



Massachusetts Psychological Association

195 Worcester St. Ste 303
Wellesley, MA 02481
mapsych@masspsych.org

t: 781-263-0080
f: 781-263-0086
www.masspsych.org



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WWW.MASSNEUROPSYCH.ORG

MPA/MNS Statement on Remote and Physically-Distanced Assessment within the Context of Independent Evaluations

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To Whom It May Concern:

The COVID-19 pandemic has brought special needs evaluations to a virtual standstill, both within schools and in the community of independent evaluators. Historically, the vast majority of evaluations have been conducted in a face-to-face format, without physical barrier or distancing, over the course of multiple hours. This typical evaluation format necessitates prolonged exposure and in the COVID-19 era represents a public health challenge to professionals, to recipients of services (some of whom face medical vulnerabilities as well as learning and developmental challenges), and to their families.

At the same time, cessation of evaluations denies students with special needs a critical method, to which they are legally entitled, for assessment of special education eligibility and for assuring curricular access and effective progress. Many of these students seek evaluations during developmentally sensitive periods, and delay in assessment and service represents a threat to their long-term educational and psychological well-being. Therefore, we find ourselves in an unprecedented predicament as a community: we cannot continue evaluations as they were performed pre-COVID, and we cannot pause assessments indefinitely.

Remote and physically-distanced assessments represent critically adapted models of assessments to address this conundrum. The term *remote assessment*, in this context, refers to an assessment conducted by an evaluator at a different location than the student, facilitated by technology such as an online platform. *Physically-distanced assessment* refers to evaluation in which the evaluator and student are at the same location but are distanced from each other by any of a variety of methods such as use of plexiglass barriers or windows; use of cameras and intercoms; or use of personal protective equipment such as masks and face shields.

There can be validity concerns with findings obtained via remote and physically-distanced formats. These environments differ from those in which performance-based tests were standardized (i.e., direct, unobstructed, face-to-face testing). In addition, the existing research based on remote testing largely addresses assessment of adults in remote testing satellites (e.g., rural doctor's offices), as opposed to pediatric populations in their homes, and there is similarly little research on physically-distanced assessment with children. Children also have differential familiarity with technology and access to adequate home-based technology and appropriate home testing environments (e.g., quiet rooms without

distractions). Furthermore, children with some types of disabilities may struggle to tolerate PPE such as masks and shields, and to use intercoms and screen interfaces.

Despite these validity constraints, we maintain that a cost-benefit analysis around alternate forms of assessment supports the selective application of these methods by licensed psychologist-health providers, professionals who are already well-trained in contextual understanding of test findings and in careful, individualized assessment of test validity. The equivalence of remote and physically-distanced assessment methods with traditional administration methods will continue to be researched. These methods should be used judiciously, and assessment reports need to clearly convey appropriate validity considerations to consumers.

There is a clear parallel between the current consideration and provision of online instruction during COVID. There is much that is unknown about online instruction; there are clear drawbacks (particularly for underprivileged students); and, were we not in the midst of a public health crisis, in-person instruction would be preferable. These challenges, however, have not led to a dangerous resumption of in-person instruction or to the cessation of instruction altogether. In the same way, we must not allow concerns about alternate forms of assessment to force families, schools, and professionals into a choice between potentially-hazardous traditional assessments and lack of assessment altogether.

In conclusion, MPA and MNS maintain that access to remote and physically-distanced assessment is in the interest of the public health (by reducing the aggregate number of face-to-face assessment hours in the Commonwealth), as well as in the interest of the civil rights and clinical well-being of thousands of children (by maintaining access to disability assessment services during the pandemic). Therefore, we recommend that Independent Evaluations performed by licensed psychologist-health providers utilizing remote or physically-distanced assessment methods be considered on the same basis as traditional, in-person assessments. Specifically, we recommend that school districts not reject Independent Evaluations solely on the basis of the use of remote/distanced methods, and not forbid the use of such methods in Independent Evaluation contracts.



Margaret Lanca, Ph.D.
President, Massachusetts Psychological Association



Kelley K. Henry, Psy.D. BCBA-D, LABA
President, Massachusetts Neuropsychological Society