

November 2019

Evaluation and Diagnosis in a Functional Program at the Iowa School for the Deaf

Melda E. Alber
None

Follow this and additional works at: <https://repository.wcsu.edu/jadara>

Recommended Citation

Alber, M. E. (2019). Evaluation and Diagnosis in a Functional Program at the Iowa School for the Deaf. *JADARA*, 3(3). Retrieved from <https://repository.wcsu.edu/jadara/vol3/iss3/8>

EVALUATION AND DIAGNOSIS IN A FUNCTIONAL PROGRAM AT THE IOWA SCHOOL FOR THE DEAF

MELDA E. ALBER

Evaluation and diagnosis have always been a part of education, whether conducted informally and subjectively or through more sophisticated procedures. They are, in fact, inextricably related. As evaluation and diagnosis pertain to deaf education, the modern era may be considered to have begun shortly after the turn of the century with the efforts of Dr. Rudolph Pintner and his colleagues to devise standardized measures of intelligence appropriate for hearing handicapped individuals (Pintner and Patterson, 1915, 1916, 1917, 1923).

The chief goal of evaluation was for many years to measure intellectual endowment, assess school achievement, and, if the results were not compatible, to search out or diagnose reasons for the strengths and weaknesses revealed. Implied in all these procedures was the assumption that those engaged in education would use the results of evaluation and diagnosis to strengthen teaching methods and overcome pupil weakness.

More recently, with the growing awareness of the number of emotionally disturbed children and those affected by some degree of brain damage, educational evaluation and diagnosis have taken on new dimensions. Schools for the deaf have been forced to take these conditions into consideration, as their enrollments show an increasing proportion of multiply handicapped children. Although most schools for the deaf

MELBA ALBER is Principal of the Iowa School for the Deaf.

are not staffed to make a diagnosis in the medical sense, they are nevertheless faced with the responsibility of caring for and coping with a variety of atypical children. Having evaluated these children, using the best means at hand, they must make some decisions regarding how best to handle them. These decisions require an element of diagnosis, as the very choice of a course of action implies that the problem has been at least tentatively identified.

Audiological evaluation has also become a function of schools for the deaf. In recent years technical improvements have greatly increased the efficiency of this service, and audiologists are able to measure residual hearing accurately and to use their findings to recommend appropriate hearing aids. Although medical diagnosis in this area is, of course, the province of the otologist, a well-trained audiologist is able to select those children who might profit from surgical procedures and refer them to a specialist for a more conclusive judgment.

A fourth area involving evaluation and diagnosis, which is just coming into its own in schools for the deaf, is that of personal and vocational counseling to assist pupils in their interpersonal relationships and in making decisions affecting their future.

Thus, schools for the deaf have accepted the challenge of evaluation and diagnosis with the broad goal of helping each child, whatever his individual make-up, to reach his full potential—educationally, in use of residual hearing, socially and vocationally.

In order to meet its obligation to its students in each of the areas described, the Iowa School for the Deaf has a full-time, qualified, psychologist, audiologist, and vocational guidance counselor. In addition there are three other members of the guidance team who spend approximately half their time in individual or small-group counseling.

At the Iowa School evaluation starts with the pre-school child. Parents are invited to bring their child to the school sometime during the year prior to enrollment. Psychological and audiological evaluations are given to determine whether or not a school for the deaf represents an appropriate place-

ment for the child. The visit also provides an opportunity for parental counseling and permits the parents to visit classes, meet teachers and house parents, and become acquainted with school philosophy and policy. A guest room is made available so that the visit need not be hurried. When the time for actual enrollment arrives, parting is not so traumatic an experience for either parents or child because some degree of familiarity and confidence has been established.

Thereafter for as long as the child remains in school, psychological and audiological assessment is repeated at routine intervals. If problems arise, a child may be referred for evaluation at any time.

The tests most frequently used to estimate intellectual potential are these, depending on the age and condition of the subject: Revised Nebraska Test of Learning Aptitude (Hiskey, 1966), Goodenough Draw-A-Man Test (Goodenough, 1926), Leiter International Performance Test (Leiter, 1940) and performance batteries from the Wechsler Intelligence Tests (Wechsler, 1949, 1955). Since longitudinal studies conducted at ISD as well as by psychologists working in many other settings have shown that the I.Q. is far from constant, the word "estimate" is used advisedly. The I.Q., as such, is only one of many factors considered in the total evaluation. At least one verbal battery is given before the child completes his school career. While a verbal I.Q. has meaningful implications to persons well acquainted with the handicap of deafness, it is recognized that even a mild hearing loss renders a verbal score invalid.

Achievement testing is also the responsibility of the school psychologist, who supervises the administration of these tests annually. Many tests have been used on an experimental basis, but the two which have provided the base for a continuous testing program that dates back well over thirty years are the Stanford and Metropolitan Achievement Tests. Achievement scores are also meaningful to those who understand deafness, but *a deaf child and a hearing child with identical scores cannot be equated*. There have been many surveys which show the deaf as a group inferior to the hearing in terms of school achievement. Statistically, these results are

undoubtedly accurate, but their interpretation is definitely open to question. The fact that hundreds of young deaf men and women with severe educational retardation, if the achievement test scores are accepted at face value, are able to compete successfully with their hearing peers in business and trade schools and in the cold realities of the job market is evidence enough that an achievement score may sell short the true academic achievement of the deaf individual.

The most accurately interpreted test score obviously has no value if it is not put to use. At ISD when there is a marked discrepancy between intelligence and achievement scores and the teachers also feel that a pupil is seriously under-achieving, some action is taken. Counseling or tutoring is frequently recommended, and sometimes reclassification seems advisable.

Schools for the deaf are frequently called upon to evaluate hearing handicapped boys and girls who have met failure in public school. Educationally retarded regardless of potential and often emotionally disturbed because of lack of social acceptance, these children present a sad picture. It is the more disheartening because many could have survived in public school with a reasonable amount of support. With the circumstances different in every case, no blanket policy can be applied, and each child requires individual review and often a difficult decision. At ISD if the child is young, shows normal likely he will be enrolled. If, on the other hand, the loss is potential, and has a progressive or relatively severe loss, it is mild and does not appear to be the real cause of failure, it is probable that he will be returned to the public school or referred to another agency. In each case consideration must be given to the needs of the child, the well-being of the other students in the total residential school situation, and to the critical factor of limited space.

To return to the regular evaluation program at ISD, the psychologist has several other functions. She tests the younger children for visual-perceptual problems and serves as consultant to the teachers in a remedial program. She also screens the intermediate and high school students on a Telebinocular*

*Keystone visual Survey Tests, Keystone View Company, Meadville, Pennsylvania.

to identify those who may have defective vision and refers them to an oculist. And finally she administers a variety of aptitude tests, the results of which are made available to the vocational guidance counselor.

The audiologist is aided in his task of evaluation and diagnosis by modern equipment. At his disposal are completely sound-proofed testing booths housing a console fitted for a variety of intricate hearing measurements. He also has a portable audiometer which he may use if circumstances make it the preferred instrument.

While children may be referred for testing at any time, all are tested regularly and a cumulative record kept. The audiologist is frequently called upon to assist in the choice of a hearing aid and is able to determine which of several aids best compensates for the individual's particular kind of hearing loss, provides the greatest db gain, and most effectively improves his speech discrimination.

Because he must deal with the vagaries of human behavior, the guidance counselor's role is less easily defined than that of the others concerned with evaluation and diagnosis. The vocational guidance counselor, however, does have some fairly objective data to guide him as well as the subjective judgments of knowledgeable persons. He can refer to the information gleaned from interest inventories, to the results of a variety of aptitude tests, and to the reports of teachers, both academic and vocational. It is his task, through dialogue, to develop the student's insight into his own capabilities and to help him reach a realistic decision regarding a future course of action. Sometimes this means leading him away from a too-ambitious plan, which would almost certainly result in failure. Or quite as often, it means encouraging him to reach for a more ambitious goal and thus avoid under-employment, a condition too prevalent among the deaf. In either case the vocational guidance counselor has a highly sensitive and responsible mission.

His work is not finished until he sees the student embarked upon the course jointly decided upon, is satisfied that the student will derive satisfaction from it, and is convinced that he has a reasonable chance of success.

At the Iowa School the vocational guidance counselor's services are available to former students, and it is frequently his privilege to guide young deaf men and women through college or advanced vocational training and finally see them established in a productive occupation. Because of automation and fluctuating employment needs, the vocational guidance counselor may have to repeat his efforts and lead his client into a retraining program. The school's vocational guidance counselor works with the Division of Vocational Rehabilitation, and very often individual programs are worked out jointly.

The personal guidance counselors have scheduled interviews with all junior and senior high school students. They may discuss getting along with people, boy-girl problems, or any topic that seems pertinent. Upon occasion a pupil is referred to a counselor, but more frequently the pupils themselves request a conference in order to confide their troubles to an understanding adult who is in no way involved with disciplinary action.

A special and very important service of the guidance counselors is working with the emotionally disturbed. Therapy consists of talking out problems and trying to develop insight into their sources.

It has been the experience at ISD that most troubled children want very much to talk with a trusted counselor, who is sympathetic but fair, who can put happenings into their proper perspective, and who is not shocked by personal disclosures, whatever their nature. In certain of these troubled children marked improvement has been noted.

It is felt at the Iowa School that as a result of good counseling based on a studied evaluation of the child's mental and emotional state, he will be better able to cope with his problems and to develop more mature attitudes. Although the personal counseling program at ISD is still in its infancy, it is thought to have a very promising future.

It has been the purpose of this paper to touch upon the philosophy upon which the evaluative and diagnostic program at the Iowa School for the Deaf is based and to describe that program in its various areas of application. By and large, the

emphasis is on evaluation with only that degree of diagnosis required to identify tentatively a problem and carry forward a plan of action. It would be desirable to have all disciplines represented on a consulting staff for the purpose of professional diagnosis and treatment, and it is hoped that the future will see such a staff available to all schools for the deaf. Meanwhile the Iowa School and others like it will carry forward meaningful programs in each of the areas described with the resources available to them.

REFERENCES

- Goodenough, F. Measurement of intelligence by drawings. New York, World Book, 1926.
- Hiskey, M. S. Revised Nebraska test of learning aptitude for deaf children. Lincoln, University of Nebraska, 1966.
- Leiter, R. G. The Leiter international performance scale. Santa Barbara, State College Press, 1940.
- Pintner, R. and Patterson, D. G. The Binet scale and the deaf child. *J. educ. psychol.* 1915, 6, 201-210.
- Pintner, R. and Patterson, D. G. Psychological tests for deaf children. *Psychol. Monogr.*, 1921, 29, No. 132.
- Pintner, R. and Patterson, D. G. A measurement of the language of deaf children. *Psychol. rev.*, 1916, 23, 413-436.
- Pintner, R. and Patterson, D. G. A scale of performance tests. New York, Appleton-Century-Crofts, 1923.
- Wechsler, D. Wechsler Intelligence Scale for Children. New York, Psychol. corp., 1949.
- Wechsler, D. Wechsler adult intelligence scale, New York, Psychol. corp., 1955.