

Issues in Learning Disabilities: Assessment and Diagnosis

National Joint Committee on Learning Disabilities

The National Joint Committee on Learning Disabilities (NJCLD) believes that inappropriate diagnostic practices and procedures have contributed to misclassification of individuals and questionable incidence rates of learning disabilities. Such practices and procedures result in erroneously including individuals whose learning and behavioral problems are not attributable to learning disabilities and excluding individuals whose deficits are manifestations of specific learning disabilities.

The NJCLD views the following issues as important to an understanding of current concerns:

- lack of adherence to a consistent definition of learning disabilities that emphasizes the intrinsic and life-long nature of the condition;
- lack of understanding, acceptance, and willingness to accommodate normal variations in learning and behavior;
- lack of sufficient competent personnel and appropriate programs to support the efforts of teachers to accommodate the needs of children who do not have learning disabilities but who require alternative instructional methods;
- insufficient supply of competently prepared professionals to diagnose and manage exceptional individuals;
- the false belief that underachievement is synonymous with specific learning disability;
- the incorrect assumption that quantitative formulas alone can be used to diagnose learning disabilities;
- failure of multidisciplinary teams to consider and integrate findings related to the presenting problem(s);

- lack of comprehensive assessment practices, procedures, and instruments necessary to differentiate learning disabilities from other types of learning problems; and
- general preference for the label “learning disability” over “mental retardation” or “emotional disturbance,” which leads to the misclassification of some individuals.

The NJCLD addresses these concerns in this statement and emphasizes the importance of integrating assessment, diagnosis, and procedures that lead to a diagnosis of learning disability and eligibility for services. Policymakers, educational administrators, regular and special educators, related services personnel, parents, advocates, and others who identify, assess, diagnose, and provide services to people with learning disabilities should find it relevant.

1. *Learning Disabilities Are Manifested Differently Over Time, in Severity and in Various Settings.*
 - a. Learning disabilities, like other handicapping conditions, vary in their manifestations and are mild, moderate, or severe.
 - b. Appropriate procedures must be used from early childhood through adulthood to assess and identify individuals suspected of having learning disabilities. Procedures vary with different age groups.
 - c. Problems associated with learning disabilities may be observed in both academic and non-academic settings. Consequently, procedures used to diagnose individuals should include data collected from all relevant settings.
 - d. Individuals who manifest specific symptoms of—or who are considered at risk for—learning disabilities should be monitored by qualified personnel to determine if assessment or other special services are needed. This is especially true for children under the age of 9.

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2. *Differential Diagnosis Is Necessary to Distinguish Between and Among Other Disorders, Syndromes, and Factors That Can Interfere with the Acquisition and Use of Listening, Speaking, Reading, Writing, Reasoning, or Mathematical Abilities.*

- a. Differential diagnosis is a process and requires the formulation of hypotheses regarding the etiology and nature of the presenting problem. When one of several factors may be the cause of learning problems, low achievement, underachievement, or maladaptive behavior, all possible etiological alternatives must be considered.
- b. Intellectual limitations, sensory impairments, and adverse emotional, social, and environmental conditions may be the primary cause of *low achievement* and should not be confused with learning disabilities.
- c. Documentation of *underachievement* in one or more areas is a necessary but insufficient criterion for the diagnosis of learning disabilities.
- d. Diagnosis of learning disabilities must be based on an analysis of the individual's strengths as well as weaknesses.
- e. Linguistic and cultural differences, inadequate instruction, and/or social-emotional deprivation do not preclude the possibility that an individual also has a learning disability. Similarly, individuals with other handicapping conditions, such as mental retardation, sensory impairments, autism, or severe emotional or behavioral disturbances may have concomitant learning disabilities.
- f. Diagnostic judgments must not depend solely on test results. Such a practice can cause over-reliance on test scores, inadequate consideration of individual behavioral and social characteristics, and insufficient integration of other assessment information.
- g. Discrepancy formulas must not be used as the only criterion for the diagnosis of learning disabilities.
- h. Scores on intelligence tests (IQs) are not the only reflection of intellectual ability. Diagnostic criteria based exclusively on IQ disregard intra-individual differences in skills and performance.
- i. Manifestations of learning disabilities, such as language impairment, can reduce performance on intelligence tests. Therefore, se-

lection of tests and interpretation of results must acknowledge the influence of specific disabilities on intelligence measures.

3. *A Comprehensive Assessment Is Needed for Diagnosis and for Planning an Appropriate Intervention Program.*

- a. Assessment includes a variety of activities and procedures intended to ensure a comprehensive set of data for determining an individual's status and needs.
- b. The procedures used to assess learning disabilities should address the presenting problems.
- c. A comprehensive assessment must include procedures to determine levels of performance in the following domains: motor, sensory, cognitive, communication, and behavior. When a learning disability is suspected, the following areas should be assessed: listening, speaking, reading, writing, reasoning, mathematics, and social skills. However, the assessment must focus on the presenting problem(s) and possible correlate(s).
- d. Data from case history, interviews, and direct observations are important sources of information especially when provided by parents, educators, and the individual with the suspected learning disability. The information helps to evaluate signs, symptoms, and behaviors in a historical perspective.
- e. Standardized tests must be reliable, valid, and have current normative data. Strict adherence to procedures for administering, scoring, and interpreting tests must be maintained. Performance should be expressed in scores that have the highest degree of comparability across measures, i.e., standard scores should be used rather than grade or age equivalents. Formulas must include a correction for regression if used to calculate a discrepancy between aptitude and achievement.
- f. Curriculum based assessment, task and error pattern analysis, diagnostic teaching, and other nonstandardized approaches are viable sources of additional information, especially when data are not available through standardized testing.
- g. Information and data collected during the assessment must be used to formulate the intervention plan. That plan must address

the entire range and all degrees of severity of the problem identified.

- h. Intervention and services should be based on a determination of the individual's present level of performance and functional needs. Program planning should include appropriate provisions for social, personal, vocational, and independent living needs.

4. *A Multidisciplinary Team Is Necessary for Assessing, Diagnosing, and Determining Provision of Services.*

- a. A multidisciplinary team is essential for making a diagnosis of learning disabilities. Members of the team must possess the range of competencies necessary to assess and make diagnostic decisions.
- b. Assessment data for determining the individual's status and needs are derived from multiple sources. The multidisciplinary team reviews, integrates, and interprets results from these sources, and formulates service options as well.
- c. Individuals who have conducted the assessments must be present when the diagnostic decisions are made. As plans for specific programs and services are developed, parents and those professionals involved in providing direct services should be included on the team. The individual with a learning disability also should be included when appropriate.

5. *A Clear Distinction Must Be Made Between "Diagnosis of Learning Disability" and "Eligibility for Specific Services."*

- a. Diagnosis of learning disabilities should never be denied to an individual because the specific eligibility criteria for a given program have not been met.
- b. When a diagnosis of learning disabilities is made, appropriate services must be provided.
- c. Programs for individuals with learning disabilities should not be used as placement alternatives for those with other learning and behavioral problems.
- d. The availability of funding must not influence the determination of eligibility for services.
- e. It is improper to deliberately diagnose an individual as learning disabled to generate funds.

The NJCLD recommends that all agencies and individuals concerned with the assessment and diagnosis of learning disabilities carefully consider the issues presented in this paper. The committee believes strongly that adherence to the principles and practices included in this statement will result in appropriate assessment and diagnosis of individuals with learning disabilities.

The committee is comprised of cooperating organizations concerned about individuals with learning disabilities. Organizations represented and representatives who participated in the development of this statement include: American Speech-Language-Hearing Association: Anthony Bashir, Stan Dublinske, Rhonda Work; Association for Children and Adults with Learning Disabilities: Lynne Cannon, Ann Fleming, Doris Johnson; Council for Learning Disabilities: Donald Crump, Don Hamill, Anne Netick; Division for Children with Communication Disorders, Council for Exceptional Children: Candice Bray, Katharine Butler, Mary T. Fitzgerald, Thomas O'Toole, Elisabeth Wiig; Division for Learning Disabilities, Council for Exceptional Children: Jeannette Fleischer, Sister Marie Grant; International Reading Association: Jules Abrams, Roselmina (Lee) Indrisano, Peggy Ransom; National Association for School Psychologists: Kevin Dwyer, Bob Germain, Howie Knoff; The Orton Dyslexia Society: Drake Duane, Mary Lee Enfield, Sylvia Richardson.

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