



Assessment 101 for Hospital Teachers: Identifying Patient's Individual Learning Needs Through Formal and Informal Assessment

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NEMOURS
CHILDREN'S HEALTH

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Education/Certifications

- PhD in Reading/Literacy Education
- Certified Teacher in Elementary Education (K-6), Exceptional Student Education (K-12), & Reading Education (K-12)
- Certified Brain Injury Specialist

Special Interests

- Assessment and intervention for struggling readers
- School re-entry support for children with acquired brain injury



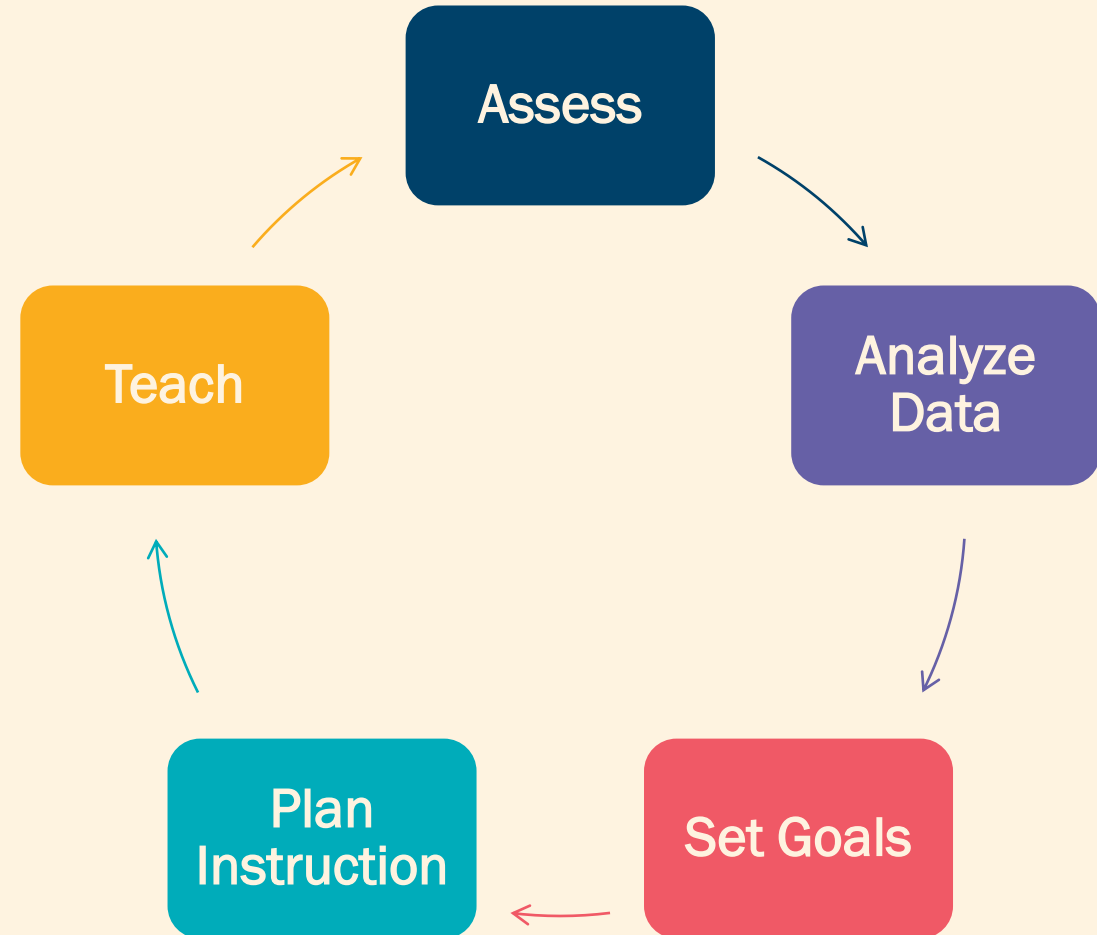
Learning Objectives

1. To discuss the critical role of assessment in the hospital-based teaching and learning process.
2. To discuss several types of assessments that can be used to identify patient's academic strengths and areas of need in the hospital setting.
3. Demonstrate how assessment data can be used to formulate individual goals for patients and inform school re-entry recommendations.



Data-Driven Instructional Cycle

- Regardless of the educational setting, assessment plays a vital role in the teaching- learning process.
- Data-driven instruction focuses on assessing student learning, analyzing assessment data and adjusting instruction in response to ongoing progress monitoring.
- This approach helps teachers to design instruction that is directly aligned to their student's individual needs.
- Data-driven instruction is especially important for hospital teachers who work with children with a wide range of skills and abilities.



Importance of Assessment in Hospital-Based Educational Programming

- Hospital teachers work with patients of all ages who have varying needs, abilities, and levels of understanding.
- Many of our patients work significantly below grade level.
- Hospital teachers often receive little to no prior information about patient's educational strengths, abilities, and areas of need.
- We do not have time to teach an entire curriculum.
- Our job is to provide **individualized** instruction and support. Therefore, we must understand our patient's individual learning needs.

Assessment is key!

Types of Assessments

FREE

- Basic Phonics Skills Test (BPST)
- Core Phonics Survey
- San Diego Quick Test

PAID

- Qualitative Reading Inventory (QRI)
- IXL Diagnostic
- Kaufman Test of Educational Achievement (KTEA-3)

Basic Phonics Skills Test (BPST)

Grade Level: K-3

Approximate Testing Time: 10 – 20 minutes

- The [Basic Phonics Skills Test \(BPST\)](#) is a valid and reliable assessment of a student's ability to use knowledge of letter/sound correspondences (phonics) to decode words.
- BPST III assesses letter sounds and words representing the following 12 kinds of patterns:
 - short vowels with consonants (CVC),
 - short vowels with consonant digraphs (sh, ch, th, wh),
 - short vowels with consonant blends (st, sn, fl),
 - short vowels with inflectional endings (ed, ing),
 - final e (fine),
 - long vowel digraphs (team)
 - r-controlled (hurt),
 - other vowel digraphs and diphthongs (boil),
 - two-syllable words,
 - words with affixes
 - multisyllabic words
- Any section in which a student achieved less than 80% proficiency represents a possible area of focus.

BPST-III - Basic Phonic Skills Test						Dates: _____						
Name _____						Totals: _____/91						
Consonant sounds: Mark correct answers with √, incorrect answers with actual response, and no response with NR; note which sounds are distorted, e.g., "fuh," but do not count as incorrect. Reversals are counted as incorrect. (NOTE: If a child states "I" for "l" state: <i>This looks like a capital I, but it isn't. What other letter can it be?</i>)												
(continuous sounds)	m	s	f	l	r	n	h	v	w	z	_____	
(stop sounds)	b	c	d	g	p	t	j	k	y	x	q	_____/21
Short vowel sounds: "Tell me the sounds of these letters." If the students give a long vowel sound, prompt them by asking if they know another sound. Do not specifically ask for short vowel sounds. Record incorrect answers with actual response or NR if no response. Mark on top with ' for short, ' for long. Since you are only interested in the short vowel sounds, there is no need to prompt students if they do not give the long sounds.												
	i	o	a	u	e						_____/5	
Reading words with phonic patterns: Record incorrect answers with actual response or NR. Note: Consider stopping when total number correct on two consecutive rows is 0-1.												
short	van	mop	fell	sun	fix							
	lot	kid	hug	wet	map						_____/10	
consonant digraph	chin	bath	when	shut	song						_____/5	
blends	left	must	frog	flip	snack						_____/5	
inflection	filled	letting	rested	passes	licked						_____/5	
final e	fine	hope	cute	kite	rake						_____/5	
long vowel diag.	soap	leak	pain	feed	ray						_____/5	
r-controlled	burn	fork	dirt	part	serve						_____/5	
other vowel diag.	coin	soon	round	lawn	foot						_____/5	
2-syl.	silent	ladder	napkin	polite	cactus						_____/5	
affixes	distrust	useful	unfair	hardship	nonsense						_____/5	
3-4 syl.	volcano	potato	electric	frequently	combination						_____/5	
3-5 syl.	unflavored	intelligent	organization	convertible	representative						_____/5	
Recording Sheet (For students reading below a 4th grade decoding level), John Shefelbine, California State University, Sacramento, Fall 2006												
End of Year Benchmarks:		Reached Benchmark				Approaching Benchmark						
1 st Grade		60				50						
2 nd Grade		75				70						
3 rd Grade		81				76						

Core Phonics Survey

Grade Level: PK-3

Approximate Testing Time: 10 – 30 minutes

- [The CORE Phonics Survey](#) is also a valid and reliable assessment of a student's ability to use knowledge of letter/sound correspondences (phonics) to decode words.
- The CORE Phonics Survey assesses **letter names and sounds** and words representing the following kinds of patterns:
 - short vowels in CVC words,
 - consonant blends and short vowels
 - Short vowels ,digraphs, and –tch trigraph,
 - r-controlled vowels,
 - long vowel spellings,
 - variant vowels,
 - low frequency vowel and consonant spellings, and
 - multisyllabic words
- Students who score at the Strategic or Intensive levels will benefit from targeted instruction in the phonics concepts indicated.

PART G Short vowels, digraphs, and -tch trigraph							Includes nonsense words
___/5	when	chop	thin	shut	wick	(real)	
___/5	dodge	rash	ring	then	match	(real)	
___/5	chid	shom	dath	phid	futch	(pseudo)	
___/15							
PART H R-controlled vowels							
___/5	harm	dirt	form	fern	surf	(real)	
___/5	worn	pert	bark	turn	bird	(real)	
___/5	nerm	sirt	gorf	murd	carn	(pseudo)	
___/15							
PART I Long vowel spellings							
___/5	tape	key	toe	paid	feet	(real)	
___/5	leap	boat	tie	ray	blow	(real)	
___/5	loe	hine	beap	faim	soat	(pseudo)	
___/15							
PART J Variant vowels							
___/5	few	down	moon	hawk	coin	(real)	
___/5	cue	loud	cook	haunt	toy	(real)	
___/5	voot	rew	fout	zoy	bawk	(pseudo)	
___/15							
PART K Low frequency vowel and consonant spellings							
___/5	kneel	cent	type	ghost	wrist	(real)	
___/5	giant	sweat	gnat	bomb	sigh	(real)	
___/5	bice	knod	dimb	tigh	wrep	(pseudo)	
___/15							

San Diego Quick Assessment (SDQA)

Grade Level: PK-12

Approximate Testing Time: 10 – 15 minutes

- The [San Diego Quick Assessment of Reading Ability \(SDQA\)](#) measures a student's recognition of words out of context. This assessment consists of graded word lists from Pre-K to 11th grade. Results from the SDQA can be used to estimate a child's instructional reading level.
- Each list completed by the student can be scored as shown below:

Errors/List	Reading Level
1 error	Independent Level
2 errors	Instructional Level
3 errors	Frustration Level
- The student's reading level is the last grade-level word list in which the student read eight or more words correctly.

San Diego Quick Assessment – Record Form

Name _____ Grade _____ Date _____

Directions: Begin with a list that is at least two or three sets below the student's grade level. Have the student read each word aloud on that list. Continue until the student makes three or more errors in a list.

Reading Levels:

One error- independent level
Two errors- instructional level
Three errors- frustration level

When testing is completed, record the highest level your student reached in each of the grade level lists used.

Pre-K	Kindergarten	Grade One	Grade Two	Grade Three
see	you	road	our	city
play	come	live	please	middle
me	not	thank	myself	moment
at	with	when	town	frightened
run	jump	bigger	early	exclaimed
go	help	how	send	several
and	is	always	wide	lonely
look	work	night	believe	drew
can	are	spring	quietly	since
here	this	today	carefully	straight

Grade Four	Grade Five	Grade Six	Grade Seven
decided	scanty	bridge	amber
served	business	commercial	dominion
amazed	develop	abolish	sundry
silent	considered	trucker	capillary
wrecked	discussed	apparatus	impetuous
improved	behaved	elementary	blight
certainly	splendid	comment	wrest
entered	acquainted	necessity	enumerate
realized	escaped	gallery	daunted
interrupted	grim	relativity	condescend

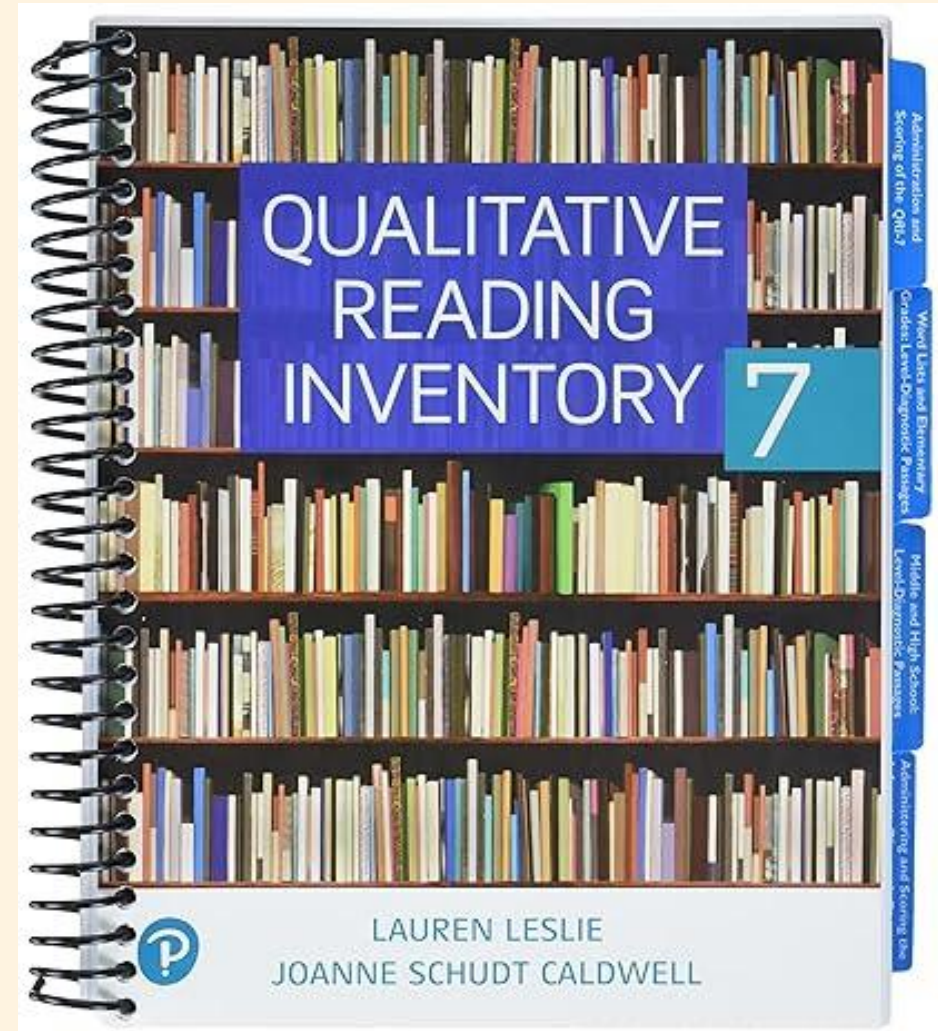
Qualitative Reading Inventory

Grade Level: PK-12

Approximate Testing Time: varies based on grade level

- The QRI-7 is an individually administered informal reading inventory (IRI) designed to provide information about a student's oral reading accuracy, rate of reading, and comprehension. Student scores are interpreted only in regard to the individual and not to any group norm.
- The QRI-7 contains narrative and expository passages at each level from pre-primer through high school.
- Results from the QRI-5 can be used to identify a student's instructional reading level, determine areas of difficulty, and monitor student growth.

Cost: Only \$69.65 on Amazon!



IXL Diagnostic

Grade Level: PK-12

Approximate Testing Time: 45 mins per subject area

- IXL Diagnostic can be used to determine students' grade-level proficiency in math and English language arts.
- Diagnostic levels correspond to grade levels. For example, a score of 850 indicates the student understands about 50 percent of 8th grade material.
- IXL's Diagnostic creates a personalized action plan for each student.
- Student Summary Report includes areas for growth and resources for at-home support.

Cost: 4-subject classroom license includes one teacher login and up to 25 students for \$599* per year



KTEA - 3

Grade Level: PK-12

Approximate Testing Time: varies based on number of subtests

- The Kaufman Test of Educational Achievement, Third Edition (KTEA-3) is an individually administered measure of academic achievement for grades prekindergarten through 12.
- The KTEA-3 provides information about a student's academic strengths and weaknesses in reading, mathematics, written language, and oral language.
- Provides age- and grade-based standard scores ($M = 100$, $SD = 15$), age and grade equivalents, percentile ranks.
- Can be administered and scored using Q-Interactive, Pearson's 1:1 iPad Based Assessment System
 - Q-interactive pricing consists of an annual license for each user and a per-subtest usage charge.

[Click here](#) to view pricing.

[Click here](#) to view a sample score report.



See Q-interactive in
practice

The client uses th

Using EPIC SmartPhrase to Document Assessment Results

Kaufman Test of Educational Achievement (KTEA-3)

The *Kaufman Test of Educational Achievement, Third Edition* (KTEA-3) is an individually administered measure of academic achievement for grades prekindergarten through 12, or ages four through 25. The KTEA-3 provides information about a student's academic strengths and weaknesses in reading, mathematics, written language, and oral language.

KTEA-3 Results

Descriptive Category	Standard Score
Very High	130 or above
High	120-129
Above Average	110-119
Average	90-109
Below Average	80-89
Low	70-79
Very Low	69 or below

Subtest/Composite	Standard Score	Percentile Rank	Grade Equivalent	Classification Range
Academic Skills Battery (ASB) Composite	***			{KTEA Descriptive Categories Scale:29006}
Reading	***	***	***	{KTEA Descriptive Categories Scale:29006}
Letter & Word Recognition	***	***	***	{KTEA Descriptive Categories Scale:29006}
Reading Comprehension	***	***	***	{KTEA Descriptive Categories Scale:29006}
Math	***	***	***	{KTEA Descriptive Categories Scale:29006}
Math Concepts & Applications	***	***	***	{KTEA Descriptive Categories Scale:29006}
Math Computation	***	***	***	{KTEA Descriptive Categories Scale:29006}
Written Language	***	***	***	{KTEA Descriptive Categories Scale:29006}
Written Expression	***	***	***	{KTEA Descriptive Categories Scale:29006}
Spelling	***	***	***	{KTEA Descriptive Categories Scale:29006}

The **Reading Skills composite** is a combination of Letter and Word Recognition and Reading Comprehension. The scores from these subtests provide a measure of overall academic achievement in reading. @FNAME@'s score in this area is *** (*** percentile) which falls within the {KTEA Descriptive Categories Scale:29006} range when compared to peers of the same age.

The **Letter and Word Recognition subtest** has the student identify letters and read words of gradually increasing difficulty. It is not required to know the meaning of any word. @FNAME@ obtained a standard score of *** (*** percentile) on the Letter and Word Recognition subtest, which falls in the {KTEA Descriptive Categories Scale:29006} range when compared to peers of the same age.

The **Reading Comprehension subtest** measures a student's ability to read either simple instructions or passages and then either perform an action or answer questions about the passage read. @FNAME@ obtained a standard score of *** (*** percentile) on the Reading Comprehension subtest, which falls in the {KTEA Descriptive Categories Scale:29006} range when compared to peers of the same age.

The **Math Skills composite** is a combination of Math Concepts and Applications and Math Computation. The scores from these subtests provide a measure regarding the student's mathematical problem solving ability and computational skills. @FNAME@'s score in this area is *** (*** percentile) which falls within the {KTEA Descriptive Categories Scale:29006} range when compared to peers of the same age.

The **Math Concepts and Applications subtest** requires the student to respond orally to items that require the application of mathematical principles to real life situations. Skill categories include number sense, operation concepts, time and money, measurement, geometry, and data analysis. @FNAME@ was able to ***. However, @FNAME@ demonstrated weaknesses in the following skill categories: @FNAME@ obtained a standard score of *** (*** percentile) on the Math Concepts and Applications subtest, which is in the {KTEA Descriptive Categories Scale:29006} range when compared to peers of the same age.

The **Math Computation subtest** measures the student's ability to solve written math calculation problem. Skills assessed include simple counting and number identification, addition, subtraction, multiplication, and division operations, fractions and decimals, square roots and exponents and algebra. @FNAME@ obtained a standard score of *** (*** percentile) on the Math Computation subtest, which falls in the {KTEA Descriptive Categories Scale:29006} range when compared to peers of the same age.

The **Writing composite** is a combination of Written Expression and Spelling. The scores from these subtests provide a measure regarding the student's ability to communicate effectively in writing and to spell words in isolation and in context. @FNAME@'s score of *** (*** percentile) on the Written Expression composite falls within the {KTEA Descriptive Categories Scale:29006} range when compared to peers of the same age.

The **Written Expression subtest** measures a student's complete writing tasks. Early items require students to copy letters and write letters from dictation. At Grades 1 and higher, students are required to complete writing tasks in the context of an age-appropriate storybook format. Tasks at those levels include writing sentences from dictation, adding punctuation and capitalization, filling in missing words, completing sentences, combining sentences, and writing

compound and complex sentences. @FNAME@ obtained a standard score of *** (*** percentile) on the Written Expression subtest, which is in the {KTEA Descriptive Categories Scale:29006} range when compared to peers of the same age.

The **Spelling subtest** requires the student to write words dictated by the examiner from a graded word list. Early items require students to write single letters that represent sounds. The remaining items require students to spell regular and irregular words of increasing complexity. @FNAME@ obtained a standard score of *** (*** percentile) on the Spelling subtest, which falls in the {KTEA Descriptive Categories Scale:29006} range when compared to peers of the same age.

Qualitative Observations

During the test session, @FNAME@ exhibited the following test-taking behaviors:

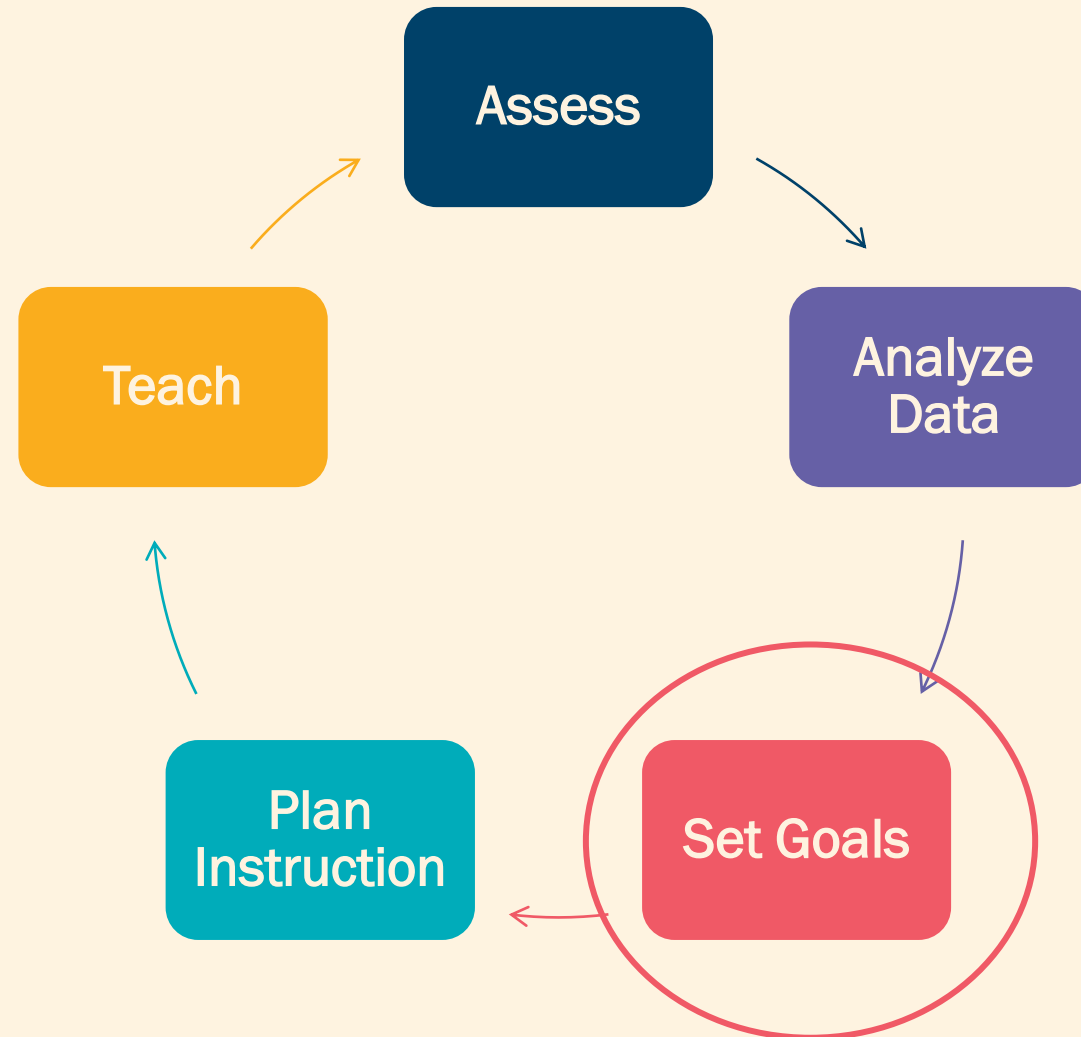
- ***
- ***

Summary

Results of the evaluation indicate that @FNAME@'s overall reading, math, and written language skills are {KTEA Descriptive Categories Scale:29006} for his/her age.

Recommendations:

Data-Driven Instructional Cycle



Setting Individual Learning Goals

Enhanced Focus on Individual Patient Needs

Individual learning goals provide both students and teachers with a clear understanding of the target knowledge. Setting individual learning goals helps hospital teachers align instruction to patients' current learning level rather than their age or grade.

Improved Measurement and Assessment

Because they're measurable, SMART goals make progress tracking and outcome assessment easier and more effective.

Increased Motivation and Engagement

Achievable and time-bound goals help motivate and engage learners by providing clear expectations and a sense of accomplishment.



S.M.A.R.T. Goals

S.M.A.R.T. Goals

- **Specific:** Use action verbs to precisely define what the patient will achieve.
- **Measurable:** Must include criteria for measuring progress and outcome.
- **Attainable:** Ensure goals are realistic and achievable.
- **Relevant:** Customized to the patient's needs.
- **Timely:** Provides a timeline, including a goal end-date.



Individual Learning Goals - Examples

1. _____ will be able to produce the most frequent sound for each consonant with at least 80% accuracy over 3 consecutive sessions.
2. _____ will be able to produce the short sound for the five major vowels with at least 80% accuracy over 3 consecutive sessions.
3. _____ will be able to decode consonant-vowel-consonant (CVC) words with at least 80% accuracy over 3 consecutive session.
4. _____ will be able to compare the number of objects (0 to 20) in two groups using the terms less than, equal to or greater than with at least 80% accuracy over 3 consecutive sessions.
5. _____ will be able to add one-digit whole numbers with sums from 0 to 10 with at least 80% accuracy over 3 consecutive sessions.

Using EPIC SmartPhrase to Document Patient Progress

School Program Progress Note

Name: @NAME@
Date of Birth: @DOB@
Medical Record Number: @MRN@
Age: @AGE@
Grade: {Grade:9003}

Patient Status: {OUTPATIENT/INPATIENT:14923}
Patient Area: {School Program Patient Unit:28725}

Services Provided By: {School Program Service Providers:28788}
Session Location: {School Program Session Location:28789}

Learning Goal(s):

Services Provided: {School Program Instructional Session Services:28790}

Subject Area(s) Addressed:

- Reading/English Language Arts
- Mathematics
- Science
- Social Studies
- Robotics / Engineering

Description of Session: {School Program Service Providers:28788} engaged patient in developmentally appropriate learning activities to target/practice {School Program Instructional Focus:31558}. During today's session, @FNAME@ ***. Patient {School Program Behavior:28838}. {School Program Caregivers:28795} present during session.

Patient Participation: {School Program Engagement Levels:28792}

Family/Caregiver Education: Patient learning goals and academic progress reviewed with *** after session.


Plan: @FNAME@ will continue to participate in the hospital school program for 30-90 mins/day for 3-5x/week.

Amount of time spent: {Time spent:80016195}

Time spent includes preparation of instructional materials.

@ME@
 Special Education Teacher / School Liaison

@TD@ @NOW@



Learning goals
are included in
daily progress
note.

Patient Progress Note - Example

Name:

Date of Birth:

Medical Record Number:

Age: 9-year-old

Grade: 3rd grade

Patient Status: inpatient

Patient Area: Rehab

Services Provided By: School Program Teacher

Session Location: Hospital Classroom

Learning Goal(s):

1. ____ will be able to answer questions about key details in a text with at least 80% accuracy across 3 consecutive sessions.
2. ____ will be able to subtract multi-digit whole numbers with at least 80% accuracy across 3 consecutive sessions.

MET GOALS

1. ____ will be able to add two-digit whole numbers with at least 80% accuracy across 3 consecutive sessions. - Goal met: 4/5/2024

Patient Progress Note - Example

Subject Area(s) Addressed:

- Reading/English Language Arts
- Mathematics
- Science
- Social Studies
- Robotics / Engineering

Description of Session: School Program Teacher engaged patient in developmentally appropriate learning activities to target/practice number sense and computation skills . During session, _____ was able to subtract multi-digit numbers (with regrouping) with 70% accuracy. _____ continues to benefit from teacher modeling, visual supports, and memory aids. Patient was cooperative, attentive, and positive in mood. No caregivers present during session.

Patient Participation: Completed most/all instructional tasks

Plan: _____ will continue to participate in the hospital school program for 30-90 mins/day for 3-5x/week.

Amount of time spent: 60 minutes

Time spent includes preparation of instructional materials.

Becca A Grysko, PHD
Special Education Teacher / School Liaison

4/17/2024 3:50 PM

School Transition Plan

- A school transition plan is **developed for patients who are returning to school after cancer treatment or brain injury.**
- The school transition plan includes:
 - Diagnosis/Reason for Admission
 - Areas of Concern/Deficits (as identified by neuropsychologist, OT, PT, SLP, etc.)
 - Implications for Learning (including recommended accommodations)
 - Other Considerations (e.g., activity restrictions, medical concerns/precautions)
 - Copy of Recent Test Results (e.g., Kaufman Test of Educational Achievement, Neuropsychological Evaluation) → Provides school with information about student's present level of academic achievement



Using EPIC SmartPhrase to Create School Transition Plans

Hospital School Program School Transition Recommendations

Name: @NAME@
 Date of Birth: @DOB@
 School: ***
 School District: {NCH-FL School Districts:28727}
 Grade Level: {School Program Grade Levels:28728}

Admit Date: @ADMITDT@
 Anticipated Discharge Date: ***

Diagnosis/Reason for Admission: @ADMITDX@

@NAME@ has had an injury/illness resulting in an inpatient rehabilitation stay at Nemours Children's Hospital, FL. During their hospitalization, @FNAME@ received therapies in the following areas: Physical Therapy, Occupational Therapy, and Speech Therapy. Although @FNAME@ has made a great deal of progress and is ready to return to school, @FNAME@ is still in the process of recovery and continues to have difficulties that will impact their performance in school.

To foster a smooth transition back to school, the following supports, services, and accommodations are recommended by the inpatient rehabilitation team. We encourage you to please consider developing an Individual Education Plan (IEP) or a 504 plan to address @FNAME@'s educational needs.

A. AREAS OF CONCERN:

@FNAME@ is currently demonstrating deficits in the following areas:

Cognitive Domains	Sensorimotor Domains	Psycho-Social Domains
<input type="checkbox"/> Memory	<input type="checkbox"/> Vision	<input type="checkbox"/> Impulsivity
<input type="checkbox"/> Receptive Language	<input type="checkbox"/> Visual-Perceptual Difficulties	<input type="checkbox"/> Frustration Tolerance
<input type="checkbox"/> Expressive Language	<input type="checkbox"/> Visual-Motor Integration	<input type="checkbox"/> Decreased Safety Awareness
<input type="checkbox"/> Cognitive Linguistic Skills	<input type="checkbox"/> Hearing	<input type="checkbox"/> Liability (Mood Swings)
<input type="checkbox"/> Attention	<input type="checkbox"/> Gross Motor Skills / Mobility	<input type="checkbox"/> Social Interactions
<input type="checkbox"/> Executive Functioning	<input type="checkbox"/> Fine Motor Skills	
<input type="checkbox"/> Processing Speed	<input type="checkbox"/> Speech Production	

B. IMPLICATIONS FOR LEARNING:

Cognitive Domains

INSERT SMARTPHRASES

Sensorimotor Domains

INSERT SMARTPHRASES

Psycho-Social Domains

INSERT SMARTPHRASES

C. OTHER CONSIDERATIONS:

Current Medications

- Student will/does not/ may require administration of prescribed medication during school hours. Please provide family with required *Medication Authorization Form*.
- Ensure that medication is stored in secure yet easily accessible locations during the school day, during school-sponsored activities, and during field trips.

Physical Accessibility

- Mobility throughout the school building:
 - {School Reentry Ambulation:30766}
 - ***
- Transportation:
 - {School Re-Entry Transportation:30767}
 - ***

Toileting

- {School Re-Entry Toileting:30768}
- ***

Eating

- Diet:
 - {School Reentry Diet:30769}
 - ***
- Supervision/Assistance:
 - {school reentry eating:30770}
 - ***

Recess / Physical Education

- {School Reentry PE:30771}
- ***

Medical Concerns / Precautions

- {School Re-Entry Precautions:30772}
- Please provide family with the required *Physician's Order Form*
- We recommend that an Individualized Healthcare Plan (IHCP) be developed to ensure that the student's medical needs are appropriately met within the school setting.

D. SUMMARY:

Please note that the above recommendations are based on the student's level of functioning at the time of hospital discharge. Ongoing observation and assessment is recommended to monitor student's progress and educational needs. Please maintain consistent home-school communication and notify family of any concerns.

The following evaluation(s) are attached for your review:
 Kaufman Test of Educational Achievement (KTEA-3)
 Neuropsychological Evaluation

If you have any questions and/or need further documentation, please don't hesitate to contact us. Thank you for your support!

@ME@
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 Email: becca.grysko@nemours.org

@TD@ @NOW@

Discussion Time

What types of assessments do you use with your patients?



Questions?

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