



Course Syllabus: Psychology 750 – 005 & 004 - School Psychology Assessment Practicum (2 credits)

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Class Meeting: Wednesdays, 12:30 – 2:30 - GMU Clinic, 203N

Office Hours: By Appointment

Course Objectives:

Students will:

- Develop skills in planning, administering, scoring and interpreting psycho-educational assessments
- Develop the ability to communicate results verbally and in writing to parents and other school professionals
- Learn to translate assessment data into intervention recommendations
- Learn to work under supervision.

Prerequisites: Assessment courses PSYC 709, 710 and 722

Course Structure and Requirements

The students will meet regularly for group supervision and presentations. In addition, the instructors will schedule meetings as needed to review and discuss individual reports.

Students are required to complete a total of six comprehensive assessments, the essential components of which typically include measures of intelligence, achievement, information processing, behavior and socio-emotional functioning. Student and instructors will consult on selection of instruments for individual cases.

Composition of the methods and tests used in the comprehensive evaluations will vary as a function of the referral question. The components of an evaluation will typically include a measure of intelligence (Wechsler or Stanford Binet), information processing (CAS, Bender/VMI, TAPS3, WJIII, etc.); achievement (WJIII, WIAT2, or K-TEA); behavior rating scales (use a variety of those available); social-emotional screening instrument (e.g., DAP:SPED); emotional-personality assessments (Robert's Apperception Test, TAT, Rorschach, etc.); interviews of the client and parent(s); and other methods as directed by the supervisors.

Grading

Grading will be based primarily (80%) on the quality of your written psychoeducational reports for all six cases. You will receive a grade for the final, rather than initial, drafts of the first 5 assessment reports AND **ON THE FIRST DRAFT of your final report**. Grades will be assigned according to the attached rubric. It is my assumption and anticipation that your final drafts will be worthy of "A" grades.

Your final grade will also incorporate a consideration of the following:

1. Class participation and adherence to Clinic / ethical guidelines (Note, ethical violations can result in dismissal from the course.) (5%)
2. Test administrations, scoring accuracy, related basic skills (5%)
3. Interpersonal interactions with clients (10%)

I HIGHLY RECOMMEND THE FOLLOWING SUBMISSION SCHEDULE for your reports:

- First Assessment Report – No Later than Feb. 13
- Second Assessment Report – March 5
- Third Assessment Report – March 19
- Fourth Assessment Report – April 2
- Fifth Assessment Report – April 16
- Final Assessment Report – May 7

IN ORDER TO RECEIVE A GRADE FOR THIS CLASS, STUDENTS MUST COMPLETE AND SUBMIT ALL FINAL DRAFTS BY MAY 12.

A = 96 – 100; A- = 92 – 95; B+ = 89 – 91; B = 86 – 88; B- = 83 – 85. Grades below 83 are considered failing.

Class Meetings:

Class 1 (Jan 23)	Course expectations, scheduling issues, clinic procedures, etc
Class 2 (Jan 30)	Review assessment instruments and development of test battery
(Feb 6)	NO MEETING – NASP – New Orleans
Class 3 (Feb 13)	Review report styles, including theme-based
Class 4 (Feb 20)	Issues and questions arising from individual assessments
Optional Opportunity: Thursday Feb 28 – 3:45	Dr. Elizabeth English/Reading recommendations
Class 5 (Feb 27)	Issues and questions arising from individual assessments
Class 6 (Mar 5)	Issues and questions arising from individual assessments

Class time beyond March 5 will be reserved to provide supervision and feedback according to the needs of the class and individual students. This will be determined at the March 5 meeting.

The *George Mason University Honor Code* will be upheld in this course. Please familiarize yourself with it.

If you are a student with a disability and you need academic accommodations, please see me and contact the Disability Resource Center at 703-993-2474. All academic accommodations must be arranged through that office.

Resources Relevant to Interventions:

- Feifer, S. G. & De Fina, P.A. (2005). *The Neuropsychology of Mathematics: Diagnosis and Intervention*. School Neuropsych Press.
- Feifer, S. G. & Della Toffalo, D. A. (2006). *Integrating RTI With Cognitive Neuropsychology: A Scientific Approach to Reading*. School Neuropsych Press.
- Goldstein, S., & Mather, N. (1998). *Helping children overcome underachieving*. New York: Wiley. ISBN: 0471170321
- Goldstein, A. P. (1988). *The prepare curriculum: Teaching prosocial competencies*. Chicago: Research Press.
- Helping Children at Home and School. National Association of school Psychologists, Bethesda MD. ISBN 0932955959
- Kirby, J. R. (1984). *Cognitive Strategies and Educational Performance*. New York: Academic press.
- Mastropieri, M. A., & Scruggs, R. E. (1991). *Teaching Students Ways to Remember: Strategies for Learning Mnemonically*. Cambridge, MA: Brookline. ISBN 0-914797-67-0.
- Mastropieri, M. A., & Scruggs, T. E. (2000). *Inclusive classroom strategies for effective instruction*. Columbus, OH: Merrill. ISBN 0-13-496472-1.
- Minskoff, E. & Allsopp, D. (2003). *Academic Success Strategies for Adolescents with Learning Disabilities and ADHD*. Baltimore: Brookes.
- Naglieri, J. A., & Pickering, E. (2003). *Helping Children Learn: Intervention Handouts for use in School and at Home*. Baltimore: Brookes.
- <http://curry.edschool.virginia.edu/sped/projects/ose/information/mega/toc.html>
- Pressley, M. & Woloshyn, V. (1995). *Cognitive strategy instruction that really improves children's academic performance* (Second Edition). Cambridge, MA: Brookline ISBN 1-57129-005-2
- Scheid, K. (1993). *Helping students become strategic learners*. Cambridge, MA: Brookline. ISBN 0-914797-85-9.

Rubric for Scoring Reports

AREA	CONTENTS	CAUTIONS
Clarity of Writing 5 pts.	Report includes no grammar or syntax errors;	Check for consistent use of present, past and future verb tense and use of pronouns; run spellcheck and grammarcheck on your final version; Search and destroy your "buzz" words.
Identifying Information 5 pts.	Accurate, properly formatted, complete	Double check data, esp. birthdates and age
Reason for Referral 5 pts	Who is referring? What are the specific questions for which answers are sought?	Can be short section.
Assessment Techniques 5 pts	Complete; May be presented alphabetically or grouped by type	Include test acronyms, (e.g. WISC-IV) following formal & complete name; italicize titles.
Background Information 15 pts	Family constellation; Developmental/medical, social and educational history. Include summary of results from previous evaluations, diagnoses, and medications.	Be alert to include information relevant to the referral question and/or the test findings & recommendations; be sure to attribute source of information.
Observations 15 pts	Specifically describe (rather than label) behaviors you observed which could be relevant to the results reported.	Include your assessment of the validity of results and reasons for your judgment (this can be in a separate short section if you wish)
Test Results 25 pts	May be organized according to major areas of functioning or major themes. Accurate scoring, appropriate deductions made, logical connections made.	Work on integration of data from all sources; Include brief descriptions of each test and relevant subtests.
Summary and Conclusions 10 pts	Succinct but complete; Some readers look only at the summary and recommendation sections.	The highlights or take-home points of the assessment.
Recommendations 10 pts	Relevant to both referral questions and findings.	Tie recommendations to findings. If you find a particular area of deficit, be sure to offer a strategy or intervention relevant to that deficit. Good intervention resources are invaluable here, as is you own judgment.
Score Summary 5 pts	Accurate, well-organized, complete., no errors of grammar or punctuation. ; run spellcheck and grammarcheck on your final version; Search and destroy your "buzz" words.	Double check for accuracy of scores and transcription from protocols; organize the scoring tables in the same fashion as your narrative – use same headers.