INTRODUCTION

Purpose

This document outlines guidelines for SERESC consultants to determine the appropriate modifications and other adjustments needed for the completion of individual standardized student assessments in the context of COVID-19. While these guidelines are presented for consideration, appropriate modifications will need to be considered on a case-by-case basis with each student. Additionally, the specific COVID-19 policies and procedures outlines by individual school districts need to be considered by consultants when determining appropriate modifications in each case.

These guidelines are designed to apply to most types of standardized assessments. There will be situations where these guidelines cannot easily be applied to the evaluation. The evaluator should work with the individual student's team to design an appropriate approach to a needed evaluation, which may include not administering some or all standardized assessment tools.

These guidelines target the evaluation of students attending preschool through grade 12 schools, completed within the school setting. Standardized assessment of children in the home setting or in a clinic setting could involve different approaches.

Disclaimer

This document does not represent either legal or medical advice and has not been reviewed by any governmental agency or health organization. It is intended to provide guidance to independent consultants contracting with SERESC, SERESC employees, and the school district administration, students, and their families with whom they work. These guidelines will be continuously reviewed and revised as more research about the transmission of the novel coronavirus becomes available, along with guidance from relevant state and federal agencies. Although the goal of these guidelines is to reduce the opportunity for transmission of the virus while maintaining sufficient reliability and validity in the assessment, SERESC consultants/ employees and others who choose to use them assume all risk and bear all responsibility and liability.

Overview

These guidelines are separated into three sections.

  a) Section I addresses appropriate health, safety, and sanitization procedures for administration of face-to-face standardized assessments of students.
  b) Section II focuses on specific modifications to the administration of standardized assessments.
  c) Section III focuses on effectively communicating these modifications to school teams, families, and others, including within the assessment report.

SERESC EVALUATION GUIDELINES SUMMARY STATEMENTS

Primary Considerations

1. The completion of an individualized standardized assessment should be considered as only one part of a more comprehensive evaluation when considering eligibility for educational supports through Section 504 or IDEA. Additional guidance on decision-making around comprehensive evaluations has been offered by the New Hampshire Association of School Psychologists. Information to access this resource is available on the Resources page of this document.

2. Educational teams need to recognize that even with guidelines such as these, the completion of an individualized standardized assessment with a student may not always be appropriate during the COVID-19 pandemic. The modifications that may need to be made to assessment procedures and the use of various health and safety measures may mean that some assessments cannot be administered in a valid manner with some students.

3. While these guidelines focus on the process of individual standardized assessment, this must be considered only one part of the process for understanding student needs. A comprehensive and multi-tiered system of support that includes routine behavioral and academic screening, a clear process for developing and implementing individualized and group interventions, and a consistent referral process for further evaluation is important.

4. Additionally, while these guidelines focus on the completion of an individualized standardized assessment, we recognize that much of the information in this document can be generalized to other educational contexts such as one-on-one and/or small group instruction with students.

Universal Recommendations

1. SERESC consultants should request specific district recommendations for each district where they work. District policies should be followed at all times unless special exceptions have been granted. If SERESC guidelines exceed district guidelines, consultants should collaborate with district administration to appropriately implement these SERESC guidelines.

2. At this time, SERESC recommends consultants wear face masks at all times when in school buildings or other settings where other people are present, except for circumstances where face shields may be more appropriate as described in this document.

   a) Surgical grade face masks are encouraged if available. If surgical grade face masks are not available, cloth masks of an equivalent material can be an acceptable substitution. Cloth masks that are not equivalent material to surgical grade masks are discouraged for consultant use as they have not been shown to provide an adequate level of protection for the consultant or for others. Availability limitations may, however, impact access to surgical grade face masks.

   b) If district policies require face masks be worn at all times, SERESC consultants should collaborate with district administrators to determine if a face shield is an acceptable replacement for a face mask during portions of a formal evaluation with an individual student.

3. Consults should continue to monitor recommended health and safety practice. These guidelines will be updated as appropriate, but consultants must be continually mindful of practiced recommended by state and federal agencies.

Key Messages

1. The design of each assessment process must be based on the individual needs of the specific student.
2. Greater time will be required for each assessment for preparation and clean up.
3. Each evaluation will require a health screening of the student and evaluator and compliance with sanitization and PPE standards. Written reports will document compliance with health and safety standards.
4. The room used for assessments must have appropriate ventilation and adequate size to allow for 6' or more between the evaluator and the student, even when the evaluator needs to spend some time in closer proximity to the student.
5. The use of personal protective equipment (PPE) at all times is recommended. The following considerations are recommended for the use of PPE:

Distance between evaluator and student	Example assessment activities	Suggested PPE
0-3 feet	Assessments that involve prolonged physical contact with student	Removable gown, gloves, face mask, face shield or goggles
3-6+ feet	Assessments involving booklets controlled by evaluator such as visual reasoning tasks Note: Most evaluation tasks fall into this category	Face mask Face shield or goggles if within 6'
6 feet or greater	Assessments involving verbal information that cannot be repeated such as verbal memory, phonological processing	Face shield only

6. If a student is unwilling or unable to comply with health and safety standards determined for their individual assessment, evaluators will collaborate with district administration and the student's family on additional adjustments to the health and safety standards and/or the evaluation plan.
7. The presentation of assessment materials may need to be modified due to sanitization requirements. Note, the use of clear walls between the evaluator and student is not included in these recommendations as it is not believed to offer additional protection beyond a face mask and/or face shield
8. Recommendations for assessment by test publishing companies should be reviewed and applied when appropriate by evaluators, including how to separate used materials for cleaning/sanitizing later.
9. Notable adjustments to testing procedures will be documented in written reports and explained to families, school teams, and the students as appropriate.

SECTION 1: PPE & SANITIZATION PRACTICE STANDARDS

Purpose

This section identifies Personal Protective Equipment (PPE) supplies required and specific actions that need to be taken by evaluators in order to complete individual student evaluations in compliance with COVID-19 pandemic health and safety considerations. Recommendations in this section are based on the best available information at the time this document was created. They will continue to be reviewed and adapted as appropriate during the course of this pandemic.

Preparing for Testing

Scheduling of Assessment

1. Given that the amount of time in close proximity increases risk of exposure, evaluators should consider the length of the testing session, perhaps breaking sessions up into smaller chunks. This can also help with the student's level of fatigue, as students may tire more quickly or otherwise have greater internal distractions during this pandemic.
2. Specific portions of the assessment may require different PPE and other sanitization procedures be used. When scheduling assessment sessions, evaluators should attempt to group assessment tasks by the type of PPE required while being mindful of the impact on standardization of administration.
3. Evaluators should verify an appropriate room exists for testing at the student's school. If not, the evaluator should request the district transport the student to another building where an appropriate room exists. When students will be transported to a different building, appropriate scheduling in advance will be needed to minimize the impact on their school day.
   a) Ventilation of the room must be considered. CDC Guidance indicates that when working with students, a door and/or window must remain open or have an equivalent level of fresh air flow provided by the building ventilation system. The NH DOE has discussed guidance for school ventilation that should be referenced as well as available.
   b) Evaluations should occur in larger rooms when possible to allow for greater airflow in the room and increased distance between the evaluator and the student.
   c) When opening doors and windows, student confidentiality and comfort must be considered.
   d) Evaluating in a room with fresh outdoor air is recommended over evaluating in a room with air conditioning as some research is emerging that air conditioning units recycle indoor air and may not properly filter for virus particles.
   e) If an evaluation occurs outside, consideration must be given to typical outdoor distractions. Document accordingly.
4. If classroom observations are necessary, confirm in advance with the school that this will be allowed and inquire about the level of PPE and other procedures required.
5. Testing Room Setup
   a) When appropriate, the evaluator should sit at least 6 feet away from the student
   b) Note, a sneeze guard, plexiglass wall, or equivalent may not be necessary and is not included by these guidelines. Both the student and the evaluator should wear PPE throughout the evaluation process and, if appropriate PPE is worn, a physical barrier between the evaluator and the student has not been shown to provided substantial additional protection.

Preparation of Testing Materials

1. Wash your hands, disinfect testing materials, and place testing materials in a clean plastic bag. Do not touch again until the evaluation.

Student Screening

Within 2-3 days prior to the scheduled evaluation, the following health screening questions will be presented to the student's family and responded to via phone, email, or virtual meeting and documented (note, if the student participates in regular screenings in this manner through their school, that can be considered sufficient for this step):

1. Have you, your child, or other people with whom the child interacts regularly:
    a) Been in contact with anyone who has been sick in the last 72 hours?
    b) Been in close contact with someone with a confirmed case of COVID-19?
    c) Had a fever of 100.4 or higher or felt feverish in the last 72 hours?
    d) Been experiencing any respiratory symptoms including a runny nose, sore throat, cough or shortness of breath?
    e) Experienced any new muscle aches or chills in the last 72 hours?
    f) Experienced any new change in sense of smell or taste?
    g) Traveled out of state and since interacted with your child?
        i) (Note, not all out of state travel should lead to rescheduling of testing. Current information on active hot spots is needed. At the time of this document, travel outside of ME, NH, or VT on public transportation was considered a concern.)

If the answer to any of these questions is yes, obtain additional information and consider rescheduling the evaluation.

The pre-evaluation checklist included with these guidelines will be used to document compliance with this screening, including who completed the screening. Additionally, compliance with the screening will be noted in the written evaluation report.

Day of Testing

These steps will also be documented in the pre-evaluation checklist included with these guidelines (note, this checklist will be modified over time) and documented in written evaluation reports.

The guidelines assume that the evaluation will occur within a school building that has access to a school nurse and staff available to sanitize the evaluation room. If either or both of these factors are not present at an assessment setting, the evaluator should collaborate with district administration to determine how to meet these standards.

Checklist for the day of evaluation

1. The NH DOE's Guidance for Providing Services and Supports to Students During the Summer (link available in the Resources page) suggests that evaluators keep long hair pulled back, and consider a removable gown that can be worn if contact with the student is likely.

2. Confirm if current school procedures actively identify students who may be showing signs of infection. If not, conduct a visual check for signs of illness – flushing, runny nose, sneezing, coughing
    a) If the evaluator is concerned regarding the student's health status, refer the student to the school nurse for temperature check and other screening.
3. Learn if the room for evaluation has been cleaned since prior use, to include:
    a) Disinfecting of the doorknobs
    b) Disinfecting of the table
    c) Disinfecting of the chairs

Evaluator Self-Screening

On the day of a scheduled evaluation, answers to the following health screening questions should be recorded by the evaluator (note, if the evaluator is required to answer these questions by the school, that can be considered sufficient for this step):

1. Have you or people with whom you interact regularly:
    a) Been in contact with anyone who has been sick in the last 72 hours?
    b) Been in close contact with someone with a confirmed case of COVID-19?
    c) Had a fever of 100.4 or higher or felt feverish in the last 72 hours?
    d) Been experiencing any respiratory symptoms including a runny nose, sore throat, cough or shortness of breath?
    e) Experienced any new muscle aches or chills in the last 72 hours?
    f) Experienced any new change in sense of smell or taste?
    g) Traveled out of state?
        i) (Note, not all out of state travel should lead to rescheduling of testing. Current information on active hot spots is needed. At the time of this document, travel outside of ME, NH, or VT on public transportation was considered a concern.)

If the answer to any of these questions is yes, rescheduling the evaluation should be considered.

Procedure for evaluation

1. Wash hands – student and evaluator – using guidelines from CDC
2. Enter testing room
3. Use hand sanitizer upon entering the room and after any touching of the mouth, nose, or eyes
4. Administer test
    a) Comply with decisions made for the individual student regarding PPE, sanitization, and other procedures.
    b) Evaluators should reference information provided in the appendices to this document, which will be updated as new guidance becomes available.
5. Wrap-Up and Departure
    a) Wash hands
    b) Continue to wear PPE until outside the building.

Considerations for Face Coverings

1. Some student populations have special considerations regarding face coverings. These include:
   a) Evaluating a student with hearing impairments
      i) Wear a face covering with a see-through area around the mouth.
      ii) If speech clarity is of particular concern, wear a face shield that covers the entire face below the chin and around the ears while remaining 6 feet apart.
      iii) If N95 masks become recommended by the CDC and/or other state or federal agencies, special consideration will be needed for students with hearing impairments due to the degree to which sound is blocked by them.
      iv) Level of PPE may depend on the testing environment (ventilation, auditory distractions)
      v) Students with hearing aides or cochlear implants may require alternative face coverings, as should have been pre-determined by the school.
   b) Evaluating a student with vision impairments
      i) Consider what face covering will allow for clarity of speech while maintaining social distancing
      ii) Level of PPE may depend on the testing environment (ventilation, auditory distractions, visual distractions)
      iii) The student may struggle with wearing a face covering with glasses because of fogging.
2. Student face covering considerations include the following:
   a) District guidance should be complied with during the evaluation unless specific permission has been granted to the evaluator by district administration and the student's family.
   b) Some types of evaluations, such as phonological skills, feeding evaluations, and other similar evaluations may be difficult to administer while the student is wearing a face mask. Considerations for this are outlined below.
   c) Determination of whether a particular student should not wear a face mask due to individual factors (age, medical or developmental conditions, behavioral factors) is deferred to school teams. Face mask wearing during an evaluation should be consistent with the other portions of the student's school day, again with the potential exception during formal standardized evaluation when full view of the student's face is necessary to maintain standardized administration. In these situations, consideration could be given to requesting school administration allow a student otherwise required to wear a face mask to wear a face shield.
3. Evaluator Face Coverings
   a) An evaluator should consider his/her own risk levels and health considerations when considering the use of higher levels of PPE
   b) In general, face mask usage is considered universal for SERESC consultants when in school buildings. During individual evaluations, some adjustments to face covering practices may be made.
   c) During formal testing, different portions of the assessment may have different PPE and sanitization procedures. The evaluator should consider grouping portions of the evaluation by their PPE requirements to minimize the number of times PPE is adjusted.
   d) PPE should not be changed during an evaluation session as removing a mask may disperse droplets

e) Current CDC recommendations state that there is no data on whether face shields can act as a replacement for face masks. There is some medical literature that suggests face shields that reach the wearer's ears and below the chin may provide equivalent protection to face masks. Therefore, these recommendations are based on those suggestions.

f) Note if data emerges that suggests COVID-19 can be spread as an aerosol, then face shields should not be considered as an option and protective face masks such as N95 masks will likely be needed.

4. Evaluator Levels of PPE

a) Assessments can generally be divided into three formats regarding PPE usage: 0-3 feet, 3-6 feet, and more than 6 feet. Considerations outlined in the Evaluator Face Covering section are considered prerequisite to these suggestions.

b) For assessments completed within 0-3 feet, in which the evaluator likely has prolonged physical contact with a student, a protective removable gown and gloves should be worn during the period of contact in addition to a face mask and face shield.

   i) Note, other than for prolonged physical contact, the wearing of gloves is not recommended. Instead, the evaluator and the student should wash hands at the beginning and end of the evaluation, and hand sanitizer should be used whenever materials are exchanged. The wearing of gloves for long periods of time has not been shown to prevent the spread of a virus reliably as the wearer will often contaminate the gloves while wearing them.

c) For assessments completed within 3-6 feet, the evaluator should wear both a surgical grade mask and eye protection such as a face mask or goggles.

   i) Assessments in this range will generally involve the evaluator presenting test booklets to the student. These booklets need to be close enough to the student that they can be seen and close enough to the evaluator that they can turn pages when needed.

   ii) Students should not touch test booklets unless required by the evaluation. If pointing is needed, the student should be provided with a sanitized pointer.

   iii) As the evaluator will be wearing a mask, additional repetitions of verbal information may be needed. Or, directions may need to be written down if allowed by the assessment. If assessments do not allow for the repetition of verbal information, they should likely be completed at a greater than 6-foot distance as described below.

d) For assessment completed at greater than 6 feet, the evaluator could consider wearing a face shield without a face mask.

   i) All face shields must reach the ears and extend below the chin.

   ii) If school district policies require staff mask wearing, specific permission must be obtained from district administration to wear only a face shield, for a specific student for a specific period of time. If this permission cannot be obtained, the evaluator should work with the student's team and family to determine if the desired assessment tools should still be completed, not be performed, or if different assessment tools could be used instead.

   iii) Additionally, unless the assessment requires clear verbal comprehension or another specific reason to allow for the student to see the evaluators face, evaluators should perform the assessment wearing a face mask regardless of their distance from the student.

   iv) The wearing of just a face shield and no mask is intended to allow the student to see the evaluator's mouth movements and facial expressions. As students were able to see the evaluator's face during the normative development of most evaluation tools, limiting

visibility of the evaluator's face with a mask has an unknown impact on students. Evaluators will have to individually determine which sections of each assessment tool have a high risk of impact from mask wearing and when a face shield (with greater than 6 foot distance maintained) could significantly reduce the impact on assessment validity.

v) In general, face shield usage, without an accompanying mask, should only be considered if the student's comprehension of spoken directions during testing cannot be assured, such as phonological and verbal memory testing. If a face shield will be worn, it should be worn exclusively until it is no longer needed as taking a mask on an off repeatedly under a shield is believed to increase the chance of spreading a virus.

Manipulation of Materials During Testing

1. If a paper stimulus book must be used, consider placing a clear transparency or other transparent film over stimulus book pages that does not obscure the images or cause glare.

2. Encourage the student to point rather than touch stimulus books. The student can also use a tool to point.

3. Hand sanitizer should be available in the testing room for use when exchanging materials:
   a) If giving the student any materials:
      i) First sanitize hands
      ii) Then have student sanitize.
      iii) Then pass materials to student.
   b) When receiving materials back
      i) Receive materials and place in "dirty" material location
      ii) Then sanitize again

4. Pearson still recommends that the evaluator turn the pages of the stimulus book and ask the student to use a pointer or respond orally with an answer choice.
   a) Alternatively, the stimulus book may be displayed on a small monitor which can be sanitized after.

5. As evaluation items are used,
   a) Place materials only touched by the evaluator in one "to be cleaned" sealed plastic bag.
   b) Response booklets and other materials used by the student should be placed in a second plastic bag by the student and sanitized before scored by the evaluator. If materials are difficult to sanitize, such as multipage response booklets, evaluators should insure to use hand sanitizer before and after handling materials and consider leaving them untouched for several days after the assessment was completed.

SECTION II: MODIFICATIONS TO ASSESSMENT PROCEDURES AND INTERPRETATION

Purpose

This section identifies modifications to assessment planning, administration, and the interpretation of assessment results that are suggested for implementation during the COVID-19 pandemic. Specific modifications will vary depending upon which assessment instrument is selected. Suggestions are presented with universal considerations given first, and then specific considerations are presented in various evaluation areas where the SERESC workgroup felt sufficient expertise.

Universal Considerations

1. It is more important than ever that evaluators be included in the evaluation planning and consent process. This will offer the opportunity for explanations of how proposed modifications might affect the results, as well as to consider the unique needs and history of the student. Students who have experienced more significant trauma or have had less access/success with virtual learning may require more intervention in school prior to a standardized assessment being given. Evaluators will need to advocate when other assessment measures (e.g., record review, work samples, observations, interviews etc.) may be just as effective, and more helpful than a standardized one.

2. Modifying standardized administration procedures for an assessment to any degree can potentially impact the results. Evaluators will likely have to accept that a certain degree of modification is necessary in these circumstances to conduct evaluations in a safe manner. However, using clinical judgment, evaluators will also need to determine if the modifications have become too great for the data to be valid, or if the testing situation will be too stressful for a particular student.

    a) Most standardized assessment tools used in schools were normed with face-to-face administration so any modification of standard administration may impact interpretation of the results. For example, changing the proximity of evaluator to examinee to maintain social distance, presenting stimulus materials in digital format to ease presentation and cleaning of materials, and using PPE to prevent spread of the virus are modifications. The team recommends that evaluators seek to make as few changes to standard administration as possible.

    b) Note, the use of Q-Interactive and similar platforms for digital assessments was considered within SERESC. Many consultants plan to continue to use traditional paper-based administration of assessments. Some consultants have begun to use digital assessment platforms in some districts. The SERESC team will continue to monitor the implementation and research base for digital assessment.

    c) At this time, SERESC does not recommend the use of remotely administered standardized tests because of significant concerns with the validity of this administration process. Limited research exists on remote administration of standardized tests, and the conditions used in the research cannot be replicated during this pandemic. Therefore, SERESC only recommends the use of in-person evaluations. If in-person assessments cannot be completed due to health or other factors, then SERESC recommends that evaluation information be obtained using methods other than standardized assessment, such as observation, review of existing data, and interviews with caregivers.

    e) Some students may easily adapt to the new procedures and required PPE. Students with trauma backgrounds, young students, and others may, however, find PPE to be upsetting or anxiety-provoking. Furthermore, evaluators may be asking for more protective measures than the

school is using in classrooms. It will be important to consider the combination of the student's and the evaluator's risk factors to determine what level of protection might be needed beyond the baseline required by the school, and ways in which anxiety and agitation can be reduced.

3. If evaluations were interrupted by the stay-at-home order, previous results should be reported but may not be currently valid. The student's current social emotional status may be affected by their COVID-19 experiences and academic skills may have regressed. Consider updating all previously completed evaluations if ongoing educational questions exist or the student's educational performance has changed notably.

4. A strong Multitiered System of Supports (MTSS) approach to both academic and social-emotional learning is recommended for all schools. A strong MTSS approach can improve student outcomes and reduce referrals for evaluations. Note, SERESC also provides consultation services for MTSS to school districts.

Evaluation Planning Considerations

1. Questions for the evaluator(s) and/or school team to ask the student's family to support decisions regarding level of PPE for the student and evaluator include:
   a) Does your child have medical or developmental conditions making it unreasonable to require him/her to wear a face covering?
   b) Does your child have any medical concerns that would require a higher level of PPE for in-person contact to occur?
      i) For example, is your child prone to sneezing, coughing, or drooling in the absence of an illness? (consider additional PPE for evaluator including a removable gown and eye protection)

2. Consider conducting interviews with school staff, families, and students in ways that do not require face masks, such as via a video conferencing or an outdoor walk with distancing, especially when rapport is first being established.
   a) Note, it will be important to plan for extra time for the rapport-building stage to ensure the student is as comfortable as possible. Consider using social stories/videos to help the student learn about proper face mask use (if using).

3. In choosing assessments, evaluators should look for the simplest solution that is also safe and can provide useful information to the team in response to the referral question(s). Planning for additional time to gather a complete history of the student will be necessary to better interpret the standardized test results.

4. Consider using fewer qualified evaluators to complete required assessments, such as having the school psychologist complete academic assessments.
   a) This may be especially important if the student needs an substantial amount of time to acclimate to the testing environment and the evaluator.

5. Consistent with the recommendation for a strong MTSS approach, consider whether a period of intervention is warranted prior to testing. Such intervention may resolve the referral concerns without needing to move to evaluation.

File Review and Gather of Background Information

1. When gathering background information, the evaluator should ask questions about the student's time during remote learning including:
    a) Academic:
        i)   Did the student have regular communication with their teacher or school staff?
        ii) Did the student have access to learning materials (paper or virtual) during remote learning?
        iii) Did the student have access to direct instruction during remote learning?
            (1) If provided, did the student attend most or all sessions of remote learning?
            (2) How else did the student participate virtually?
        iv) Did the student complete assignments?
        v)   How much help/support did the student receive from school and home?
        vi) For re-evaluation of identified students, consider the special education services/supports they received and progress monitoring data about progress towards IEP goals during 3rd and 4th quarter. Some questions to consider:
            (1) What supports did student receive for social, emotional, and behavioral needs during remote learning?
            (2) What IEP services could not be accommodated during remote learning?
            (3) Are there any plans for compensatory or ESY services for this student?
            (4) Did the student receive any additional supports during remote learning?
    b) Social-Emotional:
        i)   What routines were feasible/possible in the student's home during remote learning?
        ii) What social opportunities (virtual or otherwise) were available during remote learning?
        iii) Did the student know any person (family or non-family) that became ill due to the coronavirus during the time of remote learning?
        iv) Were there any major disruptions or transitions during the months of remote learning (job insecurity, food insecurity etc).
        v)   What new positive traits did the student develop as a result of remote learning (any advances in independence, sense of accomplishment, support of other siblings, etc)?
        vi) Any major changes in behavior during remote learning (positive or interfering)
2. A more extensive file review and educational history may also be needed to provide context for evaluation results. Teams may need to rely more heavily on educational history data when making decisions regarding eligibility and program planning. Some considerations include: the student's performance on district universal screening and progress monitoring measures; attendance prior to pandemic; discipline/behavior records; frequency of visits to school nurse and health issues; curriculum stability and consistency in instruction during prior years

Academic

1. All students have missed some amount of the "usual" instruction. Pearson (WIAT-4) suggests using clinical judgment in which norm groups to reference when scoring academic assessments. Evaluators may wish to consider both age and grade norms, as well as the student's placement in the curriculum.

    a) Tests which use audio recordings (e.g. C-TOPP 2; WIAT III; WJ IV; KTEA 3) may require additional planning and/or modifications due to the distance between evaluator and student. For example, a supplementary speaker, set close to the student, may be needed to project the audio output if the room acoustics are poor.

    b) Academic assessment typically involves student completion of material in a workbook. When paper materials are exchanged between the evaluator and the student, careful hand hygiene practices are needed, as discussed in Section I of this document. The evaluator should consider group all workbook based subtests together so that the material is exchanged as few times as possible.

    c) Interpretations of academic evaluations must consider the impact of remote learning on the individual student and incorporate the background information discussed above.

Cognitive/Intellectual

1. For most cognitive assessments, at least a portion will require clear auditory comprehension by the student, such as verbal working memory portions. During testing sessions when these subtests will be administered, the evaluator should consider wearing only a face shield. Further considerations for this decision are discussed in section I.

    a) Consideration should be given to audio recording student responses to ensure that the evaluator has heard the student correctly, if they are wearing a mask. Obtain parent and student consent, adhere to any applicable district policies, and delete recordings after scoring is completed.

2. Evaluators should consider having a second set of manipulable objects so that the student and the evaluator do not need to share objects.

3. When considering both evaluation plans and interpretation of cognitive assessments, evaluators should be mindful that students who have had COVID-19 may have had some neurological symptoms that could affect brain functioning. Similarly, students who have experienced high levels of trauma/anxiety may have decreased cognitive efficiency. Evaluators should be particularly cautious when interpreting data about working memory during this time.

Speech & Language

1. Speech production testing: Speech language pathologists are required to carry out auditory processing and speech production testing.

    a. Analysis and interpretation of speech production skills, along with carrying out speech stimulability tasks requires that the examiner have the capability to record the speech sample and/or the ability to hear the child's responses.

    b. This may require use of a remote microphone in some instances and remote speakers in close proximity to the child so that they can hear test stimuli.

    c. Recording of student speech may require additional permission from their parents/guardians.

2. Preschool speech and language testing that requires the use of manipulatives will require having available duplicate sets so the examiner can demonstrate/model and the child can respond on individual materials.

3. Oral Peripheral Exams: Direct examination of the child's mouth should not be conducted. Instead, oral motor movements can be examined through imitation strategies when it is determined that the child has the capability to understand directions and imitate oral motor actions.

Motor

1. For some standardized visual motor assessments, such as the Beery VMI, testing could be completed remotely with the test booklets being mailed to the student's school ahead of time. The test could then be administered during a virtual session with a monitor available in the room to assist the student with following standardization protocols.

   a. The evaluation report should document both how the test was administered and how the student was able to comply with testing instructions. This might be a helpful alternative to in-person testing if testing space or scheduling needs are challenging.

2. Standardized fine motor assessments that require the evaluator to demonstrate a task using test kit manipulatives should sanitize hands prior to touching the manipulatives. Additionally, the evaluator could consider having a second set of manipulatives to use for demonstration purposes only.

3. Motor assessments of tone, strength, passive range of motion, and movement patterns that require a more "hands-on" approach should be done with the evaluator adhering to the PPE recommendations outlined in section I of this document.

Hearing

1. Completion of hearing screenings with the school nurse or other similar personnel should be completed in compliance with PPE and other health and safety standards.

Additional recommendations are offered for more comprehensive evaluations by Teachers of the Deaf. These recommendations also should be considered by other evaluators working with students who are deaf or hard of hearing.

1. Ensure the student has both visual and auditory access to your speech:

2. Most individuals with hearing loss use speechreading to augment hearing. Use a clear mask or face shield.

   a. But, be aware that face masks act as low-pass filters, affecting higher frequencies more (/s, f, th, t, p, h, g, k, ch, sh/ sounds). Also, face masks can lower speech perception by 3-4db, and face shields can lower it by 10db (not a 10db difference halves the perceived loudness of sounds)

3. If the student uses HAT (Hearing Assistive Technology) with a transmitter worn by the evaluator, the use of PPE can interfere with the functioning of the device.

4. Environmental noises due to ventilation and the opening of doors/windows can be markedly disruptive for students who are D/HH. Evaluators should be mindful of environmental noise and the impact on the assessment.

5. If an evaluator has concerns with the assessment process, they should request a consultation with a certified Teacher of the Deaf who has experience giving standardized assessments.

Vision

1. Completion of vision screenings with the school nurse or other similar personnel should be completed in compliance with PPE and other health and safety standards.

Additional recommendations can be offered for Functional Vision Assessments and other vision assessments by Teachers of the Visually Impaired. Many of these guidelines also apply for other evaluators completing other kinds of assessments. Note, a visual impairment means that a person's eyesight cannot be corrected to a normal level.

1. Best practices for conducting vision screenings and Functional Vision Assessments necessitate in-person contact between the screener/evaluator and the student. In-person assessments should not occur during school closures due to COVID-19. There are currently no evidence-based options for conducting remote vision screenings and/or Functional Vision Assessments. It is important to inform parents and educational team about this limitation.
2. When a Functional Vision Assessment is necessary to move forward in the special education process, the following interim steps are suggested:
   a) Data collection including questionnaires, interviews, and checklists.
   b) Full health history including ophthalmologist reports and other medical reports that include visual conditions.
   c) A functional record of visual abilities compiled from available data.
3. Ensure the student is positioned or seated in the optimal visually accessible position, based on their specific vision condition needs to view their work or the presentation.
   a) When visual presentation cannot be provided at the required assessment distance due social distance restrictions, an alternative method to evaluate that subskill should considered, including potentially not using direct assessment.
   b) Documentation of distance from visual stimulus to student for each visual skill assessed should be included in the Functional Vision report.
4. Environmental noises such as fans, open doors and windows, and ventilation systems can impact visual processing abilities and overall assessment performance. Environmental factors that have been put in place as part of the COVID-19 response that may be distracting to the student should be reported in the Functional Vision report.
5. Interpretation of Functional Vision Assessment results must consider the impact of remote learning and/or long periods when the student was not engaged in activities that support visual efficiency and visual or compensatory skill building.
6. Ensure that the student has clear auditory access to the assessment and can understand evaluator speech while wearing a mask.
   a) If the student uses adaptive equipment, specialized tools, modified seating, adapted reading mediums, etc., then the Teacher of the Blind and Visually Impaired use of PPE's may need to be more protective, based on the needed working distance between them.
   b) A student with a visual impairment may have additional difficulty with facial recognition of a person donning PPE's. Evaluators should be mindful of this and provide the student with their name.
7. If an evaluator has concerns with the assessment process, they should request a consultation with a certified Teacher of the Blind and Visual Impairment who has experience giving standardized assessments.

Vision-Orientation and Mobility Guidelines

1. Sighted guide techniques should be carried out with the guider/para educator wearing long sleeve shirts to avoid skin to skin contact. Before sighted-guide technique is carried out the student should wash his/her hands.
2. Handrails and walls where students trail should be sanitized often.
3. Students should have access to cleaning materials to sanitize mobility canes as often as possible.
4. Socially distancing signs around the school and classrooms need to have high contrast colors for students with low vision.
5. Students with visual impairments include depth perception challenges need direct instruction on how 6 feet looks/feels like to socially distance.
6. If an evaluator has concerns with the assessment process, they should request a consultation with a certified Orientation and Mobility Specialist who has experience giving standardized assessments.

Social Emotional/Adaptive Skills

1. Parent rating scales completed by remote administration would be preferred for families who have access to internet/technology (Q-Global and PAR iConnect have many commonly used behavior rating scales available online). For those families who cannot complete the rating scales remotely online, the evaluator may choose to read questions to the parent/guardian by phone and record the answers on a paper sheet for scoring. Alternatively, parents/guardians and students can complete the online rating scale using the evaluator's computer in an office with 6 feet of distance/proper ventilation, and the computer would be sanitized afterward.
   a) Evaluators many continue to need to use some paper-based behavior rating scales. When using paper-based rating scales, evaluators should continue to practice appropriate hand hygiene.
2. Teacher rating scales typically expect the respondent to have recent knowledges of the behaviors that are the subject of the scale. Teacher ratings assume the respondent has observed the student recently in the classroom or educational setting (e.g. physical education class) over several weeks. New teachers may not have had the opportunity to observe the student for very long and former teachers not for many months. Consider using a structured interview in place of or in addition to the rating scale to help inform teacher responses. In some cases, rating scales may not be a valid or reliable method for assessment.
   a) Some additional guidance from the National Association of School Psychologists expands upon these concerns: "Although rating scales, interviews, and possibly home-based observations could be conducted remotely, it is important to remember that students' behavior during the time of school closure may not be typical for that student, which may reduce the utility of those assessments, particularly when planning interventions that may eventually be delivered when school resumes."
3. If a school begins the new school year in remote learning, teacher completion of rating scales will continue to be concerning.
   a) Ratings of adaptive behavior require respondents to observe the student in a variety of settings. Teachers who have only interacted with a student through a remote medium may not be able to complete valid ratings of adaptive behavior. Therefore, in situation where and adaptive behavior assessment is needed, evaluators may have to rely on parent/caregiver report and consider alternative assessment methods.

b) For behavioral rating scales, if a teacher has interacted with the student through live video conferencing during which the student had their camera switched on and engaged verbally in some fashion, some ratings may be possible. But, even in this situation, evaluators must carefully describe the nature of the student/teacher relationship and the impact on the teacher's ability to complete the rating scale.

4. Evaluators also should consider that information and assessments completed before the switch to remote learning may not represent the student's current status. During remote learning, the student may have experienced a notable increase or decrease in their overall agitation, which then may change again when students return to learning in person. Additionally, some students may have experienced significant traumatic events and/or ongoing disruptions that have a lasting traumatic impact on them.

SECTION III: EFFECTIVE COMMUNICATION ABOUT MODIFICATIONS

Purpose

This section outlines recommendations for communicating modifications to the assessment process to school teams, families, and others. Strategies for both oral presentations during meetings and written reports are discussed.

Overall Considerations

a) When working with students, families, and other educators, evaluators should take care to explain the potential modifications that can be made to the assessment process and the impact those modifications may have. This explanation is important to allow for teams to make informed decisions regarding evaluation plans.

b) If, during the course of an assessment, the modifications appear to have an unexpected impact, the evaluator should consider pausing the evaluation process and communicating this to the student's educational team.

c) While some explanations will be applicable to many different situations, evaluators should be mindful that each situation may require a unique set of explanations both verbally and in written reports.

Disposition of Referral/Evaluation Planning Meetings

During disposition of referral and evaluation planning meetings, evaluators should clarify:

1. Environmental adjustments needed to maintain health and safety standards
   a) Expectations for student and evaluator use of PPE
   b) Modifications to standardized administration procedures.

Determination of Eligibility/Evaluation Review Meetings

During determination of eligibility and other evaluation review meetings, evaluators should clarify:

1. If the planned PPE and health and safety standards were maintained
   a) If all planned modifications to the evaluation process were implemented and if any additional modifications were needed.
   b) The apparent impact of the environmental changes to the assessment room, PPE and other health and safety measures, and modifications to standardized administration procedures on the validity of the assessment results.

Written Reports

Recommendations are offered for several common sections of evaluation reports. Different report writing styles may mean these recommendations are placed in different sections of a report. Evaluators can make use of this text in their reports. Text that should be clarified based on the specific student is included in brackets. Not all suggested text is appropriate for all situations.

Introduction/Reason for Referral

This evaluation was completed during a period requiring increased health and safety precautions in response to the COVID 19 pandemic. This includes environmental modifications to the assessment room, use of personal protective equipment (PPE) and sanitization procedures, and modifications to the standardized assessment process. Relevant modifications are described in those portions of this report.

Test Observations

During this evaluation process [name] appeared to adjust to the safety accommodations with ease, communication was minimally compromised, and [he/she/they] sustained engagement well in the assessment.

It was quite difficult for [name] to maintain the use of a mask or to remain at the suggested distance from the evaluator, and these behaviors impacted the assessment process. It was frequently unclear what [name] was saying and it was also difficult to assure [his/her/their] comprehension of verbal information. These challenges compounded [name]'s struggles with limited ability to sustain attention, inhibit impulses, or comply with adult directions.

Validity Statement

This evaluation was completed during a period requiring increased health and safety precautions in response to the COVID 19 pandemic. The sessions were conducted in [room] at [school or other]. To provide ventilation [the window/door/and door were left open/the school has a ventilation system that provides fresh outside air into the room]. For sanitation, testing materials and commonly touched surfaces in the assessment room were cleaned before the assessment began. Both the evaluator and the student passed a screening survey each day of the assessment process. [Both wore face masks throughout/the evaluator wore a face mask throughout the assessment], except that a transparent face shield was worn for sections of the [test or procedure] to enhance communication. Testing materials that were touched were cleaned prior to each session and isolated after use. Hand sanitizer was used at the beginning and end each session and after for breaks during testing. A pointer that was used by the student to identifying nonverbal choices. A distance of approximately 3 feet was maintained for visually or manually interactive activities; for verbal interactions a distance of approximately 6 feet was maintained. For specific assessment activities [list or explain] it was necessary to physically engage with the child, which required more personal protection including gloves and coverings.

The standardized assessments that were used in this evaluation were not normed under these health and safety conditions (e.g. personal protective equipment, increased distance, unfamiliar setting), and some activities were completed outside of the usual sequence. Although evaluation conditions were not optimal, the professional judgment of the evaluator is that the results obtained are a valid and accurate representation of [name]'s current functioning and are offered to assist in educational programming.

Evaluation Results

The results of [specific tests or activities] are reported, as it is the professional judgement of the evaluator that they are meaningful estimates of the student's current levels of performance.

The results of [specific tests or activities] have not been reported, either because it was not possible to complete the assessment process or the results are judged to be to unreliable to be appropriately reported. If reassessment in the future is advisable, this will be noted in the recommendations.

Summary/Conclusion

As noted, this evaluation was completed during the COVID-19 pandemic. Modifications were required to maintain health and safety standards, including some modifications to the standardized administration process. Despite these modifications, in the professional judgment of the evaluator, results are representative of [student name]'s current educational status. The apparent impact of modifications on the validity and accuracy of the results is incorporated into the interpretation of results as appropriate.

Recommendations

Recommendations offered in this report are designed to support [student name]'s educational progress during both in-person learning and remote learning. Some recommendations, however, may be difficult to implement through remote learning. [student name]'s educational team should consider these recommendations and determine which are appropriate to implement at this time.

ADDENDUM I: SUGGESTED SUPPLIES

Supplies Suggested for Purchase by Consultants

1. Surgical grade face masks
2. Eye protection –face shields that extend to ears and below chin and/or goggles that fully cover eyes
3. Sanitizing Wipes – hydrogen peroxide wipes for larger surfaces, alcohol wipes for smaller surfaces
4. Hand sanitizer with at least 62% alcohol content
5. A device to use as a pointer for students to use during testing
6. A small box or plastic bags to collect supplies or manipulatives that need to be sanitized again after use, such as blocks, pointers, pencils, etc.
7. Small plastic bags, pencils that students can keep, unsharpened pencil or similar to use as a pointer, plexiglass shield with space to pass forms if desired
8. Computer monitor to display digital stimulus book (digital stimulus books free on Q-Global until July 31, 2020. Fees unavailable presently if wishing to use after July 31).
9. Speaker to project audio across social distance

Supplies Consultants Should Request from Schools

Note, the supplies in this section are not recommended for usage in most evaluations. Clear face masks, however, could be considered an essential item if an option is found that allows for clear viewing of mouths.

1. Additional PPE for special circumstances
   a) Clear face masks
   b) N95 respirator masks
   c) Gloves
   d) Removable gowns
   e) Sneeze guard/plexiglass (or similar) wall

Version 8/4/2020. Created by SERESC. Writing committee chair: Nate Jones, Ph.D., NCSP
The current version of this document will be available at www.seresc.net/resources

PRE-ASSESSMENT CHECKLIST

Purpose

Before beginning a face to face individual assessment with a student, the evaluator should complete this checklist. This can be done using this form or an equivalent form designed by the evaluator based on their record keeping needs.

Health Screening

If the answer to any of these questions is yes, obtain additional information and consider rescheduling the evaluation. Note, if the student and evaluator participate in regular screenings in this manner through the school, that can be considered sufficient for this step):

Have you or other people with whom you interact regularly:

Question	Student	Evaluator
1. Been in contact with anyone who has been sick in the last 72 hours?		
2. Been in close contact with someone with a confirmed case of COVID-19?		
3. Had a fever of 100.4 or higher or felt feverish in the last 72 hours?		
4. Been experiencing any respiratory symptoms including a runny nose, sore throat, cough or shortness of breath?		
5. Experienced any new muscle aches or chills in the last 72 hours?		
6. Experienced any new change in sense of smell or taste?		
7. Traveled out of state and since interacted with your child?*		

*Note, not all out of state travel should lead to rescheduling of testing

Room Verification, Sanitization, and PPE

The following questions address the setup of the room and available PPE.

Questions	Yes/No
1. Were assessment materials cleaned before the assessment began?	
2. Does the room have ventilation that provides access to fresh air?	
3. Does the room allow for 6' of distance between the evaluator and the student?	
4. Does the evaluator have access to needed PPE such as face mask and face shield?	
5. Will the student be wearing a face mask?	
6. Will the student be wearing a face shield?	
7. In the assessment room, have high touch frequency surfaces been disinfected?	

ADDENDUM III: WRITING COMMITTEE

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  NH Certified & Licensed School Psychologist
  NH Licensed Psychologist
  Board Certified Behavior Analyst

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Subcommittee II Chair: Dorothy Moerlein, MS, CAGS
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 NH Certified Teacher of Students with Vision
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Linda Taylor, Ed.D.
 NH Certified Teacher of Students who are
  Deaf or Hard of Hearing
Audrey Willis, M.Ed.
 NH Certified & Licensed School Psychologist

ADDENDUM IV: RESOURCE LIST

A number of useful resources have been developed by other organizations. These are listed here for reference but should not be considered as endorsed by SERESC.

General Guidance

1. NH DOE
   a) K-12 Back to School Guidance
      https://www.covidguidance.nh.gov/sites/g/files/ehbemt381/files/inline-documents/sonh/k-12-back-to-school.pdf
   b) COVID-19 Resources: https://www.education.nh.gov/who-we-are/commissioner/covid-19
2. CDC Definition of a face mask includes "A surgical mask is a loose-fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment."
   a) https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-surgical-masks-and-face-masks#s2
3. NH Association of School Psychologists (NHASP) COVID-19 resources, including a returning to learning guide on assessment.
   a) https://www.nhaspweb.org/papers
4. National Association of School Psychologists (NASP) COVID-19 resources:
   a) https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center
5. Harvard School of Public Health
   a) https://schools.forhealth.org/ -Risk Reduction Strategies for Reopening Schools
   b) COVID-19 Resource Library:
      https://www.massgeneral.org/assets/MGH/pdf/medicine/infectious-diseases/COVID-19%20School%20and%20Community%20Resource%20Library_July%206%202020.pdf
6. NH – PPE requests https://prd.blogs.nh.gov/dos/hsem/?page_id=8737

Evaluation Guidance

1. WPS – notes on assessment validity
   a) https://pages.wpspublish.com/telepractice-101
2. Pearson
   a) Suggestion for norms on WIAT-4
      https://www.pearsonassessments.com/content/dam/school/global/clinical/us/assets/telepractice/special-considerations-for-score-interpretation.pdf?utm_medium=email&utm_source=Telepractice8_CLINA24658&utm_campaign=7010N000000PSb4&cmpid=7010N000000PSb4&mc_sid=250237470
   b) COVID-19 messages: https://www.pearsonassessments.com/professional-assessments/digital-solutions/telepractice/about.html

Guidance for Students Who are Deaf or Hard of Hearing and/or Visual Impaired

1. https://www.cdc.gov/ncbddd/hearingloss/parentsguide/building/speech-reading.html)

2. Tye-Murray, N., Spehar, B., Myerson, J., Hale, S., & Sommers, M. (2016). *Lipreading and audiovisual speech recognition across the adult lifespan: Implications for audiovisual integration. Psychology and Aging, 31*(4), 380–389. https://doi.org/10.1037/pag0000094

3. Golden, A., Weinstein, B., and Shiman, N. (2020) *How do Medical Masks Degrade Speech Reception?*, Hearing Review

4. Gordey, D. & Bauman, M. (2020) *Impact of PPE on Remote Microphone Systems,* 6/17/20 webinar, Oticon Pediatrics

5. http://image.m.phonak.com/lib/fe36157075640578701277/m/1/49906d33-6bff-4210-9209-70b9884d5885.pdf

6. www.deafed.net/PublishedDocs/sub/lisa.htm

7. https://www.cdc.gov/ncbddd/kids/vision.html

8. https://en.wikipedia.org/wiki/Visaul_perception

9. https://www.afb.org/aw/21/4/16971

10. https://www.usaba.org/covid-19-risks-and-challenges-for-the-visually-impaired/

11. https://doubletap.online/coronavirus-cleaning-routines

12. https://irisvision.com/covid-19-and-blindness-tips-for-staying-safe-and-connected/