural and cross-ethnic assessment are outlined by Sundberg and Gonzales (1981), and include:

language and dialect differences, which affect comprehension by the examinee of questions; nonverbal communication involving the elements of eye contact, physical proximity, emotional expression, posture, hand gesture, and mode of dress; expectations and beliefs, for example, regarding the degree of activity and passivity which should be involved in a social interaction, and attitudes toward disclosure of information. Examples of these will be elaborated when discussing specific ethnic groups. Sundberg and Gonzales also point out the need to consider intra-subgroup differences. Not only are Puerto Ricans different from Cubans who are different from Mexican-Americans, who are different from Central Americans but there are even more subtle differences within these groups which need to be discovered in order to fully comprehend responses within an assessment interaction. Sattler (1974) cites an interesting statistic which claims that there are fourteen Afro-American subgroups. It is all too frequent that those tests which purport to have normative representativeness of minorities group minorities together as an undifferentiated mass as



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as if off-white coloration were a significant unifying factor.

What are some of the issues and findings relevant to the primary minority groups in this country, and applicable to children of preschool age?

Contrary to, at least my own expectations, Epps' (1974) review of the literature regarding effects of race of examiner suggests that this variable may be more of a negative stimulus for younger than older children. However, none of the data cited specifically concern children as young as preschool age, and the findings on this question are at best equivocal (Lambert, Wilcox, and Gleason, 1974).

On two measures used frequently with preschoolers, the WPPSI and McCarthy, the WPPSI factors have been found to be congruent for both blacks and whites, while, for the McCarthy, congruence is suggested but less clear (data cited in Reynolds 1982, Pp. 198-199). Studies using other preschool measures add to evidence of congruence across races and "add support to the use of existing preschool screening measures with black and white children of both sexes in the very necessary process of early identification of potential learning and behavior problems" (P. 199).

Gay and Abrahams (1973) discuss some of the preconceptions of blacks about whites with which the white examiner must deal. These include early teaching of mistrust of whites in anticipation of expectations of not being liked; such mis-

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trust may show up in the child's lack of communication which would reflect cautiousness rather than communication disability. Further, some of the children are taught to show respect for adults by lowering their eyes and remaining silent. Many blacks perceive white interactional style as being cold and aloof, and experience the testing situation as reflecting these characteristics. These authors describe many black households as reflecting a post-agrarian functional style which encourages having many children each to participate actively in household chores, with the mother at the helm, and with older children taking over much of the child rearing after infancy. This style results in the child feeling accused of wrongdoing if directly queried by an adult.

In assessing children from non-English speaking groups, two obviously necessary pieces of information are language dominance within the child and the primary language of the home (Matluck and Mace, 1973). In the case of the preschooler, home language is likely to be more important than peer language. Other than observations of level of play, there is no substitute for having a bilingual assessor, who not only would be able to communicate with the family, but who would be able to determine the level of the child's language competency in the primary language. Short of the ideal of having a bilingual assessor, the use of an inter-

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pretor and of nonverbal measures allow some observations to be made, albeit with cautious interpretation of results (Clarizio, 1972.; Darcy, 1978). However, having an interpreter translate verbal items of a test is not advisable because of the potential problem of changing the nature of what is assessed, especially concerning the issue of difficulty level of the items (Roca 1978). Specific language interferences to testing for Hispanics will be discussed by the other presenters. Suffice it to say that it would be all too easy to conclude that there are comprehension or auditory discrimination problems even in the child with fairly good English mastery, when the source of the child's errors reside in the dialect.

The Florida Association of School Psychologists (no date) has published a helpful general "Guide to the Assessment of Hispanic limited-English Speaking Clients."

Martinez-Morales and Cook (1982) discuss specifics of the examiner-examinee relationship which are relevant to the assessment of the Hispanic child. Some general characteristics of Hispanic families include a patriarchal organization, with the male accorded great dignity, respect, and obedience, clear and differentiated sex roles, distant father-son relationships with close mother-daughter relationships and avoidance of disclosure of personal information to people

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outside the family or community network. Some implications for assessment include potential problems for the female assessor with a male (particularly older) child, as well as with trying to communicate results to the family. The authors recommend establishing rapport with the family to develop a relationship of confidence before attempting to work with the child. Hispanic communication styles are described as showing respect by lowered head and eyes and silence, greater reliance on nonverbal communication than many Anglo-Americans, and equation of prolonged eye contact with sex or aggression. The issue of personal space is frequently mentioned with regard to contact with many cultures. In the case of the Hispanic cultures, Martinez-Morales and Cook cite an equation of Latin-American personal distance with Anglo-culture intimate distance. In order to reduce the feeling of coldness of Anglo distance for the Hispanic child, these authors recommend that the examiner sit on the same side of the table as the child rather than across the table. Touching is another point of difference, with the Spanish cultures frequently characterized by more use of touch than may be comfortable for an Anglo-American. Differences in body movement (high level); cognitive style (more field-dependent), and time orientation (of less importance) are also discussed.

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This paper can not possibly provide comprehensive coverage of all minorities. However, before bringing this presentation to a close, I would like to make some comments on the assessment of the Native American child. This is not a population with which our urban Philadelphia Team has any experience, and it is an area where I have gathered only limited information. Hynd (1979) and Sattler (1974) review some issues and information in this area. Hynd suggests that nonverbal measures offer the least biased assessment for the Native-American in terms of estimating ability to learn. Some characteristics of the child in the assessment situation include nonassertiveness and minimal spontaneous verbalization, lack of eye contact and avoidant behaviors, and possible difficulty responding quickly to timed items. Some values communicated in the childrearing of a Native American are said to include emphasis on cooperation and discouragement of competition and individual achievement, orientation on an unhurried, present focused lifestyle, the belief that disclosure of personal information gives the other person control over the discloser's behavior, and a general desire to remain anonymous. Esteem is gained by helping another person to improve a skill, and may be perceived by the uninitiated Anglo-American as cheating.

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In conclusion, supported by the earlier writings of Arthur Jensen (1970), I am suggesting that nondiscriminatory assessments of any age child, and certainly the preschool child from a disadvantaged background, can only be achieved when a variety of measures and strategies are used, when the measures suit the issues to the assessed, and, in the case of attempts to explore ability, when direct learning or dynamic strategies are included. I will end with a quote from Jensen, who said that the "brightness (of the disadvantaged child) is not tapped by any standardized IQ test,..... most of these children are capable of learning with ease and speed far beyond what one would predict on the basis of their conventional IQ" (P. 97)

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