



## Assessment Research Brief

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Historically, youth with disabilities have been excluded from school. In the early 1900s, children with disabilities were often sent to residential hospitals, if educated at all. In the United States (US), the Civil Rights Act (1964) laid the foundation for the Rehabilitation Act (1973) and the Education for All Handicapped Children Act (1975). At the global level, the Salamanca Statement (1994) was adopted by the World Conference on Special Needs Education (92 countries) to support education for children with disabilities. Today, the US relies on the Individuals with Disabilities Improvement Act (2004) and the United Nations Convention on the Rights of Persons with Disabilities provides the Disability Inclusion Strategy (2018). This strategy relies on a system-wide accountability framework to ensure meaningful participation for all learners with disabilities' human rights are met. To this end, participation and accurate assessment data are ensured and universal design, accessibility, and reasonable accommodations are made. The UN highlights the need for baseline assessment, goals, progress monitoring, and ongoing evaluation.

### Definition of Terms

**Academic assessment:** refers to the assessment used to determine the levels and abilities regarding content knowledge such as reading, writing, language, and mathematics.

**Collaborative progress monitoring:** when members of the multidisciplinary team work together to monitor the experiences (success and challenges) of a learner. Progress monitoring is most useful when there is a coordinated effort by multiple people on the team to observe, collect data, and share the information regularly.

**Holistic Educational Assessment:** explores the child's educational experience from multiple sources— interviews (learner, family/caregiver, educators, others), observations, formal and informal assessments, and review of school records— to allow the team to make a data-informed plan of support.

**Multidisciplinary teams:** a group usually composed of learner, family/caregiver, special education teacher, general education teachers, school administrators, and other support personnel (e.g., therapists, reading specialists, social workers).

**Social-Emotional-Behavioral assessment:** an examination of the social relationships, emotional regulation, and behavior responses a child displays. Social, emotional, and behavioral assessments are usually based on observations, checklists, and interviews that explore how the learner interacts with others, feels about their emotional well-being, communicates needs and desires, and acts within the school setting (e.g., executive functioning, attention).

**Sociopolitical model of assessment:** while the medical model of assessment aims at diagnosing a disability and connecting it with a remedy/cure and the social model of assessment examines the learner as part of a community with complex human cognition, emotions, and behaviors that may affect their educational experiences and focuses on how to support them in becoming happy, healthy members of society; the sociopolitical model perceives disability as a difference that derives from the expectations (or constructs) of society. A sociopolitical stance views a differing ability as something that can be addressed through a change in perspective, support, and resources decided upon with the youth, family/caregiver, educational professionals, and support personnel, as needed.

**Zone of Proximal Development:** Vygotsky's (1978) Zone of Proximal Development (ZDP) describes that if learning is too hard or too easy, learners can become disengaged due to stress or boredom, but if the challenge is in the ZDP, learners tend to feel more excited about learning.

### **Assessment Barriers and Challenges**

Children with disabilities are often assessed using the *medical model* and *social model* (Francisco, Hartman, & Wang, 2020; Lawson & Beckett, 2021). Historically, the *medical model* views differences as problems, and therefore, there is the potential of blaming the youth with a disability and/or the family rather than focusing on the gifts and talents that each unique individual brings to the community. Additionally, the medical field is often based on white cultural norms (Annamma et al., 2013; Jez, 2023). For example, if a child is born into the deaf community, they are not seen as different from anyone, however, if a child is born in a hearing family, then their deafness is often seen as something that needs to be remedied. The *sociopolitical model* guides educators in a critical examination into assets, misconceptions, and challenges related to: (a) each individual (e.g., youth, family/caregiver, educational professionals, and support personnel) and (b) the educational and environmental systems (e.g., school, after-school, sports, clubs). With a better understanding of the assets and factors challenging the success of an individual learner; the educational support team can begin to dismantle the historical issues that impede a learners success and identify strategies, tools, and resources from an asset-based lens.

National and international data suggests there is a disproportionate number of youth from culturally, linguistically, economically, and ethnically diverse backgrounds not getting their needs met in public/government schools (National Center for Learning Disabilities, n.d.; United Nations Children's Fund [UNICEF], n.d.). Disproportionality shows up in eligibility labels for special education, access to services, segregated placement, and postsecondary outcomes (Annamma et al., 2013; Artiles et al., 2010; Erevelles, 2014; Howard, 2013; Kozleski, Artiles, &

Skrtic, 2014; National Center on Education Statistics [NCES], 2022). According to national data (NCES, 2022), there is a discrepancy between categorization of certain disabilities in the US with more African Americans labeled as having an *emotional disturbance*, while white students are more often identified as qualifying for special education for *autism*. In 2021, UNICEF reported that 240 million children across the globe are being denied basic rights such as education. And even when given access to education, students with disabilities are often disproportionately placed in segregated classrooms away from others versus included in classrooms with their peers and/or given access to the grade level curriculum (Lubin, 2020). Without access to quality education, many youth with disabilities, especially those from diverse backgrounds, have lower rates of graduation from secondary school and less positive postsecondary outcomes (employment, education/training, independent living experiences) compared to their non-disabled peers (Jez, Osborne, & Hauth, 2022).

To support youth with disabilities and their families/caregivers, educators need training and resources (Basha et al., 2024; Jez et al., 2022; Xin et al., 2016). Literature indicates that many educators feel they lack effective training in special education, do not have assessment tools at their disposal, need more time and space to assess, and do not feel there is meaningful investment and support from leadership (Aladini, 2020; Brownell et al., 2020; Buchner et al., 2021; Jez et al., 2022; Kahts-Kramer & Wood, 2023; Ydesen et al., 2023). Additionally, some educators and families report the language of the learner and the language of the assessment and assessor are not always in alignment and can have devastating impact on the results of an assessment (Allam & Martin, 2021).

### **Promising Evidence-Informed Strategies and Practices**

Four promising evidence-informed strategies and practices include: (1) creating a multidisciplinary team, (2) administering multiple assessments, (3) analyzing the data for patterns within social-emotional-behavioral and academic observations, strengths, areas of growth, (4) using data to guide curriculum and instruction, and (5) collaboratively supporting and monitoring progress. IRIS Center (2024) recommends the multidisciplinary team involve the learner, family/caregiver (who may be an educational surrogate), special education teacher, general education teacher, district representative (possibly the principal), other professionals to interpret assessment results as needed (such as the school psychologist), and other professionals (e.g., lawyer, advocate, coach, paraprofessional, occupational therapist, physical therapist, nutritionist, speech and language pathologist, and/or a vocational-related service provider). This works collaboratively to ensure assessments are selected and administered appropriately. The team then works to collect information from multiple sources (formal, informal, observation, interviews/conversations) and is administered with fidelity. The formal assessments are usually norm-referenced and/or criterion-referenced assessments. The informal assessments include curriculum-based measures (work samples), observations of the learner in multiple settings completing different structured and unstructured tasks, and interviews with the youth, family/caregivers, other teachers, and school personnel (when necessary). The Council for

Exceptional Children (CEC) and the Collaboration for Effective Educator Development, Accountability, and Reform (CEEDAR) Center promote using a variety of assessments because the evidence you collect should be able to collect more reliable and valid information on the learner including specific examples of the child's strengths and areas of growth (Aceves & Kennedy, 2024). All of the assessment should guide the curriculum and instruction (access to grade level, age appropriate content and skills). Literature from CEC and CEEDAR (2024) recommend a collaborative approach to progress monitoring and support to ensure all members of the team continuously share observations and data collection results regularly. When educators are able to collect assessment data with fidelity, they can analyze the instructional practices and make adjustments to the curriculum to improve student outcomes.

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