

NEURO-ED ASSESSMENTS AND SCREENERS

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Quick and Highly Effective Assessments of
Common Disorders for Children and Adolescents

Dr. Peter Thompson & Dodi Poulos



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*Neuro-Ed Assessments and Screeners: Quick and Highly Effective Assessments
of Common Disorders for Children and Adolescents*

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DEDICATION

The entire *Neuro-Ed*® series of assessments is dedicated to David Cox. David Cox is an extraordinary person, philanthropist, and entrepreneur that encouraged Dodi and Peter to pursue their dreams. Without David's support and guidance, *Neuro-Ed* would not have existed and students would not have been helped. Thank you David, we are eternally grateful to you.

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ABOUT THE AUTHORS

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Dr. Thompson was named *School Psychologist of the Year* in the state of Colorado by the Colorado Society of School Psychologists. Dr. Thompson holds multiple advanced degrees in educational psychology, school psychology, and a doctorate in psychology with a school neuropsychology concentration. Dr. Thompson was the coordinator for the *Traumatic Brain Injury Team* and *Lead Threat Assessment Trainer* for Douglas County School District in Colorado. He is a licensed school psychologist and he is a national speaker on pediatric neurocognitive disorders. Dr. Thompson is the author of several publications, most notably the *School Psychology Licensure Exam Guide* 1st–4th Editions. In addition to several professional publications, he is a major contributing author for the Colorado Department of Education’s *Brain Injury Manual for Educators* and the primary creator of the neuro-cognitive assessment model used by the Colorado Dept. of Education.

Dodi Poulos

Ms. Poulos is a highly acclaimed 29-year veteran classroom teacher, facilitator, and a recognized expert in student support interventions. As a student intervention team leader, Ms. Poulos created and implemented one of the most effective *Multi-Tiered System of Supports* (MTSS) programs in Colorado. Ms. Poulos utilizes her expertise for developing and implementing data-driven curriculum, frameworks, and sustainable systems to support and engage every student’s learning style and ability. As a coordinator for MTSS, she helped to manage educational initiatives and direct student interventions at the school and district level. Ms. Poulos currently holds licenses in Colorado and Arizona and with her role and leadership as a *Social Emotional Learning Specialist*, she supports staff, students, and families within the district. She provides social and emotional assessment and intervention consultation for all stakeholders in the diverse school community.

INTRODUCTION

■ OVERVIEW AND USAGE

The *Neuro-Ed family of Assessments and Screeners*® was created by professional “**Practitioners for Practitioners.**” Because most assessments of this type take at least a half hour or more to complete by busy professionals, the need arose to create an extremely brief, yet highly effective tool that yields useful clinical and psychological information. The central purpose of all *Neuro-Ed Assessments and Screeners* is to assess school aged students for difficulties or disorders as quickly as possible. The innovative *Neuro-Ed Screeners*® is one of **the fastest and effective assessments available** to professionals.

In particular, the *Neuro-Ed SEBRS* form is considered a useful semi-formal broad-spectrum assessment because it is built from both *quantitative* techniques as well as *qualitative* rating methods. The *Screener* has demonstrated reliable and valid characteristics, but most importantly, it has shown **real-world utility** to help busy professionals.

Neuro-Ed Assessments and Screeners® are founded upon the fact that all human behavior, thoughts, and emotions stem from brain-based functions, hence the pre-fix “neuro” in *Neuro-Ed*. Despite the complexity of neuro-cognitive and emotional disorders, screening evaluations **do not** have to be overly complex or time consuming. This is why all *Neuro-Ed Assessments* are based on mainstream science but presented in an easy one-page rating format.

Despite their rapid administration, the power of all *Neuro-Ed Screeners* is its **ability to capture multiple views** (i.e., 360-degree perspectives) of a child’s functioning. Instead of using just one or two informants to make decisions, the ease of completing the *Screeners* lend itself to be used by several raters. The use of many raters in an evaluation increases its validity and decreases any one person’s bias.

Neuro-Ed Screeners can be employed in various settings, such as schools, clinics, hospitals, mental health organizations, and private practice settings. These assessments help practitioners evaluate critical cognitive functions, behaviors, and emotions, that are strongly associated with **learning disabilities, emotional disorders, traumatic brain injury, attention disorders, and other brain-based issues**. The *Screeners* quickly assess the previous problems to help determine if a more in-depth evaluation is warranted. During the development of several *Neuro-Ed* forms, it was found these assessments could be completed in **less than 5 minutes**.

■ KEY BENEFITS

- Created by practitioners for practitioners, high utility in real-world settings
- Answers expert’s call to use more screeners in initial assessments
- Effective to use for MTSS and RTI applications

- Assesses high incident disabilities such as, Anxiety, Depression, Social Skills, Attention, and Executive Function
- Screeners are scientifically and professionally created assessment tools
- Employed as an effective semi-formal assessment using both qualitative and quantitative methods, Standardized format
- Largely based on CDC guidelines, DSM-V traits, or expert perspectives
- One of the quickest commercially available assessment tools of its type
- 5-minute administration time per form—extremely easy on the raters’ time
- Exceptionally easy to score and interpret
- Uses the power of “several raters,” not just one person’s perception (360°-degree perspective)
- Especially effective to use in special education evaluations
- Commercially available, yet inexpensive to use

■ USAGE, CAUTIONS, AND DISCLAIMERS

Usage

Features

Type: Semi-Formal Assessment for Social/Emotional/Behavioral/Cognitive Issues

Multiple Raters: Teachers, Parents, Self, = 360° Perspective

Uses: MTSS, RTI, Special Education Assessment, Clinical, Forensic

Age Range: 6–18 years (School-aged Students)

Examiner Qualifications: License to work in mental health and relevant training

Admin Time: 5–10 Minutes or Less

Scoring Time: 5 Minutes or Less

Scores Type: Ratings on a 1–5 Scale

Areas Assessed and Forms Used

Executive Functions (N-EFRS)

Anxiety (N-SEBRS; N-ARS)

Depression (N-SEBRS; N-DRS)

Attention (N-SEBRS; N-ADRS)

General Disability Screening and Interpersonal Skills (N-SEBRS)

Memory (N-MRS)

Processing Speed (N-PRS)

Social/Emotional Learning (N-SELA)

Autism Rating and Screening (N-ARSS)

Learning Disabilities (N-LDRS)

Important Cautions and Disclaimer

Despite the focus on practicality and utility, users of any *Neuro-Ed Assessment and Screener*® should be aware that these assessments can only be used as a key part of an evaluation. It is emphasized that *Neuro-Ed Assessments and Screeners*® are not designed, or intended, to be used as a full test battery or as a stand-alone assessment. As the name readily states, *Neuro-Ed Assessments and Screeners*® are screening tools that provide preliminary information to practitioners that may help in a

decision-making process. Even in cases where a person has average scores (screens out), other sources of information must always be utilized to make final decisions. When in doubt about an examinee's functioning, it is better to err on the side of caution and gather more information by administering supplemental assessments.

Professionals that engage in cognitive and emotional evaluations are bound by ethical guidelines and best practice procedures. Ethical guidelines suggest that professional assessments are multi-faceted and rely on several sources of data. Observational data, interview information, historical data, and other types of information should always be employed together in any evaluation. It is important to remember that a person can “pass” a *Screener*, but still have cognitive and/or emotional problems. The unfortunate reality is that false positives and false negatives exist in all evaluations. Exceptional care must be taken not to rely too much on one source of information, regardless of the psychological instrument used.

■ LIABILITY OF AUTHORS AND USERS

Note: All *Neuro-Ed* assessments are intended for licensed mental health professionals, child specialists, psychologists, social workers, counselors, school psychologists, psychiatrists, and others who have relevant training.

Users of any *Neuro-Ed* screeners assume full responsibility and liability. By purchasing this manual, the user agrees not to hold the authors or publisher liable. Users will not seek any legal action against the authors or publisher. All users of any *Neuro-Ed* publication must be licensed and agree to use its assessments only in conjunction with other streams of information and assessments. Users also acknowledge that any *Neuro-Ed* screener can produce false positives or false negatives, which is common to all assessments.

Concluding Remarks

Professional ethical guidelines dictate that practitioners need to be cautious when evaluating children and they should always use multiple instruments to form a diagnostic picture. While the same ethical cautions are provided to examiners using *Neuro-Ed* products, evidence exists to suggest that the *Neuro-Ed Assessment and Screener*® has been very effective and highly sensitive to identifying neuro-cognitive problems and/or emotional issues. During the initial stages of the *Screener*'s development, preliminary information illustrated an 85%–90% success rate in identifying students with emotional and/or cognitive issues when used a part of a body of evidence.

The latest versions of *Neuro-Ed Assessments and Screeners*® are considered extremely effective. Central to all *Screeners*' effectiveness is its empirical foundation and link to time-tested psychological assessments that have been used by experts for decades. While the *Neuro-Ed Assessment*® is newly created, it is modeled after other venerable assessments such as the BASC-3™, CEFT™, and Vanderbilt Scales™. Due to its foundation and practical utility, users of *Neuro-Ed Assessments and Screeners*® can be confident in using them in their professional practice to help children and adolescents.

SECTION I

BACKGROUND AND TECHNICAL INFORMATION

This section describes the purpose and intention of all Neuro-Ed Assessment forms. It also provides important details of how the various assessment forms were created and validated for use.

As mentioned throughout this manual and advertisement material, Neuro-Ed Assessments are considered semi-formal methods, which have benefits, but also limitations. Neuro-Ed Assessments are considered an important aspect of a 3-part comprehensive evaluation system; which entails formal, informal, and semi-formal methods (see the 3-Factor Model of Assessment). Again, all Neuro-Ed forms must be utilized in conjunction with the previous assessment forms and cannot be employed in isolation.

When administered in accordance with best practices, Neuro-Ed assessments can be a very effective way to collect critical information about a child's social, emotional, and behavioral status. Neuro-Ed information, when used part as a body of evidence, can be helpful to make placement decisions for special education, diagnosis, and for creating support plans.

CHAPTER 1

DESIGN, DEVELOPMENT, AND FOUNDATION

■ SPECIAL DESIGN AND UTILITY

Neuro-Ed Assessments and Screeners® are rare assessments in the commercial market because they are one of the fastest screening instruments that provides professionals with the ability to evaluate emotional issues and cognitive functions. All *Neuro-Ed Assessments and Screeners*® are built upon the scientific theory of “parsimony.” Parsimony, in this case, means that screening assessments can be very simple, but also be as effective as more time consuming and complex assessments. For example, when people are asked a few uncomplicated and direct questions about a student’s emotional or cognitive functioning, it can yield valuable information about the student’s status. Raters do not have to be asked 20 redundant questions about a student’s functioning when a few clear questions will suffice. *Neuro-Ed Assessments and Screeners*® do not burden raters with hundreds of tedious items. Because *Neuro-Ed* forms are completed quickly, more raters can be utilized in an evaluation. While the 360° perspective feature of the *Neuro-Ed Screener* is a common practice in the psychological community, the ease of completion makes it far more likely that several raters will be used, which significantly increases its diagnostic utility.

The *Neuro-Ed Assessment and Screener*® is founded upon the following important aspects:

- **All *Neuro-Ed* forms have:**
 1. A scientific and/or expert foundation (CDC, DSM, Licensed Experts)
 2. Both qualitative and quantitative properties
 3. Ability to quickly identify a dysfunction with a high degree of confidence
 4. Extremely high content validity and format simplicity
 5. Ease of use by raters—completed in just a few minutes
 6. Ability to be used by various types of raters (parents, teachers, assistants, etc.)
 7. Simple to interpret and score by professional examiners
 8. Ease of flexibility to follow up on examinee and raters’ responses
 9. Construction modeled after widely adopted practices used licensed professionals
 10. Unbiased and culture-fair foundation to the extent possible

■ DEVELOPMENT AND FOUNDATION

The *Neuro-Ed Assessment and Screeners*® were initially created to be the fastest psychological screeners for wide-spread professional use. The genesis for the concept evolved out of ratings scales designed for private professional use in 2016. These early rating scales were used to help with informal staff and parent interviews during psychological evaluations. Over the years, many children were assessed with a structured interview form of the *Screener*. Children and adolescents ranged in age from 6–18 years old.

In all cases, the early iterations of the *Neuro-Ed Assessment and Screener*[®] were strictly employed as a qualitative informal assessment. Professionals engaged in special education evaluations used the *Neuro-Ed* forms to gather critical insights from a student's teachers, parents, and from the student. While *Neuro-Ed* forms were regarded in reports as "informal measures," the method of having informants "rate" a student's function on a quantitative scale added a standardized format structure to the instrument. The added quantitative scale made the assessment a more effective method compared to just asking relevant, but open-ended interview questions to various informants.

A few years later, the *Neuro-Ed Assessment and Screener*[®] had enough preliminary data to suggest that it was a reliable way for practitioners to easily formulate a professional opinion about a student's emotional status, especially when many informants were used in a student's evaluation. From the outset, feedback from staff and parents about the *Neuro-Ed Assessment and Screener*[®] was exceptionally positive because it was logical in what the test items were asking (e.g., "How would you rate this student's attention span on a 1–5 scale?") Due to the proven utility from early versions of the *Screener*, a small sample was formally examined with psychometric methods. Results from the initial study revealed a positive moderate-to-high correlation to commercially available assessments (SEBRS Form, .69 to the BASC-3). Due to the favorable preliminary results and positive feedback from licensed experts, it was decided to move ahead with a validation and reliability study. The second psychometric study illustrated that the primary screener, called the *N-SEBRS*, had strong psychometric support to be used as an effective scientifically based screener tool (.72 correlation to the BASC-3.)

Scientific and Expert Practitioner Foundation

In keeping with the spirit of the motto, "**Made by Practitioners for Practitioners**," all forms in the *Neuro-Ed* workbook are supported by mainstream psychological research and/or expert opinion from practitioners working in the field. Additionally, most forms are in alignment with concepts or practices as outlined in the *Diagnostic Statistical Manual-5th Edition*[™] (*DSM-V*) and/or *Centers for Disease Control* (CDC). For example, questions from the *Neuro-Ed* targeted forms, such as the *Anxiety Rating Scales*, *Depression Rating Scales*, and *Attention Deficit Rating Scales*, are closely related with symptoms that are outlined in the *DSM-V* and/or from the CDC.

Psychometric Evidence: Reliable and Valid

All *Neuro-Ed* forms are based on scientific research, professional practice, and/or from expert recommendations. In particular, the two forms that are used for broad screening purposes, *N-SEBRS* and *N-EFRS*, were psychometrically analyzed. The results of the validity and reliability studies indicate that both assessments demonstrate evidence for their use as an effective screener. While psychometric studies are always ongoing to evolve the *Neuro-Ed* family of products, the initial versions have solid scientific foundations and they also have proven utility in real-world settings.

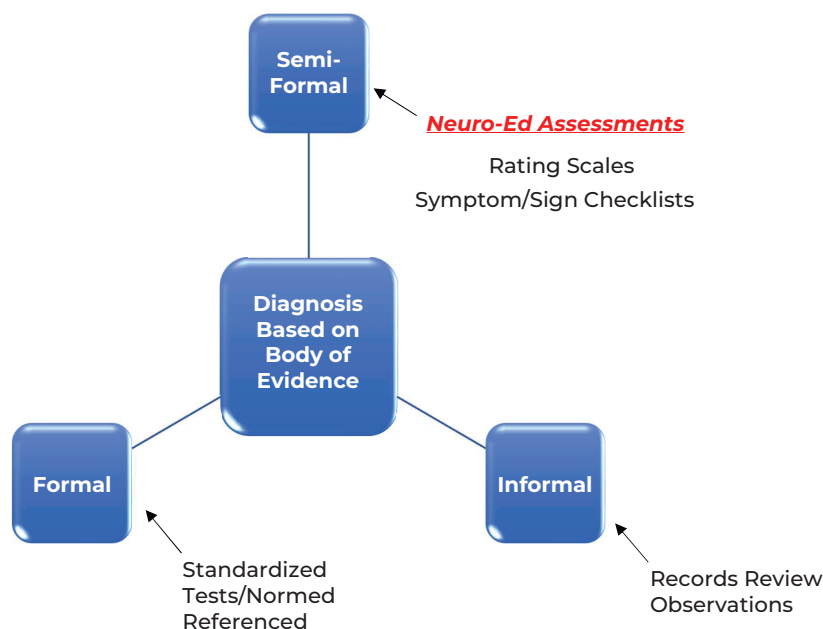
It should be emphasized that the *Neuro-Ed* "targeted" forms used for anxiety, depression, and attention deficit disorder, are based on symptoms and signs of their disorders as detailed by the *DSM-V* and/or CDC. Because the targeted forms are symptom-based assessments, they were modeled after other well-known assessments such as the *Vanderbilt Scales*[®]. Assessments of this nature do not necessarily need statistical analysis, but rather rely on other types of validity to establish their effectiveness for professional use. A quick review of all the *Neuro-Ed*'s items on the targeted forms readily demonstrate that they have extremely high content validity and relevance.

For example, one item from the *N-ADRS* asks the teacher, “Rate this student’s ability to pay attention and focus.”

Neuro-Ed Assessments and Screeners® In An Evaluation Process

All *Neuro-Ed* assessments were created from the outset to be in alignment with the most recent three-tiered model for psychological evaluations. The modern three-tiered model is a “best-practice” model that guides professionals on how to conduct a comprehensive and complete evaluation (Thompson and Sousa, 2019). As can be readily observed in the illustration below, the *Neuro-Ed* rating scales fill the required and critical need for the “semi-formal” assessment leg of the triad. It is important to understand that semi-formal assessments have key features of both informal and formal measures. For example, while standardized tests have very strict administration and interpretation guidelines, semi-formal measures allow for professional judgment and clinical flexibility. While examiners using semi-formal assessments have more flexibility in their interpretation of results, the quantitative data provided by rating scales acts as a discernable guideline that are notably absent in informal measures. Semi-formal measures have a standardized format that helps raters hone their thinking and perceptions by use of quantitative ratings. There are very few, if any, commercially available semi-formal assessments like *Neuro-Ed*.

3-Tiered “Best Practice” Model for Evaluations



Thompson-Sousa 3-Tiered Assessment Model.

Summary

All the *Neuro-Ed* Social/Emotional/Behavioral forms can be used with a degree of confidence by professionals to help children. *Neuro-Ed Screeners* have been in continuous use in real-world settings and have received very positive feedback from experts. These screeners are highly time efficient, but they also have a solid scientific foundation and links to best professional practices.

CHAPTER 2

NEURO-ED[®] RATING SCALES

■ RATING SCALES DESCRIPTIONS

Neuro-Ed Assessments and Screeners[®] were designed to be an effective screening system that assesses both neuro-cognitive functions as well as social, emotional, and behavioral areas. Each form's name is derived by the first letter of the disorder that is being assessed. For example, the first letter of the *Neuro-Ed Social, Emotional, and Behavioral Rating Scales* are used in the forms named **SEBRS**. The **SEBRS** form was also given with the “N” prefix, which stands for *Neuro-Ed*. All assessments have the “N” prefix before its name. (e.g., *N-SEBRS, N-EFRS, N-ADRS*, etc.)

The *Neuro-Ed Social/Emotional/Behavioral Workbook* Contains 10 Assessments

Broad Screeners

1. **SEBRS:** *Social/Emotional/Behavioral Rating Scales*—Primary Screener
2. **EFRS:** *Executive Function Rating Scales*—Assesses 8 Executive Functions
3. **LDRS:** *Learning Disability Rating Scales*—Assesses 3 Academic Domains

Targeted Screeners

4. **ARS:** *Anxiety Rating Scale*—Assesses Anxiety Symptoms and Signs
5. **DRS:** *Depression Rating Scale*—Assesses Depression Symptoms
6. **ADRS:** *Attention Deficit Rating Scale*—Assesses Attention Problems
7. **MRS:** *Memory Rating Scale*—Assesses Memory Problems
8. **PSRS:** *Processing Speed Rating Scale*—Assesses cognitive processing speed
9. **SELA:** *Social/Emotional Learning Assessment*—Assesses areas that may need support in a Social/Emotional Learning program
10. **ARSS:** *Autism Rating Screening Scale*—Assess traits associated with autism.

This section contains descriptions of all the *Neuro-Ed* forms. It is important to reiterate that most *Neuro-Ed* screening assessments can be completed in just 5 minutes, which is an exceptional benefit for extremely busy professionals. The enclosed tools are largely associated to symptoms outlined in the DSM-V and from information provided by behavioral experts. In alignment with best practices in school psychology, the *Screeners* capture observations and perspectives from multiple sources (e.g., staff, parents, and student). (NASP, 2020)

Different Types of Assessments with 3 Forms (Staff, Student, Parent)*

The power of *Neuro-Ed* assessments is that they can be provided to several types of raters. Professional users of the *Neuro-Ed Screeners* have many different forms they can employ to best suit their

needs for a particular situation. Nine *Neuro-Ed* forms have three versions (parent, staff, self-report.) The following are the different types of assessments with 3 forms each.

- **N-SEBRS** 3 forms (Self, Teacher, Parent). *Social Emotional Behavior Rating Scales*. The SEBRS is a broad rating scale that assesses anxiety, depression, attention, and social issues.
- **N-EFRS** 3 forms (Self, Staff, Parent) *Executive Function Rating Scales*
- **N-ARS** 3 forms (Self, Staff, Parent) *Anxiety Rating Scale*
- **N-DRS** 3 forms (Self, Staff, Parent) *Depression Rating Scale*
- **N-ADRS** 3 forms (Self, Staff, Parent) *Attention Deficit Rating Scale*
- **N-MRS** 3 forms (Self, Staff, Parent) *Memory Rating Scale*
- **N-PSRS** 3 forms (Self, Staff, Parent) *Processing Speed Rating Scale*
- **N-SELA** 3 forms (Self, Staff, Parent) *Social/Emotional Learning*
- **N-LDRS** 3 forms (Self, Staff, Parent) *Learning Disability Scales*
- ***N-ARSS** 2 forms (Staff/Parent) *Autism Rating Scale and Screener*

*The N-ARSS is the only rating scale that has two forms—one form for staff and one for parents.

Assessment Descriptions

1. **N-SEBRS:** The *Social/Emotional/Behavioral Rating Scales* is the primary **broad screener** tool. The *SEBRS* consists of four domains with 2–3 focused questions related to each domain. The four domains of the *SEBRS* are, Anxiety, Depression, Interpersonal Skills, and Attention/Behavior. As with all *Neuro-Ed* items, key words are underlined to help the rater understand the critical concept the item is trying to assess. Scoring is based on a review of the results and the examiner’s expert opinion. Consistent ratings of “4” or “5” among most raters typically highlight problem areas that need to be addressed.
2. **N-EFRS:** The *Executive Function Rating Scales* is the second **broad screening** assessment in the *Neuro-Ed* workbook. The *EFRS* is different than other assessments in that it evaluates eight common neuro-cognitive functions associated with executive functioning using multiple descriptive terms for each domain. The use of multiple adjectives to describe each executive function was found to be easier to rate than the use of a sentence format. It should be noted that research in the area of executive functioning varies, and experts do not fully agree on exactly how many executive functions exist. While well-known executive function assessments such as the CEFI and BRIEF-2 have nine executive functions, the *EFRS* covers eight. The *EFRS* condensed the domains of “Organization” and “Planning” into one descriptive area based on feedback from practitioners. As with all forms, scoring is based on a review of the results and the examiner’s expert opinion. Consistent ratings of “4” or “5” among most raters typically highlight problem areas that need to be addressed.
3. **N-ARS:** The *Anxiety Rating Scale* is a **targeted** form used when a professional wants to assess specific symptoms and signs associated with anxiety. As with the *N-SEBRS*, the key descriptors for each question are underlined to help emphasize the concept being rated. Each question has links to symptoms of anxiety as outlined by the DSM-V, the CDC website, or licensed expert opinion. A check box at the end of the form provides the central capstone question, “Do the signs and symptoms of anxiety significantly interfere with the person’s life?” While people may have obvious difficulties with stress, professional practice dictates that the symptoms of anxiety must substantially impact a person’s life before a “disorder” can be considered. Like most disorders,

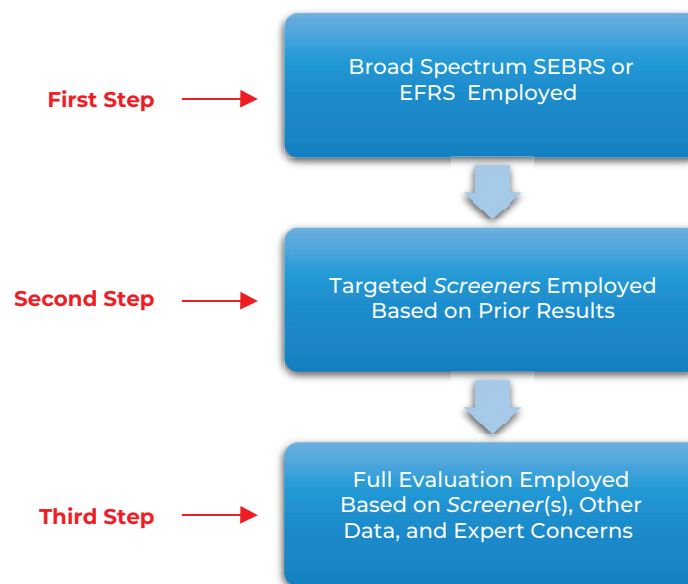
the traits should be present for more days than not for at least several months. Scoring instructions are provided on the form as it is different and more detailed than some other rating scales.

4. **N-DRS:** The *Depression Rating Scale* is a **targeted** form used when a professional wants to assess specific symptoms and signs associated with depression. As with the *N-SEBRS*, the key symptoms or descriptors for each question are underlined to help emphasize the concept being rated. Each question has links to symptoms of depression as outlined by the DSM-V, the CDC website, or licensed expert opinion. A check box at the end of the form provides the central capstone question, “Do the signs and symptoms of depression significantly interfere with the person’s life?” While people may have obvious difficulties with sadness, professional practice dictates that the symptoms of depression must substantially impact a person’s life before a “disorder” can be considered. Like most disorders, the traits should be present for more days than not for at least several months. Scoring instructions are provided on the form as it is different and more detailed than some other rating scales.
5. **N-ADRS:** The *Attention Deficit Rating Scale* is a **targeted** form used when a professional wants to assess specific symptoms associated with attention deficit disorder (ADHD). As with the *N-SEBRS*, the key symptoms or descriptors for each question are underlined to emphasize the concept being rated. Each question has links to symptoms of ADHD as outlined by the DSM-V, the CDC website, or licensed expert opinion of professionals working in the field. A check box at the end of the form provides the central capstone question, “Do the signs and symptoms of attention deficits significantly interfere with the person’s life?” While people may have obvious difficulties with attention, professional practice dictates that the symptoms of ADHD must substantially impact a person’s life before a “disorder” can be considered. Like most disorders, the traits should be present for more days than not for at least several months. Scoring the N-ADRS is similar to the *N-SEBRS* and *N-EFRS*. Scores of “4” or “5” are highlighted and compared across raters for consistency. Professional judgment is used and there is no hard “cut-off” score.
6. **N-MRS:** The *Neuro-Ed Memory Rating Scale* is a **targeted assessment** that is employed when a person appears to have difficulty recalling information and learning new material despite a valid effort. The MRS is an excellent tool to help screen for memory problems or to confirm the results of other memory assessments. Founded upon licensed expert opinion and research. Scoring is similar to the *N-SEBRS* and *N-EFRS*. Scores of “4” or “5” are highlighted and compared across raters for consistency. Professional judgment is used and there is no hard “cut-off” score.
7. **N-PSRS:** The *Neuro-Ed Processing Speed Rating Scale* is a **targeted assessment** that is employed when a person appears to be slow processing information and/or producing timely responses. Processing speed is a hallmark trait of many learning disabilities, traumatic brain injuries, behavioral problems, and attention difficulties. The PSRS is typically used in most special education evaluations. The PSRS is founded upon licensed expert opinion and research. Scoring is similar to the *N-SEBRS* and *N-EFRS*. Scores of “4” or “5” are highlighted and compared across raters for consistency. Professional judgment is used and there is no hard “cut-off” score.
8. **N-SELA:** The *Social/Emotional/Learning Assessment* is different than the other assessments in the Neuro-Ed workbook. While all the other assessments are used to identify a possible disorder or area of difficulty for clinical reasons, the N-SELA’s purpose is to assess a child’s level of need as it relates to social/emotional learning. The *N-SELA* can be used as a tool to create social/emotional curriculum and areas to support in a SEL program. Also, results can be used to teach a student (or students) specific social skills, or emotional regulation strategies. The *SELA* might also be used to create IEP goals for special education purposes. The *N-SELA* is based on five broad domains commonly associated with mainstream social/emotional learning curriculum found in public schools.

9. **N-ARSS:** The *Autism Rating Screening Scale* is a **targeted** assessment and rates a student on 3 broad areas related to autism as outlined by the CDC, DSM-V, and/or professional guidance. The 3 major areas related to ASD are; 1. Social Communication/Social Language, 2. Social Behavior/Interactions, and 3. Restricted/Repetitive behaviors. Scoring instructions are provided on the form as they are more specific than other Neuro-Ed-Rating Scales. It is especially important to note that other assessments and information must be used when screening for autism.
10. **N-LDRS:** The *Learning Disability Rating Scales* is a **broad** screener that evaluates a student's academic performance within the common academic domains of reading, math, and writing. The items on this form are based on professional guidance, rational modeling, and research. Scoring is based on a review of the results. Ratings of "4" or "5" are notable concerns and may illustrate an area of major concern.

General Administration Guidelines (Optional)

When cognitive, social, emotional, and/or behavioral concerns are present, the examiner first employs a broad-spectrum screening tool called **N-SEBRs**, **the N-LDRS**, or **the N-EFRS**. If the results of the broad screener(s) indicate concerns in any domain (e.g., anxiety, depression, attention, learning, etc.), then the relevant targeted screening tool can be administered (e.g. **N-ARS**, **N-DRS**, **N-ADRS**). However, examiners can always choose to employ only the broad screeners, or just the targeted screeners based on their professional judgment and situation.



■ ADDITIONAL ADMINISTRATION AND SCORING CONSIDERATIONS

- It is important to understand that all scales yield critical information that produces **rating scores**, but the scores are not considered norm-referenced scores. The **N-SEBRs** and **N-EFRS** are very useful in creating a **profile of concern** based on multiple informants' ratings. If several informants rate an examinee with similar high scores (e.g., 4s or 5s), then it can be assumed a problem exists and the examiner should move forward with additional evaluations. All Screeners were developed from the outset to allow examiners flexibility to use their professional

judgment. While **no firm cut scores** are generated by any *Neuro-Ed* rating scale, experts use their experience to analyze the **overall profile** and aggregated evidence provided by the ratings. Scores of 4 or 5 on any item suggests an area of concern. The concern is validated if several forms illustrate similar high scores.

- The power of *Neuro-Ed* assessments is that it does NOT ask one person several questions like most assessments. Instead, it uses several people to complete a few questions, hence examiners get a broader view of the presenting issue. The more raters utilized in an evaluation, the more comprehensive the information is to create a valid diagnostic picture of the situation.
- No *Neuro-Ed* form yields a single overall score (e.g., no Full Scale Score). Additionally, *there are no standard scores, percentile ranks, or any other type of norm referenced score given*. The rating scales provide valid information that have both quantitative and qualitative components.
- The measurement of complex human emotion and behavior many times does not lend itself to strict scores, or cut-offs. Rather human behavior, emotions, and motivations require a fair degree of qualitative richness that is guided by quantitative methods (e.g., rating scales.) Although the targeted forms have specific scoring criteria based on the DSM-V, CDC and/or expert guidelines, professional judgment is still utilized.
- Per special education law, school professionals conducting special education evaluations must use both formal and informal measures in their data collection. *Neuro-Ed* screeners can be considered highly useful *semi-formal* measures because *they combine both quantitative and qualitative assessment factors in a standardized format*. The *N-SEBRS* is especially useful when used as “part” of a body of evidence to guide professional opinions and decisions.
- For each screening tool, it is very important to use **multiple sources** of information and supplemental assessments when evaluating a student. All *Neuro-Ed* assessments are **not** designed to be stand-alone instruments, but rather they are provided to multiple people to add to the body of evaluative evidence. For example, in a school environment, examiners should give the *Neuro-Ed* forms to a minimum of two teachers representing the examinee’s core courses and elective classes. Three or more raters are most desirable and can provide comprehensive information to make sound decisions.
- Parents and the examinee can be interviewed with any rating scale, especially the *N-SEBRS* and the *N-EFRS* (*Neuro-Ed Executive Function Rating Scales*.)

■ SPECIFIC ADMINISTRATION AND INTERPRETATION INSTRUCTIONS

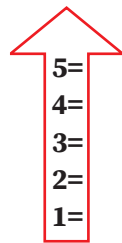
All *Neuro-Ed* forms use a semi-formal approach based on perceptions from multiple informants. Raters are asked to quantify their observations and opinions on a single page form. A one-page format allows the examiner to quickly coalesce and evaluate a large body of information from across raters. While written statements from raters are important to review, the rating scale format is a time efficient and effective way of collecting key information regarding an examinee’s social and emotional status.

The following instructions and guidelines are provided to all raters. This is an example from the Staff Form.

- **Administration (Parent and Staff Forms):** *While handing the one-page rating scale to a staff member, you can read (or paraphrase) the instructions printed on each form. Make sure to briefly review with the new rater that a rating of “5” is a major concern, while a “1” is no concern and very positive.*

Say:

YOU ARE ASKED TO RATE THIS STUDENT'S TYPICAL EMOTIONAL STATUS AND BEHAVIOR ON A 1-5 SCALE. FOR EACH QUESTION, SIMPLY USE YOUR EXPERIENCE TO COMPARE THIS STUDENT TO THE AVERAGE OF YOUR CLASS. PLEASE PROVIDE ADDITIONAL COMMENTS, OBSERVATIONS, AND YOUR PERSPECTIVE IN THE SPACE PROVIDED OR ON THE BACK OF THIS FORM IF NECESSARY.

Rating Descriptions:

5=	MAJOR CONCERN: SIGNIFICANT PROBLEM AREA
4=	MODERATE CONCERN: MAY NEED SUPPORT IN THIS AREA
3=	AVERAGE FOR AGE GROUP/TYPICAL FOR AGE
2=	POSITIVE OR RESILIENT
1=	<u>NO CONCERN WHATSOEVER:</u> EXTREMELY POSITIVE

As mentioned, no form provides a normed reference score (e.g., Standard Scores, Scaled Scores, Percentiles, etc.) All *Neuro-Ed* forms are founded upon a structured and standardized format, but results are provided as simple rating scores. Scores of “4” or “5” are typically concerning, but always double check the instruction on the form used.

- **Self-Report or Interview Forms:** All *Neuro-Ed* Self-Report forms are created to be used as an interview form; however, the Self-Report form can be given to the examinee to complete in private. It is encouraged that the Self-Report be administered as a structured interview when possible. The interviewer should make sure the examinee understands the rating system and the instructions. Use of the “smiling or distress” face emojis can be very helpful with younger children. It should be emphasized that structured interviewing can be consistently more reliable and valid than informal interviews (Trull et al., 1998.) Also note that *Neuro-Ed* forms allow examiners the flexibility to ask important follow-up questions when an examinee’s response needs more clarity.

Scoring and Evaluating: To illustrate how to interpret *Neuro-Ed* ratings scales, we will use the N-SEBRS form as an example. On the N-SEBRS form, a range of rating scores are provided for each *specific* domain (e.g., anxiety, depression, attention, social, other). Scores in each domain range from no concern (ratings of 1-3), mild-moderate concern (rating of 4), to most significant concern (5 rating). For all domains, a score of 5 may signal an area that is significantly concerning. In cases where an examiner rates a child as highly concerning, the rater should provide clarification and/or evidence for this score. Areas rated a 4, do not necessarily mean that a disability is present, but rather means this is a domain of obvious concern and an area that might need targeted support. Supplemental testing for areas rated a “4” or “5” is recommended, but always at the discretion of the examiner.

If multiple raters score a student “4” or “5” in various domains, then this meets the criteria for diagnostic concern and it would be prudent to move forward with a formal assessment. When a diagnostic threshold is met, the examiner should ascertain additional information on the area of concern and provide possible interventions strategies.

Note: NOT all raters have to score an examinee a 4 or 5 to move forward with additional testing. Professional judgment should be utilized when interpreting any high score, especially when not all raters agree. Examiners should use the *N-Screeners* to add to a body of evidence and to help create

a profile of concern by all the raters. Total agreement among all raters is rarely perfect, or without some discrepancy among informants.

- **Example:** If 4 teachers complete the *N-SEBRS* and 3 of the 4 teachers rate the student a 4 or 5 on any item(s) on the Anxiety domain of the *SEBRS*, then it would be prudent to move ahead with a more in-depth evaluation for a possible anxiety disorder. The use of the “Targeted Screeners” may be helpful.
- In the same example noted previously, if only 2 of the 4 teachers rated a student 4 or 5 on anxiety scale items, then the examiner can still use his/her judgment to move forward with additional evaluation, or craft interventions to help the student.
- If only 1 of the 4 raters score the examinee with 4s or 5s on a domain, it would be prudent to talk with the teacher and possibly craft interventions for that specific class or setting. However, the examiner could still move forward with additional testing.
- **Note:** No *Screener* is sufficient to diagnose a disorder by itself. More formal measures are always needed to make clinical decisions. Screeners should be used primarily as a tool to help the examinee make decisions regarding additional assessment and to add to the body of evidence.

Scoring Example Case Study

A school social worker at a large public middle school has received a referral for a special education evaluation. The referred student, Jack, is a 7th grade male that has a history of poor grades, mostly due to work incompleteness.

The social worker provides *all* of Jack’s teachers with the broad-based screener called the *N-SEBRS*. Five of Jack’s teachers complete the *N-SEBRS*; three core class teachers and two elective teachers. Due to the ease of completion, most of Jack’s teachers complete the *N-SEBRS* the same day.

When all the forms are completed, a quick review of the forms reveal that most domains are scored 2’s or 3’s except for the domain of “Attention.” However, not all teachers agree and there is some variability in ratings. For example, two of Jack’s teachers rated him 3’s in all domains, but three of Jack’s teachers rated him a 4 on all attention items. Because the forms use a simple format, the social worker easily sees that the two teachers that are not in agreement are Jack’s elective teachers (PE and Music).

The social worker determines that most of Jack’s core teachers think that he has attention concerns (ratings of 4’s or 5’s.) Given the initial results, the social worker provides Jack’s parents and the three core teachers the *N-ADRS* (Attention Deficit Rating Scales) to “drill down” on attention concerns. The results of both the parent and teacher forms noted at least 2 or more items on the *N-ADRS* are rated 4’s or 5’s, which indicate concerns. In fact, most forms have 5 or more items rated above a 3. Due to the results of the *N-SEBRS* and the *N-ADRS*, a full ADHD evaluation was deemed appropriate.

The results of the full evaluation by Jack’s school team indicated that he had attention problems that were significant. Jack subsequently qualified for an IEP due to his disability. The results of the *N-ADRS* were shared with Jack’s parents and doctor. Jack’s doctor used the *Neuro-Ed* information to help with the diagnosis of ADHD. A trial dose of medication was administered and Jack’s classroom performance improved.

Special Note: The previous example emphasizes the power of using multiple relevant raters. A quick review of the example on the next page clearly illustrates that Jack has attention problems in science class. If a few other rater forms have a similar (but not exact) profile, then an attention disorder is suspected and an ADHD evaluation is warranted.

See the Sample N-ADRS Next Page