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Testing Accommodations on High Stakes Tests: Who are they for and what is their purpose

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Written: April, 2020

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There has been increasing awareness over the last couple of decades of the importance of providing students with disabilities better access to education to enhance their learning and long-term occupational success and independence. It is now widely recognized that many students with disabilities require alterations to the physical layout of schools, such as ramps for students requiring wheelchairs, or modified educational materials and tests, such as books in Braille for students who are blind. These accommodations for mobility or sensory impairments are reasonably straightforward and are generally viewed as providing fair access, as required by law. However, students with less obvious disabilities, such as those that impact learning, cognitive, behavioral, and psychiatric functioning, often also have barriers to accessing education. For example, a student with severe dyslexia may require an audio version of a textbook in order to access the information needed to participate and learn at a comparable level to peers. Or a student with fine motor impairment may need to use a laptop to take notes. Students with disabilities may require these accommodations both in the classroom and when taking tests, especially high stakes tests such as the SAT and ACT.

Unfortunately, with increased pressure for students to do well on high stakes tests, as well as heightened media coverage, misinformation about eligibility and appropriateness of accommodations has spread. This is of particular concern because the manner in which these accommodations are sought after and determined is not standardized. Further, there are differing interpretations of the laws and significant discussions around issues such as determining who has a disability, who should qualify for accommodations, what documentation should be necessary, what constitutes a “functional limitation,” and which accommodations render an assessment invalid. There are also economic considerations, as private diagnostic evaluations can be costly and are often not covered by insurance if they are for educational purposes. This adds an additional disadvantage to those who have disabilities and are of low socioeconomic status as they are less likely to receive a comprehensive evaluation that demonstrates their disability and need for accommodations. In this paper, we aim to answer some of these questions and clarify the laws and the general philosophy underlying testing accommodations.

What is a disability and how is a disability determined?

The word 'disability' is a legal term that appears and is defined in specific laws, such as the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA). The ADA, one of the most important standards in this area, defines a disability as "a physical or mental impairment that substantially limits a major life activity (such as seeing, hearing, learning, reading, concentrating, or thinking) or a major bodily function (such as the neurological, endocrine, or digestive system)." The ADA ensures that those with disabilities have an equal opportunity to pursue educational and occupational prospects, which includes providing fair access to exams that are necessary to attain higher education. Furthermore, the ADA outlines that even those with a proven track record of academic success are not prohibited from seeking accommodations as long as there is substantial impairment in a major life activity. The IDEA is more specific to education, providing protection specifically for individuals with disabilities in academic settings from preschool through high school. IDEA defines a "child with a disability" as a child whose acquisition of academic skills is adversely affected by a condition that falls within one of thirteen specific categories, and who, because of that condition, requires special education services. The disabilities classifications under IDEA are; autism spectrum disorder, emotional disturbance, hearing impairment, deaf-blindness, intellectual disability, multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment (including blindness).

It is important to distinguish the term 'disability' used above, from a 'disorder,' which is a medical term used when a licensed clinician makes a diagnosis based on formal criteria established by scientific research and current evidence-based data. These differences in terminology can be confusing. The following points are offered to explain terminology used throughout this paper:

1. Learning disorders (e.g. Specific Learning Disorder in Reading, Specific Learning Disorder in Mathematics, Specific Learning Disorder in Written Expression), as well as behavioral disorders (e.g., Attention Deficit/Hyperactivity Disorder) and psychiatric disorders (e.g., Generalized Anxiety Disorder), are *clinical diagnoses*, which can be made by a neuropsychologist, psychologist, or psychiatrist based on multiple data sources, as per criteria included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or the International Classification of Diseases (ICD).
2. When neuropsychologists/psychologists are considering whether an individual has a disorder, they use standardized testing instruments to measure that individual's performance in relation to peers of the same age. A disorder is found when there is a deficit (e.g., poor reading skills) relative to age-matched peers in the general population. A disorder or deficit is conceptualized through aggregating a variety of data and patterns of performance with clusters of related and precursor skills that are substantially below those of their peers, despite adequate opportunities for learning.

Functional limitations (e.g., teacher reports, under performance in the classroom) are used to then substantiate the claim that the neuropsychological deficits seen on formal diagnostic measures are corroborated by performance in the 'real-world.'

3. School systems rarely make *clinical diagnoses*. Instead, members of the Child Study Team classify a child who is behind peers according to the 13 *disability categories noted above*.
4. "Specific Learning Disability" is the IDEA *category* which is most commonly confused with clinical learning *disorders* (i.e., Specific Learning Disorders in Reading, Mathematics, and Written Expression), but these terms are not necessarily interchangeable. Further complicating the matter, state regulations allow school districts to establish their own eligibility criteria for what qualifies as a 'learning disability;' therefore, criteria vary widely across the country and even within states. It is absolutely essential to understand that school districts are not legally required to accept a clinician's *clinical diagnosis* if the child does not meet the district's eligibility for the *disability category*. A clinical diagnosis must be deemed to have a significant impact upon a student's academic progress in order to fully meet criteria for a school-based *disability*.

What is the purpose of Assessment Accommodations?

Accommodations to educational tests, sometimes referred to as assessment accommodations, are changes to testing situations that allow an individual to access a test or to demonstrate their knowledge of a topic without being hindered by their disability or altering standards or expectations. In theory and according to federal laws, accommodations should allow students with disabilities to access testing material in a way that is fair and appropriate without compromising the integrity of the test or test score. Consequently, the purpose of the test (e.g., what the test is intended to measure) and the type of test have an impact on which types of accommodations are appropriate. The hope is to preserve what psychologists call validity, meaning the test should still measure what it is designed to assess when accommodations are put in place. For example, if the goal of a test is to measure whether a student understands a set of scientific concepts, allowing the student to have someone read the test aloud to them would not invalidate the meaningfulness of the student's score. If, on the other hand, a test is designed to assess a student's reading comprehension skills, allowing someone to read the test aloud to a student would mean that the student's performance would be reflecting listening rather than reading comprehension. In this case, a read-aloud accommodation would be inappropriate.

The goal of most classroom and state proficiency tests is to determine if students have mastered a body of material. New York State explains that accommodations are available in order to help students display the extent of their knowledge without impact from their disabilities and to help students fully engage with testing material in the same way as their

nondisabled peers. The National Center of Educational Outcomes suggests that accommodations and modifications to the administration of an assessment should “enable students to participate in assessments in a way that assesses abilities rather than disabilities.” In other words, the test should be able to accurately reflect the student’s knowledge and skills in the same way as it does for their peers. Classroom and state proficiency tests generally measure a person’s performance against a set of predetermined benchmarks and are called criterion referenced tests. For example, a student who takes a history test and answers 7 of 10 questions correctly is seen to have mastered 70% of the material and a student earning a 3 on a New York State English Language Arts (ELA) test is interpreted as being proficient in this academic domain. In contrast, norm referenced tests compare a student’s performance to the performance of a pre-specified population. These tests include the SAT and ACT whereby a student’s score is based on his or her performance in relation to their peers’ performances (i.e., college bound high school students) rather than just the percentage of questions answered correctly. Results are used to predict performance at the college level. One of the reasons that accommodations have been an area of controversy is that if an accommodation boosts a score, this can affect the relative rankings of all other students who took the test, which in turn can impact outcomes like acceptances to colleges and graduate programs.

Notably, most standardized psychological and neuropsychological tests are also norm referenced, but the samples used for test development are very broad, including individuals from a wide range of age groups, socio-economic backgrounds, national regions, and education levels. They generally provide a more accurate representation of an individual’s unique pattern of skills than locally-developed benchmarks or classroom tests. Changes are rarely made to the standard administration of these tests but when they are, scores are either not reported or are reported with explanations/qualifications.

What is an appropriate accommodation?

Once we have determined that a student has a disability, how do we determine what accommodations (if any) are appropriate and necessary? Appropriate testing accommodations should address the student’s functional limitations, not their diagnosis, while altering the standard administration of tests as little as possible. For example, individuals with longstanding histories of dyslexia and documented slowed, inaccurate reading might require that a test be read to them so that their performance reflects their ability to answer the questions and not their ability to read. Further, a child with dysgraphia (i.e. poor fine motor skills resulting in extremely weak, illegible, and slowed handwriting speed) may not be able to express his or her thoughts on a written exam with the same fluency as a peer who has age-appropriate handwriting skills and might require a scribe. Notably, these types of accommodations if given to students without disabilities probably would not have a measurable impact on their performance.

When an accommodation selectively improves the performance of a student with a disability without significantly impacting (or improving but to a lesser degree) the performance of a nondisabled student, the accommodation is said to provide a “differential boost.” Notably, accommodations which provide a child with a disability an advantage over a nondisabled examinee provides an unfair advantage and are not considered appropriate. For example, research has shown that all students benefit from extra time on some types of tests. Extra time, therefore, has the potential to provide an unfair advantage, as well as altering a primary aspect of the test’s standardization and impacting the test’s validity. Consequently, requests for extra time are carefully considered and should only be provided when students show a documented functional impairment in accessing the test in the standard time allotted. Notably, not completing the ACT or SAT within the standard time allotment is not considered a functional impairment as the tests are designed to require quick thinking and not all students are expected to complete them.

Accommodations are often grouped into the following categories: 1. Formatting accommodations which change the physical characteristics of the test (e.g., large print, Braille, read aloud), 2. Response accommodations, which change the manner in which the students respond to the questions (e.g., mark answers in book, scribe records responses, type), 3. Timing/scheduling accommodations, which change the amount of time provided and how that time is scheduled (e.g., extended time, frequent breaks, multiple testing days), 4. Setting accommodations, which change where the test takes place (e.g., small group, separate location, student's home), and 5. Equipment or material accommodations, which change the tools the student has while completing the test (e.g., calculator, amplification equipment, computer). Notably, the students’ needs for accommodations should be frequently reassessed as it is expected that students can be taught skills and strategies which alter their accommodation needs.

Examples of Student Deficits and Possible Accommodations.

Note: Not all listed accommodations will be appropriate for every student with the corresponding deficits. The accommodation should directly address the student's particular functional limitation.

Student Deficits	Possible Effect on Test-Taking	Possible Accommodations
Difficulty or inability to visually read standard print because of physical, sensory, or learning impairment	May have difficulty seeing the text May read slowly May become fatigued and /or distracted	Braille/Sign language Large print Extended time Tests read (live, recorded, digital) Extra/Extended breaks
Difficulty or inability responding in the standard manner due to physical, sensory, or learning impairment	May have difficulties writing legibly May write slowly May have trouble tracking from one place to another	Scribe (live or electronic) Type on a computer Extended time Respond in text booklet
Difficulty sustaining attention and resisting distractions (internal and external) due to behavioral or emotional/ mental health impairments	May have difficulty concentrating for extended lengths of time May be distracted by other students May have difficulty dividing attention between test booklet and record form May have difficulty adapting to an unfamiliar environment	Separate/different location Small group Noise Blocking Headphones Extra/Extended Breaks Listening passages/directions presented more than once Respond in text booklet
Health impairments/poor stamina/fatigue	May have difficulty sitting for extended periods of time May fatigue easily	Extra/Extended Breaks Breaks as needed Multiple Day administration Separate/different location
Difficulty with hearing and auditory processing	May have difficulty processing or understanding oral directions or listening sections	Sign language Listening passages/directions presented more than once Written directions provided Preferential seating
Difficulty with math processing, computation, fluency	May have difficulty memorizing and quickly recalling math facts	Use of a calculator Use of graph paper to align numbers

Edited from Appendix C in:

<http://www.p12.nysed.gov/specialed/publications/documents/testing-accommodations-guide-february-2018.pdf>

The problem of unnecessary accommodations

It is also important to note that accommodations, even in students with well documented disabilities and needs, should not be seen as the only solution even if a student shows improvement in functioning when provided with accommodations. Efforts to strengthen underlying weak skills and teach supporting strategies should also be viewed as critical. The accommodations do not diminish the need for direct, explicit instruction in the weak underlying skills (e.g., reading fluency, time management, test taking skills, anxiety management) and the failure to improve these skills has implications for an individual's functioning in life beyond an academic setting. For example, a student who continues to require extra time to complete assignments and tests because he or she has not been taught time management skills and skills/strategies to improve his or her fluency, may find it challenging to keep up with the expected workload in college or in the workplace. The International Dyslexia Association states "An accommodation can be the bridge between success and failure for a student with a disability —the critical difference that levels the playing field. However, to achieve real success, students with disabilities usually require a purposefully planned combination of intervention-remediation and accommodations."

Validly Determining Accommodations

Accommodations are powerful tools, which can have a positive life-changing impact on students with disabilities. Securing the appropriate professional is crucial in understanding your child's learning profile and accurately determining whether your child qualifies for accommodations. In order to locate qualified providers ask for recommendations from your child's pediatrician, search professional neuropsychology and/or school psychology organizational websites for their provider list (e.g. New York State Association of Neuropsychology), or ask for a recommendation from the Child Study team at school. Always review a provider's credentials and experience. Obtaining a valid assessment is a mandatory first step when making decisions about IEP classifications, diagnoses, interventions, and supports for your child.

Acknowledgements

We would like to acknowledge Drs. Daniela Montalto, John McGinley, Linda LaMarca, and Nicole Katz for their contributions. Further, we would like to thank members of the Pediatric Interest Professional Affairs Committee (PIPAC) and the board of directors of the New York State Association of Neuropsychology (NYSAN), especially Drs. Gianna Locascio and Cindy Breitman, for their support and contributions throughout this process. A special thank you to our colleague, Dr. Ben Lovett, for sharing his expertise with us and providing thoughtful edits and suggestions to an earlier version.

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