Psychoeducational tests often are used to analyze the mental processes that affect academic potential and explore the possibility of a co-occurring disability. These evaluations may provide misleading results for individuals who are deaf or hard of hearing. Deriving accurate, useful results from academic and psychoeducational testing may require adapting the test to the individual being tested. This is especially true if the individual is deaf or hard of hearing.

The 2008 Test Equity Summit convened by the Postsecondary Education Programs Network (PEPNet) identified and examined problems, challenges, and issues that academic and psychoeducational tests pose for individuals who are deaf or hard of hearing. Participants in the summit included specialists on deafness and educational testing; individuals who are deaf, hard of hearing, and hearing; test and test accommodation developers; language and communication researchers; academicians; K-12 educators and administrators; health professionals; and clinicians with extensive experience in psychoeducational evaluation.

Summit participants suggested that a large array of complex factors might determine how a student who is deaf or hard of hearing would perform on a given test or psychoeducational evaluation. The factors can occur in any combination, and each factor or mix of factors might affect individuals differently.

Participants also emphasized that misdiagnosis can have long-term effects and dictate or limit life choices for individuals who are deaf or hard of hearing, and evaluation outcomes—accurate or not—often determine an individual’s eligibility and competence for professions, employment, education, and other opportunities.

What the Summit Found

- Psychoeducational evaluations in the United States are most often conducted and structured in English, and administered by evaluators who are not able to communicate in the languages of individuals who are deaf. Even nonverbal tests often have spoken English instructions.
- Psychologists performing evaluations may expect individuals who are deaf or hard of hearing to have the same English skills as their hearing peers who have learned English as a second language. This is not the case. Students who are deaf or hard of hearing have not had the same access as their hearing peers to English conversation, broadcast media, and other ubiquitous cultural elements that model English usage. This limited access to colloquial English can affect the outcomes of psychoeducational evaluations structured or conducted in English.
• Individuals who are deaf or hard of hearing who are not proficient in English may be misdiagnosed as having a co-occurring disability.

• Delayed or limited exposure to language in childhood may conceal a co-occurring disability.

• Limited communication with family and peers can lead to social isolation that may affect the social skills of an individual who is deaf or hard of hearing. This can lead to misdiagnosis of psychiatric disorders.

• Psychoeducational evaluators qualified to test students who are deaf or hard of hearing are rare, especially in rural communities, and their services may be more expensive than school districts want to pay.

• Individuals who are deaf or hard of hearing are seldom included in standardized psychoeducational assessment norm groups, making meaningful evaluation of assessment outcomes difficult.

### Specific Steps You Can Take

Here are some suggestions that can help psychologists serving schools improve the accuracy of psychoeducational evaluations of students who are deaf or hard of hearing.

• Psychologists who evaluate students who are deaf or hard of hearing must have specialist training and experience in evaluating these students.

• Psychoeducational evaluations must consider the student’s hearing loss and its implications in determining which tests to administer and how results will be analyzed.

• Necessary information includes:

  A. The cause of the student’s hearing loss (e.g., birth trauma, illness, genetic syndrome).

  B. The age of onset.

  C. The student’s primary language issues (e.g., level of language development, language of instruction, home language, aural access to English).

  D. The student’s intervention history (e.g., early or late diagnosis, early interventions, education history).

• Consult with other professionals familiar with evaluating individuals who are deaf or hard of hearing.

• Gather relevant information about the student from all available sources: file reviews, interviews with those who know the student and, especially with younger children, observation in the classroom.

• Make every effort to administer assessments in the student’s dominant, or natural, language.
• Modify or eliminate tests or test sections that present language barriers to students who are deaf or hard of hearing, or do not have meaningful norms for these students. Document and justify these modifications.

• Give tests multiple times if necessary until you are confident the results are accurate.

• Use non-verbal intelligence testing methods when that is the best option for the student.

• If the professional administering the test cannot communicate directly with the student who is deaf or hard of hearing, it may be appropriate to use an interpreter. Be aware that communicating through an interpreter may alter the meaning of questions and responses, skewing test outcomes. The interpreter should be qualified to interpret psychoeducational evaluations and should not be the student’s classroom interpreter. An ancillary evaluator, such as a teacher of the deaf or another fluent interpreter, may be used to monitor the evaluation and judge whether the test and the student’s responses are accurately interpreted.

• Ensure that the student and the professionals administering the test can clearly see each other’s faces. Facial expression is an integral part of sign language and can influence how the person giving the test and the student who is deaf or hard of hearing being tested perceive a question or an answer.

• Practice with mock assessments to increase the student’s comfort level with the testing process.

• Work with other professionals in your school system to develop school-wide or system-wide guidelines for the psychoeducational evaluation of students who are deaf or hard of hearing.

Visit www.pepnet.org for more information about test equity issues and solutions. Available documents include: The PEPNet Test Equity Summit Summary, and Test Equity reports for parents, schools, psychologists and public policymakers. At pepnet.org you’ll also find informative videos of Summit participants discussing test equity.

PEPNet gratefully thanks the Test Equity Summit facilitators and participants for sharing their test equity expertise, and their time. Their dedication to achieving test equity for individuals who are deaf or hard of hearing made the Summit and this publication possible.

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