

Assessment Preplanning for Luis

Under IDEA, Luis’s triennial reevaluation is due in spring of his kindergarten year. Let’s take a look at Table 1 to see how the school is beginning to craft his SEP. This preplanning chart will allow you to see what the school’s continued concerns are, how related services personnel address those concerns, and how family input may impact the trajectory of the plan.

Table 1

Assessment Preplanning Chart for Luis

Area of Suspected Disability	Reason for Concern	Person/Personnel Responsible for Testing	Family Input/Considerations
Gross Motor	Medical diagnosis of cerebral palsy (CP); is not yet independently ambulatory; has difficulty navigating environment	Physical therapist (PT)	Parents would like to see him out of his wheelchair more and included in activities that occur on the carpet and in small groups.
Fine Motor	Medical diagnosis of CP; has difficulty drinking from cup independently at lunch time; holds writing instruments with a fistful grasp; currently scribbles but does not yet copy shapes	Occupational therapist (OT)	Parents would like to see him write his name; they report that can do this at home using his iPad. His grandmother doesn’t see why helping him drink or eat is an issue.
Speech and Language	Medical diagnosis of CP; uses short phrases to communicate, some in Spanish and some in English; does not seem to process	Speech and language pathologist (SLP)	Parents would like him introduced to some sign language; they believe that his grandmother should probably speak to him at home in English only. Parents also wonder if there is some type of device that might help him talk more.

	<p>stories read to whole group; does fairly well with receptive tasks when asked to point to a character from a story (e.g., “Show me Goldilocks”), but has more difficulty following directions that require processing additional concepts (e.g., “Give me 3 blue blocks.”)</p>		
Academic	<p>Struggles to learn the concept of decomposing 10; when working with manipulatives, has a hard time holding more than one item in each hand and often “rakes” items to pick them up; not yet reading sight words or recognizing word family rimes; loves books, though has a hard time turning standard pages</p>	<p>Special educator</p>	<p>Parents loved seeing him use manipulatives for math when they visited; they hope that this occurs each day. They read to him every night and add that he loves books that rhyme the best.</p>
Vision	<p>Born with ROP; wears glasses, seems to have trouble with depth perception in his environment; does</p>	<p>Vision specialist</p>	<p>Parents also feel that a better seating arrangement for him in his kindergarten class will aid in his ability to see materials presented to the whole group.</p>

	well when enlarged copies of favorite texts are available; vision corrected to 20/40 in right eye and 20/60 in left eye		
Functional Skills	Can independently feed himself finger foods, though has a hard time isolating small pieces of food with his fingers; not able to zip/unzip his jacket, tends to wait for someone to do it for him; upon arrival at school, needs a great deal of physical assistance with the morning routine (removing coat, unpacking backpack, hanging both items up).	Special educator	Parents would like the team to help him learn to eat with utensils. For them, zipping and unzipping the jacket is not a huge priority. They would like Luis to have the very first cubby available upon entering the room (his teacher originally assigned him one in the middle of the group to foster a sense of inclusion).

Flash forward to the spring. Luis’s testing team has met to formalize his SEP and start testing. The speech and language pathologist (SLP) is going to administer the Test de Vocabulario en Imagenes Peabody (TVIP), which, as described in chapter 8, is a test of receptive language normed in Spanish. The testing stimulus book includes large, colorful pictures, and the test’s scoring requirements allow pointing as a mode of response. The school team agrees that the TVIP is an appropriate diagnostic tool for Luis. The SLP, Mr. Oliver, plans to sit on the floor with Luis while Luis practices his 30 minutes of long sitting. Mr. Oliver believes that by sitting on the floor with Luis, Luis may feel as though he is playing a game and therefore may be more willing to answer his questions.

Sidebar: Questions to Consider in Luis's Case

- 1. What do you think of Mr. Oliver's seating arrangement plan for Luis? Do you think that the physical therapist (PT) may have any additional ideas?** In the spirit of collaboration, Mr. Oliver decides to ask Mrs. Chait, the school's PT, about his seating plan. She tells him nicely that Luis's long-sitting sessions are hard work for him; Luis has difficulty sitting for long periods of time in this position. It's likely that Luis will not be able to concentrate on the verbal questions posed if he is working intently on his posture and strength. To facilitate the best possible performance on the TVIP, Mrs. Chait recommends that Mr. Oliver sit Luis at a child-size table in a small chair with a foot rest and arm rests. The supported chair will allow Luis to feel secure; the arm rests are high enough to prevent him from tipping over but low enough to allow the free range of motion that he will need to point to pictures on the test.
- 2. Look back at Table 1. Do you think that the plan is truly multidisciplinary?** No. Although each professional discipline seems to be well matched with the reason for concern, many domains "cross over" into others. To best support Luis, the members of the team need to truly work together during the assessment process. Additionally, family input should be carefully considered. Table 2 presents a list of additions to Luis's original assessment preplanning chart that reflects a collaborative planning process. See if you can fill in the blanks for Academic Performance, Vision, and Functional Skills. Can you think of any additional areas of related services expertise specific to Luis that are not represented in Table 2? What other content areas or domains should we add to make this universal for all students?
- 3. In your review of Luis's needs, hopefully you started to see a theme emerge related to assistive technology (AT).** What pieces of information can you find that would lead you to recommend an actual AT assessment? His parents inquired about whether or not a certain type of device might help him communicate better; they also suggested the possibility of exploring American Sign Language (ASL) as a mode of communication; and they noted that he can spell his name out at home using his iPad. School-based fine motor concerns include the fact that he tends to rake manipulatives instead of picking them up with a pincer (finger to thumb) grasp. Thus, it's possible that virtual manipulative options could be explored. Collectively, these needs warrant an assessment in AT.

Table 2.

Assessment Preplanning Chart for Luis with Added Considerations

Area of Suspected Disability	Reason for Concern	Person/Personnel Responsible for Testing	Family Input/Considerations
Gross Motor	Medical diagnosis of cerebral palsy (CP); is not yet independently ambulatory; has difficulty navigating environment	<p>Physical therapist (PT)</p> <p>(How could the vision teacher also support?)</p> <p>The vision teacher could assist with assessment of mobility tasks.</p>	<p>Parents would like to see him out of his wheelchair more and included in activities that occur on the carpet and in small groups.</p> <p>(How could the physical therapist support?)</p> <p>The physical therapist will explore new pieces of equipment for Luis that may allow more floor mobility (e.g., floor-level corner chair, armed chairs, foot rest for support when classroom chairs are too tall).</p>
Fine Motor	Medical diagnosis of CP; has difficulty drinking from cup independently at lunch time; holds writing instruments with a fist grasp; currently scribbles but does not yet copy shapes	<p>Occupational therapist (OT)</p> <p>(How could the physical therapist also support?)</p> <p>The physical therapist may be able to help ensure trunk is supported to guarantee best performance</p>	<p>Parents would like to see him write his name; they note that he can do this at home using his iPad. His grandmother doesn't see why helping him drink or eat is an issue.</p> <p>Parents' wish for name writing is understandable, as this is a functional skill. Although this skill is not the "next step" developmentally, the OT</p>

		<p>possible during fine-motor tasks.</p>	<p>may be able to help Luis “write” his name using materials that do not require so much fine-motor strength (e.g., tracing name in shaving cream, using touch screen devices).</p> <p><i>The team must consider the family’s input regarding independence during feeding. If this task is not a priority culturally speaking, the team should not hold this “against” Luis during testing.</i></p>
<p>Speech and Language</p>	<p>Medical diagnosis of CP; uses short phrases to communicate, some in Spanish and some in English; does not seem to process stories read to whole group; does fairly well with receptive tasks when asked to point to a character from a story (e.g., “Show me Goldilocks”), but has more difficulty following directions that require processing an additional concepts (e.g., “Give me 3 blocks.”).</p>	<p>Speech/language pathologist (SLP)</p> <p>(How could the physical therapist also support?)</p> <p>The PT may provide recommendations for comfortable seating options that would yield best possible results; OT may suggest modifying directions such as “Give me 3 blocks” and instead ask Luis to simply “Touch/count 3 blocks.”</p>	<p>Parents would like him introduced to some sign language; they believe that his grandmother should probably speak to him at home in English only. Parents also wonder if there is some type of device that may help him talk more. The team can explore both ASL and voice output communication devices.</p> <p><i>The team must consider parental input regarding dual language use. The team could respectfully explain that “code switching” is normal and that, in fact, exposure to two languages builds</i></p>

			<i>more cognitive competence.</i>
Academic	Struggles to learn the concept of decomposing 10; when working with manipulatives, has a hard time holding more than one item in each hand and often “rakes” items to pick them up; not yet reading sight words or recognizing word family rimes; loves books, though has a hard time turning standard pages	<p>Special educator</p> <p>(How could other related service support providers assist?)</p> <p>The special educator can consult with the OT, who may have suggestions for helping him manage multiple items and turning pages.</p>	Parents loved seeing him use manipulatives for math when they visited; they hope that this occurs each day. They read to him every night and add that he loves books that rhyme the best. He has difficulty turning pages in books, as the school team also noted; the school’s OT can provide some support with building skills in this area.
Vision	Born with ROP; wears glasses; seems to have trouble with depth perception in his environment; does well when enlarged copies of favorite texts are available; vision corrected to 20/40 in right eye and 20/60 in left eye	<p>Vision specialist</p> <p>How can the vision specialist collaborate with special education and general education teachers?</p> <p>The vision specialist will work collaboratively with classroom teachers to secure close proximity to instructional materials; the special educator,</p>	Parents feel that a better seating arrangement for him in his kindergarten class will aid in his ability to see materials presented to the whole group.

		<p>general educator, and vision specialist sit down together to create a list of items that need to be ordered in large-text versions within the next two weeks.</p>	
<p>Functional Skills</p>	<p>Can independently feed himself finger foods, though has a hard time isolating small pieces of food with his fingers; not able to zip/unzip his jacket, tends to wait for someone to do it for him; upon arrival at school, needs a great deal of physical assistance with the morning routine (removing coat, unpacking backpack, hanging both items up)</p>	<p>Special educator</p> <p>The special educator and OT can explain to Luis’s parents how the ability to zip and unzip his own jacket can help Luis at school (he will gain independence, as well as increased strength in his hands). The PT, special educator, and OT can collaborate to modify the classroom setup so that it is more accessible to Luis.</p>	<p>Parents would like the team to help him learn to eat with utensils. For them, zipping and unzipping the jacket is not a huge priority. They would like Luis to have the very first cubby available upon entering the room (his teacher originally assigned him one in the middle of the group to foster a sense of inclusion).</p>

Key: Related Service Providers

- Speech and Language Pathologist /SLP (Purple)
- Physical Therapist/PT (Blue)
- Occupational Therapist/OT (Orange)
- Vision Specialist (Green)