

Psychological Testing

Learning Disabilities:

Referral and Intervention

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- Why are we seeking other information?
- When do you refer out for additional information?
- The Bell Curve/Normal Expectation
- Learning Disability

Agenda

Parent says:

My child is failing at school

The school is not helping my child

I am not happy with what the school
is doing with OR to my child

I am concerned with his/her reading,
math, writing, etc.

**What gets you to the point of
referring out?**

You (as the physician) then say:

Has the school tested your child?

Is the school working with your child?

What does the school have to say
about this?

**What gets you to the point of
referring out?**

The parents then says (one or more of the following):

They are not doing anything...
(maybe, maybe not)

They aren't testing...
(maybe, maybe not)

They have tested my child and said
that there is nothing wrong...

They say he may have ADHD and/or
dyslexia and they don't do testing
or diagnose that.

**What gets you to the point of
referring out?**

You should **hear**...

The parent is frustrated and concerned

You should **do** one of the following:

Get school records if you can

Ask the parents to bring the school records in

if this is not going to happen, you can then refer out to those who do this more frequently as part of what they do –sometimes it takes time finding out who the disseminator of information is for a school district.

What gets you to the point of referring out?

- We outsource to obtain a more complete look at the child.
- When a child is very young, one of the more comprehensive and time consuming referrals is when we suspect developmental delays in any number of areas.
- Knowing where a child is functioning in general helps us when talking to the parent(s), when working with the child, and when planning our own intervention(s).

Seeking other information...

- Assessment/Testing:

- Speech
- Ability
- Adaptive functioning
- Achievement
- Motor skills
 - Gross motor
 - Fine motor

- Normal Curve

- Where are they relative to where they should be
- Akin to the growth charts

Done to the normal curve...

- While learning where someone is relative to where they ought to be, we learn specific skills strengths and weaknesses.
- Typically, when receiving information from
 - psychologists
 - speech and language therapists
 - occupational therapists
 - physical therapists

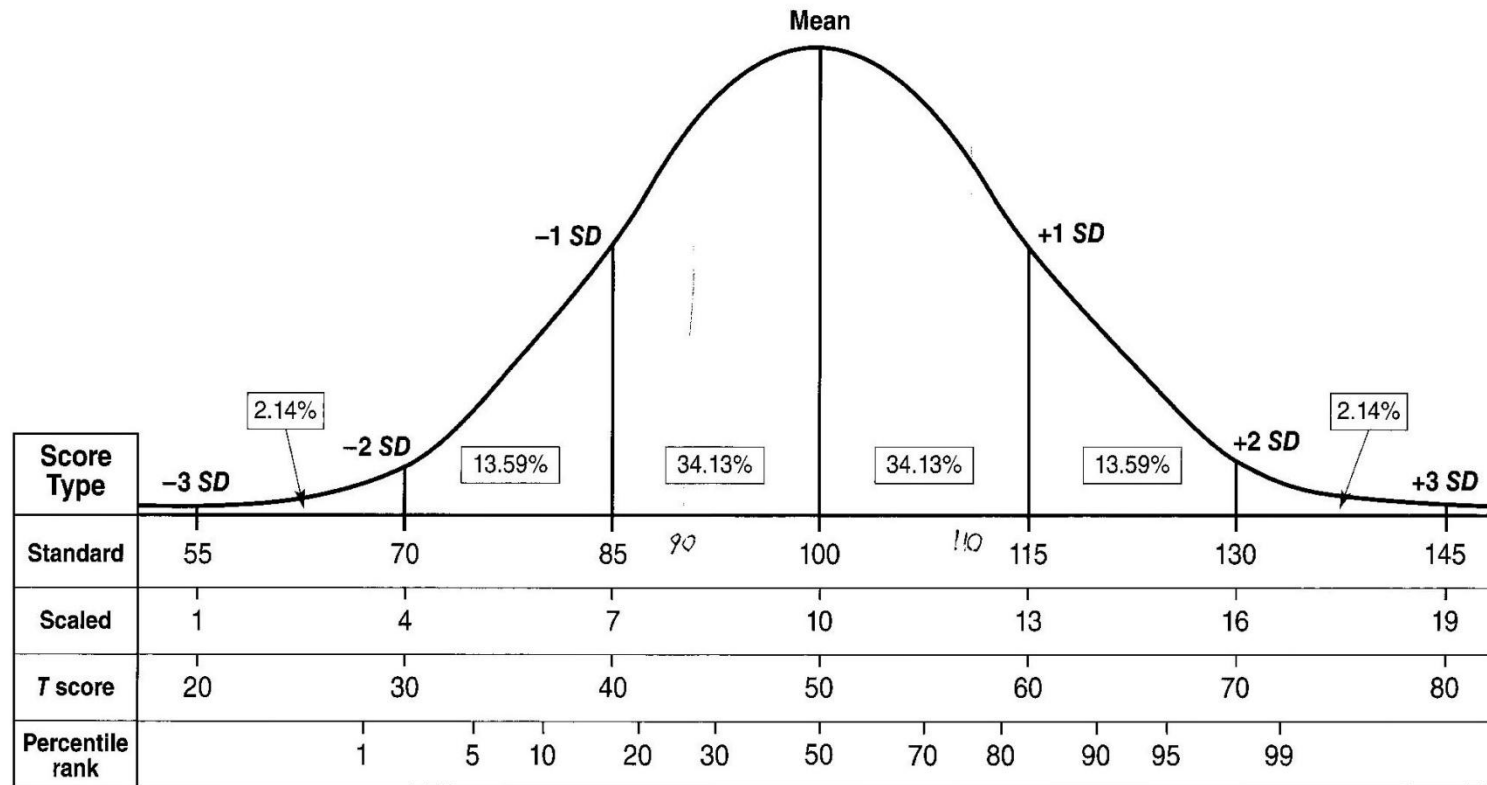
A standard score of 100 is Average

A standard score of 85 is low

A standard score of 70 or below is significantly low

Let's look at the **Normal Curve** to quickly frame this...

Interpretation of Evaluation Results



The Normal Curve

Ability/IQ Testing

Processing (Visual, Auditory, Memory, Speed)

Achievement

Ability to use language

Personality/Behavior

ADHD

Mood

Anxiety

Depression

Developmental Delays

Autism

Psychology

Visual

Copying block patterns

Copying drawings

Completing visual patterns (logical)

Matching pictures with some common element (abstract thinking)

Auditory

How well does the child use what they hear?

Memory

Visual Memory

Auditory Memory

Long-Term Memory, Short-Term Memory

Speed

Simple visual/language tasks

Language

Not a speech and language evaluation, but more a child's ability to use language to solve problems and respond to questions...

Processing

- Receptive Language (understand by hearing)
- Expressive Language (how well and at what level you are able to speak)
- Pragmatic Language (conversational speech)
- Narrative Language
- Speech Prosody (rhythm)
- Syntax (ordering of words)
- Oral structures used in speech
- Feeding difficulties

Speech and Language

- Fine-motor skills (hands, fingers)
- Sensory Issues
- Tactile Defensiveness
- Self-help skills
- Oral-motor needs
- This evaluation and services are found within the school and in the private setting

Occupational Therapist

- Gross-motor skills
- Crawling
- Running
- Jumping
- Throwing
- This evaluation and services is available within the school and in the private setting.

Physical Therapist

When a child turns 5-6 years of age, most districts, if they do not keep them classified as developmental delay, need to move them (if they qualify) to one of two categories:

Intellectual Disability (new term for Mental Retardation)

Learning Disability (good ability, poor achievement relative to that good ability)

**Intellectual and Learning
Disabilities**

- Can stay as Developmental Delay until 9 years of age in the public school system
- However, if obviously much lower than their peers, may need a more formal assessment for Intellectual Disability (new term for Mental Retardation)
- 2 Main items needed
 - Ability test
 - Adaptive Functioning test

Intellectual Disability Evaluation

- **Ability/IQ testing:**

Looking at how the child processes information across a number of different domains.

Two main ones are **verbal** and **nonverbal**, but also look at visual-spatial, processing speed, listening, etc.

Intellectual Disability Evaluation

- Verbal
 - Expressing words
 - Vocabulary
 - Abstract thinking
- Nonverbal
 - Putting things together
 - Pointing to correct answers of logical problem-solving

Intellectual Disability Evaluation

The main issue with ability/IQ testing is to assess how a child can problem-solve and work through novel situations.

Ability/IQ is also a good measure of judgment. Thus, the lower the ability score, the lower a child's judgment about a number of situations, especially new ones.

Intellectual Disability Evaluation

Adaptive/Independent Functioning

Addresses how independent a child is generally able to function – at what age level is he/she?

How well is the child able to adapt to new situations (usually based on ability level)?

How mature is the child relative to his/her peers

Intellectual Disability Evaluation

Ability

How a child learns information
(How easily, how quickly)

Also, assesses judgment (making good decisions)

Adaptive Functioning

How a child uses their ability to function independently within their environment

Intellectual Disability Diagnosis...

This information is usually obtained from rating scales and/or interviews (parents, teachers, guardians, etc.)

This scale is NOT what are they capable of doing alone, BUT what are they capable of doing AND what do they actually do.

If they are capable, but do not do it, then they are not being independent and/or they are not using skills adaptively within their environment.

Intellectual Disability Evaluation

Usually specifically diagnosed by the time the child is five or six years of age (before that, unless very low, is called developmental delay)

School will serve these students and will list them, as we do, as:

ID – mild (50-70)

ID – moderate (25-49)

ID – severe/profound (<25)

Interventions for Intellectual Disability

Students who are found to be within this range of functioning are typically also picked-up by the Department of Disabilities and Special Needs (DDSN), if this has not already been done.

Interventions for Intellectual Disability

Learning Disability....

Parents are usually coming to you with a complaint that the school is not doing anything to help their child.

Students with specific learning disabilities should usually be found by the school because they are well behind their peers in the academic area(s).

Learning Disability

The specific areas assigned for a learning disability are set by federal law. The states and school districts then adopt and adapt within the law as to how they will assess, qualify, and serve them.

This is usually done by the child showing good ability, but very low achievement. Typically, there is a processing issue causing academic progress to be very slow and difficult.

Learning Disability

The 8 areas are:

- 1) **Reading Skills** (phonics, sight-words);
- 2) **Reading Comprehension** (passages and words);
- 3) **Reading Fluency** (ability to read smoothly);
- 4) **Math Calculation**
- 5) **Math Reasoning** (real-life type word problems);
- 6) **Written Expression** (writing and spelling);
- 7) **Oral Expression** (using verbal language);
- 8) **Listening Comprehension** (understanding and using what you hear)

Learning Disability

Other names you may hear:

Dyslexia (dysfunctional way of working with words – reading and written)

Dyscalculia (dysfunctional way of working with numbers)

Dysgraphia (dysfunctional way of writing - handwriting, copying, using lines and margins)

Learning Disability

Dyslexia

- Complains of dizziness, headaches or stomach aches while reading
- Confused by letters, numbers, words, sequences, or verbal explanations.
- Reading or writing shows repetitions, additions, transpositions, omissions, substitutions, and reversals in letters, numbers and/or words.
- Complains of feeling or seeing non-existent movement while reading, writing, or copying.
- Seems to have difficulty with vision, yet eye exams don't reveal a problem.
- Extremely keen sighted and observant, or lacks depth perception and peripheral vision.
- Reads and rereads with little comprehension.
- Spells phonetically and inconsistently

Learning Disability

Dyscalculia

- Difficulty keeping numbers in columns
- Confusion with math concepts?
- Trouble with word problems?
- Crying while doing math homework?
- Switching to addition while doing a subtraction problem or vice versa?
- Forgetting addition facts and multiplication facts?
- Failure to remember math steps?
- Changing the sequence of numerals when copying them

Learning Disability

Dysgraphia

- 1) Substantial difficulty with written language despite having formal instruction;
- 2) Their handwriting may include reversals, spelling errors, and may be illegible;
- 3) Some students with dysgraphia may also have difficulty with language processing and the connection between words and ideas they represent

Learning Disability

Once the child is about 5 or 6 years of age, it is truly a school issue for service.

There is a process in place that is controlled by the school.

A physician-written script will not expedite or guarantee service. The exceptions to this are Other Health Impaired and Orthopedically Impaired which are more physician driven.

The School Process...

Response to Intervention (RtI):

A manner in which the school tries to help the child without formal testing and without placing them in special education.

Parents can get frustrated with this process, because it can be time-consuming as the school waits to see if the response to their intervention is successful.

The School Process...

Intellectual Disability and Learning Disability can be assessed by:

- 1) School
- 2) Developmental Pediatric Clinic
- 3) Psychologists in private practice

Can be expensive – most private insurance does not cover it. Medicaid and Tricare do.

Most private practitioners do NOT take patients with Medicaid because re-imbursement is so low.

Summary...

I.E.P.

**Individualized Education
Plan**

P.L. 94-142 (1975)

All Special Education Laws Codified

- Free and appropriate public education
- Least Restricted Environment
- Parental Rights
- I.E.P.
- Fair testing

I.E.P.

UPDATED: **IDEA**

Individuals with Disabilities Education Act (IDEA)

Revised/Re-authorized many times

Same basic idea: protect the rights of children with disabilities AND provide a framework to do that.

I.E.P.

Basic Parts of an I.E.P.:

What is the area of eligibility

Listing what got us to this point

Current educational performance

Current educational needs

List of goals

List of objects

List of accommodations/modifications

FAPE

LRE

Everyone signs that they agree (parents are allowed to disagree)

I.E.P.

The I.E.P. team consists of (possible):

Parents

Teachers (including special education teacher)

Speech, Occupational, Physical Therapist

School Psychologist

Guidance Counselor

LEA (can be guidance counselor,
principal, assistant principal
(Physician))

I.E.P.

QUESTIONS?