As a result of the rapid spread of COVID-19, community safety orders were initiated across the majority of the United States, resulting in the sudden closures of public schools for an unprecedented period of time. Many schools have not been able to reopen in the fall of 2020 and the date of returning to full in-person instruction is uncertain given the rising number of infections and lack of an effective, available vaccine. Extended school closures are likely to exacerbate deep-rooted educational inequalities (Van Lancker & Parolin, 2020). Prior research has shown that reduced instructional time disproportionately affected the academic achievement of students from disadvantaged backgrounds (Lavy, 2015). A recent study using data collected during the COVID-19 period has shown that students in the United Kingdom from ethnic minority, low-income backgrounds, and single-parent families spent significantly less time on schoolwork than their peers during school closures (Bayrakdar & Guveli, 2020). Unfortunately, widening educational gaps created by school closures is a global phenomenon (Armitage & Nellums, 2020; Viner et al., 2020).

Though the unfolding difficulties that the COVID-19 pandemic has imposed on typically functioning students and their families have been unfortunate, the situation has likely been worse for students with special needs (Hill, 2020). Schools have struggled to provide adequate services to students with special needs while maintaining social distancing requirements, leaving these students and their families to navigate the COVID-19 crisis with less support than they had before it began (Lee, 2020). Navigating special education evaluation and eligibility decisions has been especially difficult for schools in light of the legal ambiguities and ethical quandaries in which schools now find themselves. Because school psychologists are trained to navigate high-stakes eligibility decisions and be leaders in the special education evaluation process, school psychologists are called on to strategize and plan for how students’ educational progress can still be ensured even during this unprecedented, protracted public health crisis.

The main goal of the present article is to provide school psychologists across the United States with information that will assist them in their planning for how to move...
forward with special education assessments in light of what is currently known about COVID-19, tele-assessment, and other countries’ experiences. The safety of students and school staff is priority; yet, school psychologists are also facing ethical and legal obligations to ensure that students can access appropriate special education services. Where several other papers have discussed the COVID-19 pandemic’s effect on school psychology practices (Farmer et al., 2020a, 2020b; Van Lancker & Parolin, 2020), this paper discusses the shortcomings of a sole tele-assessment model and serves to explore the feasibility of conducting partial in-person assessments safely and effectively. In addition, this article discusses international examples of exposure mitigation strategies in educational environments. Using the information gained from other countries’ experiences, general guidelines for conducting assessments as safely as possible are offered as well as a discussion of contextual and external validity in light of this new assessment process.

Laws and Regulations That Guide the Assessment Processes

Amidst COVID-19, it is critical that school psychologists attend to relevant educational laws and regulations when navigating special education evaluation and eligibility decisions. The Individuals with Disabilities Education Act (IDEA) set forth the legal mandate that a Free and Appropriate Public Education (FAPE) must be provided to all children residing in the United States between the ages of 3 and 21. In addition to FAPE, IDEA (2020) includes the Child Find mandate, which requires all schools to identify, locate, and evaluate all children from birth through age 21 who may require special education services (20 U.S.C. 1412(a)(3)).

Because of the immediate closure of public schools in response to the COVID-19 pandemic, it has been challenging for schools to remain legally compliant with IDEA and Child Find, while also protecting the health and well-being of children, school staff, and families with required social distancing measures. To help schools interpret federal special education law during the COVID-19 school closures, the U.S. Department of Education (USDOE) provided guidance that, if a local education agency continues to provide educational opportunities to the general student population, it must ensure equal access to the same opportunities to students with disabilities (USDOE, 2020a). The Office of Civil Rights (OCR) offered flexibility regarding IDEA time frames, including initial eligibility determinations and reevaluations (OCR of Special Education & Rehabilitative Services, 2020). A general principle addressed by the OCR documents was that public agencies should work with parents to reach mutually agreed upon extensions, but specific guidance on the extensions (i.e., length or limit) was not clearly delineated (OCR of Special Education & Rehabilitative Services, 2020).

At the request of the U.S. Congress in the Coronavirus Aid, Relief, and Economic Security Act, U.S. Secretary of Education Betsy DeVos examined certain federal education laws and reaffirmed the existing position that students’ access to FAPE must be ensured during the COVID-19 pandemic. Though IDEA was not suspended due to the COVID-19 crisis, some states, such as California, passed laws that allowed delay codes to be used to extend state legal timelines as a result of COVID-19 (USDOE, 2020b). Because legal recourse varies by state, it is recommended that every school psychologist maintain awareness of current legal developments in the states in which they practice.

FEASIBILITY OF THE TELE-ASSESSMENT MODEL

Because IDEA timelines continue to be enforced, school psychologists are in a difficult position of having to choose between leaving assessments incomplete for an unknown period of time or using a telepsychology model to complete assessments. To evaluate under what circumstances such a tele-assessment model is legally and ethically defensible, school psychologists must be aware of the current literature regarding tele-assessment, including the ethical principles and guidelines regarding tele-assessment services from the National Association of School Psychologists (NASP). Telepsychology is defined by the American Psychological Association (2014) as the “provision of behavioral and/or mental health care services using technological modalities in lieu of, or in addition to, traditional face-to-face methods.” The primary benefit of telepsychology is the reduction of physical barriers for assessment service access (Conoley & Gutkin, 2017; NASP, 2017). However, concerns have been raised regarding how tele-assessment adaptations may affect the privacy, confidentiality, test integrity, reliability, and validity of assessment results (NASP, 2017).

Research on Tele-Assessment

The literature review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses statement (Moher et al., 2009). Systematic searches were conducted on two major databases (i.e., Google Scholar and APA PsycInfo). The same keywords (i.e.,
“tele-assessments,” “cognitive assessment,” and “tele-health”) were consistently used across databases. To be eligible for inclusion in the review, studies were required to (a) be published in the English language, (b) contain a study abstract, (c) be published between 2010 and 2020 in peer-reviewed journals, (d) report findings describing the validity of tele-assessments and comparability between tele-assessments and in-person assessments, and (e) be reports of cognitive or neuropsychological assessments. Given the scarce studies on the topic of tele-assessment practices in kindergarten through 12th grade, we did not place constraints on age range, sample size, or cultural background. In total, there were 16 empirical studies comparing the agreement of cognitive and/or neuropsychological assessments between remote and in-person administration. Only six empirical studies assessed the validity of tele-assessment among children and youth; one was excluded because of its methodology. Ten studies were reviews or meta-analyses of tele-assessment. A critical evaluation of these studies is presented below.

Among the available studies directly assessing the equivalence of scores obtained from cognitive and achievement assessments through virtual and in-person formats among children and youth, the results generally suggested that the mode of administration did not impact examinees’ performance on the tests (Daniel & Wahlstrom, 2019; Harder et al., 2020; Wright, 2018a). However, not all subtests showed equivalent scores across administration methods. For example, Wright (2018b) found significant administration effects on some subtests resulting in significantly higher Processing Speed Index scores from remote administration than in-person administration. Moreover, these studies did not directly examine the core question of whether each examinee performs the same on both administration formats (Farmer et al., 2020a), because all of the studies employed between-subjects designs. In addition, as recommended by the International Test Commission (2017), adaptations of existing tests, including testing procedure, require reevaluation of the assessments’ psychometric properties with the modified testing procedures. Especially for high-stakes standardized assessments, the norms on which their standard scores and percentiles are based should be developed using the procedure by which the assessment will be administered.

In the case of using tele-assessment for the administration of standardized assessments normed for in-person administration, scores from tele-assessment administration should be shown as equivalent to in-person administration scores via a robust number of replicated studies prior to allowing the assessment to be delivered via the tele-health model.

Additionally, the standardized tele-assessment procedure used in research or in practice typically involves a trained facilitator, a third-party platform, (e.g., PresenceLearning), or both (Pearson, 2020; Wright, 2018a, 2018b). This practice is unlikely to be feasible with social distancing regulations in place. Although Pearson (2020) stated that a facilitator is not a requirement for all tasks, some tasks (e.g., Block Design) cannot be conducted without the assistance of a proctor. Pearson also discussed the possibility of omitting Block Design and other subtests that are difficult to administer via tele-assessment, such as Coding. Instead, school psychologists may use the Essentials Nonmotor Composites (e.g., Nonmotor Full Scale Score) by utilizing the Block Design Multiple Choice and Naming Speed Quantity subtests (Pearson, 2020). However, these adaptations only apply to the Wechsler Intelligence Scale for Children Fifth Edition. Further, such alternative versions of tests typically have not been subjected to adequate psychometric investigations to provide the necessary evidence of their equivalency. Therefore, the range of virtual assessment batteries and/or adaptations of standardized procedure from which school psychologists may choose is limited, and this limitation may further impair the validity and reliability of test scores.

In addition to the aforementioned research on tele-assessment among children and youth, some insights can be gained from the research on the tele-administration effect on cognitive and neuropsychological assessments among adults (e.g., Cullum et al., 2014; Kirkwood et al., 2000; Temple et al., 2010). Specifically, a meta-analitics study showed that in-person and online administration of verbally mediated tests showed consistent scores (e.g., Wechsler Adult Intelligence Scale, Wechsler Memory Scale) but more variabilities were observed on visually mediated and motor-dependent tasks that require examinees to interact with physical objects (Brearly et al., 2017). The tele-administration effect on test scores varied with several factors, including test characteristics (i.e., verbal tasks versus motor-dependent tasks), connection speed, and, potentially, age (Brearly et al., 2017; Marra et al., 2020). However, it should be noted that of the 12 studies included in the meta-analysis performed by Brearly et al. (2017), only 2 studies had a mean participant age of less than 65 years. The authors found that no significant heterogeneity between in-person versus videoconference administration was present due to age across studies with a mean between 65 and 75. However, they did find significant heterogeneity in studies that included populations with a mean age over 75. Due to study limitations, they were unable to determine the precise cause of this excess heterogeneity in older samples. Nonetheless, research on the comparability of cognitive assessments across
When considering tele-assessment, school psychologists should adhere to the 2020 NASP Ethical Standards (NASP, 2020b) and the NASP position statements on school psychological telehealth services (NASP, 2017, 2020c). First and foremost, the values of fairness, equity, and justice are at the core of the school psychologist’s role (Guiding Principle I.3; NASP 2020b). It is the school psychologist’s responsibility to conduct unbiased, equitable, and comprehensive evaluations that help determine students’ eligibilities and appropriate support services in a timely manner. This principle, in addition to the ethical principle stating that school psychologists must use assessment practices the profession considers responsible and research based (Guiding Principle II.3; NASP, 2020b), substantiates an ethical debate of whether or not tele-assessment practices are appropriate at this time. Students deserve equitable evaluations to accurately and comprehensively identify their needs. However, the evidence on which school psychologists rely is potentially compromised when given via a tele-assessment format due to a lack of tele-assessment normed measurement tools (Wright et al., 2020). Beyond the dearth of properly normed tools for school psychology tele-assessment, approximately 3 million students in the United States do not have access to home Internet because of lack of service availability or affordability (Kinnard & Dale, 2020). These students are more likely to be students of color, come from households with low income, and/or have parents who have lower levels of education (Kinnard & Dale, 2020). In some areas, this digital divide is stark. For example, in Fairfield County, South Carolina, more than half of all households do not have broadband Internet access (Kinnard & Dale, 2020). In such an environment, it may be extremely difficult to provide services that comply with the fairness, equity, and justice required by Guiding Principle I.3, considering the lack of internet infrastructure that disproportionately affects already disadvantaged groups. Further affecting Guiding Principle I.3 are the differences between in-person assessment and tele-assessment that affect the ability of school psychologists to gain critical information about their clients. For example, important nonverbal cues that provide school psychologists with awareness of the emotional state of the student, such as voice quality, can often be masked by the technological limitations of the computing devices used for tele-assessment. Therefore, a psychologist may be more limited in her ability to determine the appropriateness of a given assessment procedure for her client during a telehealth session than she would be during an in-person session. Such nonverbal cues can include body language, eye contact, face flushing, shakiness of voice, perspiration, and scent (often helpful for hygiene and self-care information; Luxton et al., 2014). All of these features that exist in a typical in-person assessment scenario may be obscured by a poor Internet connection or an overloaded and/or underpowered computer (Luxton et al., 2014). Because families with low income are less able to afford (or even access) high-speed Internet or pay the high prices that new computing devices command, school psychologists shifting to practice via tele-assessment may be unable to meet Guiding Principle I.3’s standard of fair, equitable, and just services.

In addition to Internet infrastructure and equipment cost concerns, cultural factors, such as shared expectations of the appropriateness or trustworthiness of using digital devices, may limit possibilities for fair, equitable, and just access to services (Ramsetty & Adams, 2020). In addition,
educational factors, such as literacy, digital literacy, or knowledge of advancements in technology, may further limit possibilities for fair, equitable, and just access to services (Ramsetty & Adams, 2020). Furthermore, comfort and familiarity with communicating via videoconferencing software will likely vary between different people and, more broadly, different communities. Such discrepancies in comfort with technology will likely impact assessment results, because the validity of a given assessment is modulated by the level of comfort and participation of the person being assessed (Luxton et al., 2014).

Another important ethical consideration pertains to Guiding Principle I.2 (NASP, 2020b): School psychologists must limit the risk of any intrusion on privacy of the students and families with whom they work. In the context of tele-assessment, this standard is at risk because of the multiple and constantly changing risks to Internet security, including malware (e.g., computer viruses, keyloggers, spyware), which can infect either the school psychologist's or student's computer unbeknownst to the user and can transmit private information to third parties without either the school psychologist or client being alerted to the problem. Additionally, even if malware is not present on either computer, test security may be put at risk because of the possibility that a test-taker could record images or videos of the test materials presented on screen without the school psychologist's knowledge (Wright et al., 2020).

Lastly, Guiding Principle II.1 states that “school psychologists recognize the strengths and limitations of their training and experience, engaging only in practices for which they are qualified” (NASP, 2020b, p. 56). School psychologists typically receive no formal training in tele-assessment, computing, Internet security, or the fundamental components of how computer software works. If school psychologists use tele-assessment, they should receive training in how to administer the tests via online platforms as well as how to verify that the computer equipment they are using is working properly and securely.

Ultimately, in light of the many ethical concerns and in consideration of NASP’s statement on how school psychologists should consider and prepare to deliver telehealth services (NASP, 2017), there remains a lack of concrete guidance and equitable infrastructure for actual practice implementation of tele-assessment. Nonetheless, some school psychologists may find that, in their professional judgment or a student’s particular situation, gaining even imperfect assessment results from currently available tele-assessment tools is the better option available at this time. It must be recognized that the decision to use tele-assessment or a modified in-person protocol will likely be the result of multiple considerations.

RECONSIDERATION OF IN-PERSON ASSESSMENT: AN INTERNATIONAL PERSPECTIVE

Given that currently available tele-assessment tools are fraught with threats to test validity and security and may likely pose risks of violation of the 2020 NASP Ethical Standards, a discussion is warranted about the possibility of in-person assessment administration in the context of COVID-19. First, to lower the risk of infection and prevent the spread of the virus, measures should be put in place in accordance with updated epidemiological knowledge. Second, valuable insights can be obtained from other countries’ experiences regarding testing administration and school reopening policies. Thus, school psychologists and policymakers in the United States should consider the updated epidemiological knowledge as well as the experiences of other countries with the implementation of policies and practices designed to stem the transmission of COVID-19.

Epidemiological Knowledge of COVID-19 Transmission

To reconsider in-person assessment in the context of COVID-19, it is important for school psychologists to attend to the updated epidemiological knowledge and to implement relevant measures accordingly to support testing safety. This section refers to the guidelines issued by the Centers for Disease Control and Prevention (CDC) that should be taken into account for in-person assessments. International empirical literature is also presented to supplement the current guidelines. Such knowledge will be reflected in the protocol in the following section of this article. School psychologists should be aware that the knowledge regarding COVID-19 is still developing, which warrants timely adjustment in accordance with updated medical findings in school psychologists’ practices.

In the 2020 guidelines “How to Protect Yourself and Others,” the CDC offers a brief introduction of how the virus spreads and suggests several ways to prevent getting sick. According to the CDC (CDC 2020b), the main route of transmission of the virus appears to be through respiratory droplets or person-to-person transmissions; therefore, avoiding exposure to the virus is considered to be the best way to prevent illness. Measures such as washing hands often, avoiding close contact (less than 6 ft), covering mouth and nose with a mask, disinfecting frequently touched surfaces daily, and monitoring daily health are recommended by the CDC (2020b).

In July 2020, a group of 239 scientists from 32 countries wrote an open letter to the World Health Organization...
regarding the growing evidence that the COVID-19 virus can be transmitted via aerosolized, airborne particles (Jee, 2020). Multiple studies found that the COVID-19 virus may spread via aerosolized particles and that cloth and surgical masks may not provide adequate protection against aerosolized particles when used without physical distancing, ventilation, and air purification strategies (Morawska & Cao, 2020; Somsen et al., 2020). Because few defenses against aerosolized particles are available in our schools (Santarpia et al., 2020), school psychologists should be mindful of the reality that a combination of face masks, face shields, physical distancing, well-ventilated spaces, air cleansing devices, and physical barriers (e.g., plexiglass barrier) may be simultaneously required if risk of transmission is to be effectively reduced. In addition to respiratory transmission, COVID-19 infection can occur via viral contact with the eyes (Lu et al., 2020). Thus, transparent face shields may help to reduce virus transmission via this route during testing; however, transparent face shields are not recommended as a substitute for masks (CDC, 2020a). In addition, recent research has found that infectious shedding of the COVID-19 virus can be present in the feces of those who are ill with the virus, requiring that precautions be taken while cleaning bathroom surfaces and ensuring proper hand washing practices among students (Guan et al., 2020; Tian et al., 2020). All school psychologists should be sure to stay up to date with all guidance given by the CDC and World Health Organization and to consider how such guidance can be applied in their practice.

One of the most challenging aspects of containing the spread of COVID-19 is its long latency period, during which an infected individual may transmit the virus without exhibiting symptoms. According to the CDC, the incubation period for COVID-19 is thought to last for up to 14 days, with a median time of 4 to 5 days from exposure to symptom onset (CDC, 2020c). There are also studies showing a longer latency period of up to 24 days (Tang et al., 2020; Yi et al., 2020). Such knowledge can better inform health and safety checks when school psychologists and school officials collect information about students’ health before each testing session (e.g., symptomatology, exposure to COVID-19, travel, etc.). Precaution checklists collecting health information for up to 24 days may be considered by school psychologists to lower the risk of infection; however, there is no common agreement to date regarding how long the latency period of the virus lasts.

International School-Based Examples of COVID-19 Transmission Mitigation Strategies

To better inform in-person assessment practice, school psychologists can also benefit from considering international examples of COVID-19 transmission mitigation strategies for testing and school reopening. Because COVID-19 was first discovered in China, Chinese people and institutions have spent more time coping with COVID-19 and working toward its containment than any other country. Thus, examination of Chinese implementations of COVID-19 containment may prove helpful for the United States. One such implementation that is especially relevant to schools is the testing policy of the Chinese National College Entrance Examination (NCEE), which may provide a case example for U.S. schools.

In 2020, because of the COVID-19 pandemic, the NCEE was postponed and each province in China made massive efforts to prevent the spread of the virus and reduce the risk of transmission. For example, the Gansu Province National College Admission Office (GNCEO, 2020) issued an official document to guide the organization of the test within the COVID-19 pandemic context. The document provided details regarding testing room setup, disinfection and sterilization, medical supply distributions, and procedures for everyone involved to follow. School personnel, including at least two school nurses or doctors, janitors, and test administrators, were required for each testing location. The CDC of the province provided two masks per day for each of the school personnel and students. Each testing classroom had at least one non-contact infrared forehead thermometer, one hand sanitizing station, three pairs of gloves, goggles, and disposable isolation gowns. Chlorine-based alcohol disinfectant and a UV-C light disinfectant were also provided for each classroom.

In the testing rooms, the minimum distance between desks was 5 ft. Before the test, the school and the air conditioning system were thoroughly sanitized. Frequently touched surfaces such as desks, chairs, and door handles were cleaned three times per day with chlorine disinfectant, allowing the disinfectant to sit for 30 min on surfaces before rinsing them with water. Split-system air conditioning was used and cleaned frequently. To increase ventilation, windows were opened and the air conditioning was turned on regularly. Lastly, a regularly maintained record of the sanitization and ventilation process was posted (GNCEO, 2020).

With regard to precautions taken with students and staff, before taking the test, students and school staff were required to record their daily temperature for at least 2 weeks. If an individual showed COVID-19 symptoms up to 17 days before the test, a medical checkup was required and the individual was not allowed to take the NCEE. In addition, proof of a recent negative COVID-19 test was required to take the examination. Upon arrival at the testing location, temperature checks were administered to
students and school personnel. All students and school personnel were required to use hand sanitizer before entering the testing room. Chlorine disinfectant was used to clean the soles of everyone’s shoes. Students and school personnel were required to wear masks at all times. When distributing and collecting testing materials, test administrators were required to use gloves (GNCEO, 2020).

The CDC of the Guangdong Province (2020) also provided detailed school reopening guidelines. Some of the key guidelines centered around air ventilation and disinfectants. The guidelines specified that indoor spaces within the schools should be opened daily to increase ventilation. During the warm season, windows and doors were recommended to be open all day. With colder weather, windows and doors were recommended to be opened at least twice per day for a duration of more than 30 min. For rooms without a window, it was recommended that the ventilation system be turned on to increase air ventilation in the room. Students and school personnel were told to avoid all unventilated spaces. Second, the Guangdong reopening guidelines suggested the use of ultraviolet radiation to kill the pathogenic microorganisms in the air. This type of disinfectant appliance uses high-intensity ultraviolet radiation to disinfect the air and promote the flow of indoor air through circulating wind (Ren & Jia, 2020). Even though more time is needed to reveal the effectiveness of the testing policy, the Guangdong school reopening guidelines appear to have been effective given that no positive COVID case has been detected among 9th- and 12th-grade students who were among the first to go back to school beginning April 27 (Li, 2020).

In addition, there are several other effective practices implemented in other countries (e.g., Germany, Denmark, South Korea, and Singapore) that have also reopened schools (Melnick et al., 2020). Commonly practiced precautions include a mandatory face mask policy, strict hygiene measures (e.g., washing hands every hour, wiping equipment, and frequent cleaning of common areas and surfaces), children entering schools through different building entrances, keeping windows and doors open, and daily temperature checks for each student and staff member (Deliso, 2020; Melnick et al., 2020). Additionally, the countries have measures to maintain social distancing in school. For example, in order to maintain appropriate social distancing, students in South Korea are required to sit and eat at desks with plastic desk dividers (Melnick et al., 2020). In other countries, including Denmark, Germany, Taiwan, and Singapore, students are separated by 6 ft at all times with only small groups of students allowed to stay in the same area (Vegas, 2020). Even though such efforts serve to reduce infections and the spread of virus in schools, the reclosure of schools is still likely to occur in some cases. For instance, hundreds of schools in South Korea were forced to close again after reopening because of community outbreaks or confirmed cases in schools (Strauss, 2020). Thus, educational policy leaders in the United States should consider the experiences of other countries, particularly in Asia, where the outbreak began, in order to make informed decisions.

**PROTOCOL FOR MOVING FORWARD WITH SCHOOL PSYCHOLOGY ASSESSMENT**

Given all of the factors outlined above, school psychologists find themselves in the difficult position of having to weigh ethical and legal considerations against the mounting pressure to complete an ever-increasing caseload of assessments for their schools’ most vulnerable students. Special education assessments should not be delayed for long because of the high negative impact on students who are not receiving appropriate and necessary special education supports and services. Though each school psychologist must weigh the risks and benefits of their individual situation and come to their own conclusions, the authors recognize that many school psychologists will feel that they must move forward with their assessments. Below are critical components and corresponding suggestions for school psychologists to consider when conducting special education assessments during this pandemic. Several state school psychology associations have also offered similar guidance for school teams considering assessment protocols at this time (e.g., California Association of School Psychologists, 2020; Washington State Association of School Psychologists, 2020). Please note that the COVID-19 pandemic is a developing situation and all suggestions presented in the present article are tentative and subject to change in accordance with new evidence.

**In-Person Versus Remote Data Gathering**

With the developing knowledge of COVID-19’s presence and transmission, it is best for school psychologists to remain extremely cautious about any direct contact with students for the health and safety of all. Thus, it is recommended that all components of a psychoeducational assessment that can be done remotely should be done in such a manner. Reviewing records and report writing should be done in a safe environment for the school psychologist, with minimal to no contact with others. Rating scales and questionnaires should be given to teachers, staff, parents, and/or the student (if appropriate) via online distribution methods or U.S. mail. School psychologists should use their professional judgment in selecting who
would be the best informant regarding the student’s functioning in the school setting and to what extent the results of their rating scales are valid, considering the unusual environmental circumstances in which those rating scales were completed.

It is recommended that school psychologists engage in physically safe, interactive forms of communication during the assessment process to build rapport and connect with the individuals with whom they are gathering information. Physically safe interactive forms of communication include secure online video conferencing and phone calls. These methods can be utilized for introductions, explaining processes, answering questions, interviews, and follow-up conversations to supplement the information from rating scales and questionnaires.

Observing students in appropriate learning settings will require creativity and flexibility from school psychologists given the current circumstances. Depending on the learning model adopted by each school, students may return to their school campus for in-person instruction. If so, school psychologists must work with their school site’s administration to follow safety protocols in order to observe students whenever appropriate on the school campus. Such safety protocols may include observing students through classroom windows or being at least 6 ft away from students and staff in the classroom. Additionally, if parental consent is provided, a computer could be set up in the classroom through which the school psychologist could observe via live video. If students are solely receiving instruction through distance learning formats, then the school psychologist should arrange with the student’s teacher to observe during an online teaching lesson. In this scenario, the school psychologist would sign into the video conference with the teacher and student, but the school psychologist would not be seen or heard by others during the online instruction. As with any observation, ethical and legal parameters must be followed to ensure the protection of all individuals in the classroom (virtual or in person). Further, a clear description of the setting and circumstances of the observation must be noted in the psychoeducational report to ensure that the reader of the report understands the parameters through which the observation was done and any potential limits those parameters may have imposed. With these observations being done under such unusual circumstances, it is critical that school psychologists properly inquire about others’ observations of the student’s behavior in appropriate education settings in addition to the school psychologist’s observation. This can be done via additional interview questions and/or additional interviews of other school staff who previously observed the student in a variety of settings prior to the school closures.

For direct, one-on-one testing utilizing standardized and informal tests, a combination of in-person and remote testing methods should be considered. After the school psychologist has considered the student’s needs and determined what testing tools are appropriate and necessary for the psychoeducational assessment, the school psychologist should review each selected testing tool and its administration requirements. For standardized tests that require only the school psychologist to manage and use testing materials, secure online video conferencing could be considered for testing administration. With a secure Internet connection and a quiet, private testing environment for both the student and the school psychologist, school psychologists may choose to remotely administer standardized tests with no hands-on materials or visuals for the students to eliminate any potential transmission of COVID-19 that could occur with in-person contact as noted above. The use of online video conferencing for these types of tests would prevent the interference of a face mask and social distancing with regard to intelligibility of the student and/or school psychologist during in-person testing. Videoconferencing administration of standardized tests that are verbally mediated by (e.g., Digit Span) or visually dependent on a trained professional have been shown to produce nonsignificant differences in test results with adults, whereas motor-dependent tasks (e.g., clock drawing) administered via videoconferencing were shown to have variable differences in results (Brearly et al., 2017).

When administering the selected tests via secure online video conferencing, all other standardized administration procedures must be followed. The only adaptation to the one-on-one testing should be the physical setting where the test administration occurred. Because of the validity concerns of this type of administration adaptation, it is critical that the use of a secure online video conferencing test administration format be clearly noted in the final psychoeducational report. The report should include why that format was chosen and how the online format is different from the original format for which the test was developed and normed. Furthermore, it should be well documented how the adaptation to the administration affected the perceived validity of the results.

For tests that require hands-on materials for the students, in-person testing with strict safety measures can be utilized. First and foremost, because any physical proximity or contact could potentially expose individuals to COVID-19, the school psychologist, the student, and the student’s parent and/or guardian must consent to participate before in-person testing commences. In consultation with the district’s legal advisor and/or risk management administrator, a new informed consent form must be developed that outlines both the remote and in-person
testing in the assessment process. Specific to the in-person testing component, the informed consent form must review the potential risks of COVID-19 infection and the safety measures that will be implemented according to district, state, and U.S. CDC guidelines. Once there is consent by all parties to move forward with limited in-person testing, several guidelines should be followed (Table 1).

First, scheduling of all testing sessions should be done strategically to consider the safety procedures and developmental needs of the student being tested. Tests must be selected and prepared prior to the testing sessions, selecting testing materials that will accurately and sufficiently measure the desired target skills while also considering the access skills necessary within each test measure. Target

### Table 1. Recommended Guidelines for In-Person Testing

<table>
<thead>
<tr>
<th>Strategic scheduling</th>
<th>• Contacting families: Contact family for in-person testing and explain new testing procedures.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Testing time slots: Consider the student’s age and testing needs. For example, younger students may require more breaks and time to establish rapport and understanding of the testing.</td>
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<tr>
<td></td>
<td>o Budget at least 30 min between testing sessions for sanitization of surfaces with a disinfectant and ventilation of the testing room, as per Guangdong reopening guidelines (Guangdong Center for Disease Control Office, 2020).</td>
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<tr>
<td></td>
<td>o Only one staff member should be allowed in the same space at a time. Scheduling should be arranged to accommodate at least 30 min between each staff member’s use of the space.</td>
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<td></td>
<td>• Timing of the testing: Scheduling should minimally impact the student’s instructional time.</td>
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<td></td>
<td>o Students should be asked to come to school for testing on the days or times when they do not have instruction.</td>
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<td></td>
<td>o If transportation to the school is a challenge, then the student should be assessed on a day when the student would otherwise attend classroom instruction. However, the student will then only do the in-person testing with the school psychologist that day and will not attend classroom instruction in order for the student to remain with only one school staff member that school day per U.S. CDC (2020) guidelines.</td>
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<tr>
<td></td>
<td>• Setup: All testing materials that will be utilized should be arranged to minimize the moving and touching of materials in the testing room.</td>
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<td></td>
<td>o The student should have an organized pile of materials that he or she will need during the testing sequence. The school psychologist should also have a copy of those materials to visually show the student what is needed for each test without touching the student’s materials.</td>
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<tr>
<td></td>
<td>o Any materials touched by the student not required by the school psychologist (i.e., pencil) for the assessment should be disposed of upon completion of the testing session.</td>
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<tr>
<td></td>
<td>• Sanitization: The air conditioning system (filters cleaned with disinfectant at least once per month) and the testing space should be sanitized (surfaces wiped down with a potent disinfectant at a concentration level that is virucidal before and after each testing session).</td>
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<tr>
<td></td>
<td>o If an ultraviolet radiation device is available, it should be turned on once per day for at least one hour when there is no person in the room.</td>
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<td></td>
<td>o Records of sanitization should be updated regularly and posted publicly.</td>
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<td></td>
<td>• Ventilation: The testing space should be fully ventilated before and after the testing session.</td>
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<td></td>
<td>o The air purifier should be turned on and/or windows should be opened for at least 30 min before and after the testing session to allow air circulation. A circulating wind ultraviolet air purifier is recommended because it achieves the purpose of air disinfection while promoting indoor air circulation (Ren et al., 2020).</td>
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<tr>
<td></td>
<td>o Records of ventilation should be updated regularly and posted publicly.</td>
</tr>
<tr>
<td>Testing selection and preparation</td>
<td>• Test selection: Select testing materials that will accurately and sufficiently measure the desired target skills while also considering the access skills necessary within each test measure.</td>
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<td></td>
<td>o Tests that require minimal close contact and/or sharing between the school psychologist and student are optimal.</td>
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<tr>
<td></td>
<td>o Tests that require multiple manipulatives and/or motor demonstration of skills should be used sparingly, if at all.</td>
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<tr>
<td></td>
<td>o The length of test administration should also be considered given the limited scheduling for test administration and potential issue of not completing a test in one session.</td>
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<td></td>
<td>• Setup: All testing materials that will be utilized should be arranged to minimize the moving and touching of materials in the testing room.</td>
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<td></td>
<td>o The student should have an organized pile of materials that he or she will need during the testing sequence. The school psychologist should also have a copy of those materials to visually show the student what is needed for each test without touching the student’s materials.</td>
</tr>
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</tr>
<tr>
<td>Health and safety checks</td>
<td>• COVID-19 precautions checklist: Complete the day prior to and upon arrival for the testing session with both the student and the school psychologist conducting the testing.</td>
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<td>o Collect information about their health 14 to 24 days before the testing session (symptomatology, exposure to COVID-19, travel, etc.).</td>
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<td>o Take their temperature upon arrival. If the temperature is abnormally high, wait 10 min before taking the student’s temperature again. If the body temperature is still high, refer the student to the school nurse for follow-up.</td>
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<td>o If the precautionary checklist standards are not met, then the testing session should be rescheduled.</td>
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<tr>
<td></td>
<td>• If any COVID-19 symptoms such as dry cough and vomiting are noticed during the testing session, the student should be referred to the school nurse for follow-up. The testing session should be rescheduled.</td>
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</table>

(Continued)
skills are the core skill or content that the tests are attempting to measure in the child; access skills are how the child shows his or her knowledge or the skill being measured (Ketterlin-Geller et al., 2012). For the testing sessions, health and safety checks must be made for both the student and the school psychologist. Lastly, testing session procedures must be in place to ensure that the room, student, and school psychologist are properly equipped to engage in the testing process securely. All supplies recommended for the in-person testing are the responsibility of the district to fund as a matter of the safety and liability of their students and staff. Local education agencies have several funding sources to provide such supplies. For example, the U.S. government (federal and state) has provided COVID-19 relief funds such as additional funding through the Coronavirus Aid, Relief, and Economic Security Act (U.S. Department of the Treasury, 2020).

**Contextual Validity**

Many school psychologists are concerned about the validity of an assessment being conducted during this unusual time. Concerns may include the level of stress the pandemic has placed on the student, the sudden and significant shift in schooling, and the social isolation of the shelter-in-place orders. Although these concerns are important for school psychologists to be aware of and consider as part of their assessment process, consideration of temporal, contextual factors has always been critical in a student’s psychoeducational assessment process. This time of COVID-19 is not unique to the critical roles that a student’s societal, familial, social, and individual contexts play in a student’s development and learning.

For social–emotional and behavioral assessments, the pandemic’s impact on students and their family system may affect students’ performance and/or parents’ and teachers’ evaluations of the students. Thus, results from such behavioral assessments (e.g., Behavior Assessment System for Children, Third Edition) may need to be considered more critically given the social–emotional context in which the administration is occurring. However, research on the impact of death and grief on child development and learning over the life span has shown that the negative effects can be both immediate and long-term (Brent et al., 2012; Cohen & Mannarino, 2011; Luecken, 2008). Similarly, trauma research has illustrated repeatedly the deleterious effects of trauma on all facets of a child’s well-being, including learning (e.g., Horsman, 2004; Sitler, 2009). Thus, a student’s response to this pandemic and its subsequent effects on the student’s life, particularly learning and development, would not be expected to be different or less serious than the effects that we already know can result from other serious adverse experiences in an individual’s development. As such, school psychologists
should not diminish a child’s concerns and challenges in response to this pandemic and sudden life changes. The impact of the pandemic on a student should be taken with serious consideration as a potential impetus to a true disability in need of special education supports and services. School psychologists should also carefully examine the intersection between the pandemic and other cultural factors (e.g., ethnicity and socioeconomic status) because the pandemic is likely to disproportionately affect students from disadvantaged backgrounds and increase the risk of negative outcomes among already vulnerable youth (Bayrakdar & Guveli, 2020; Drane et al., 2020).

To gauge the level of impact of the COVID-19 pandemic and what its effects have been on students, school psychologists should expand their interview questions to include questions and discussions about students’ behaviors prior to and specifically during the time of COVID-19. School psychologists may consider conducting a screening assessment as the first step of the assessment process to understand the current functioning of the student and as a part of the rapport-building process. For example, the Screening Tool for Assessment, developed by Kranzler and Floyd (2013), was created to determine whether a child’s current functioning (e.g., sleep or attention difficulties) may interfere with testing. A similar screening approach could be utilized for pandemic-related stressors. Farmer et al. (2020a) offer additional discussion of the contextual variables that may impact testing results during the COVID-19 pandemic and provide methods for counteracting these variables, such as providing the student and family with relevant resources. The psychoeducational report should include clear and concise reporting of the student’s behaviors, feelings, strengths, and challenges during those two time periods with a clear statement about the impact and changes the pandemic may have had on the student’s life. In alignment with the standard practices required by IDEA, school psychologists and the school team should be rigorously mindful of the extent of influence of external factors on assessment results (Sheridan & McCurdy, 2005). This information will add to the data in the psychoeducational report for the Individualized Education Program (IEP) team to consider when making the final determination of a student’s eligibility and need for special education supports and services. Thus, although there are significant contextual factors impacting student performance at this time, these must always be considered and part of our assessment process. This pandemic is no exception.

Exclusionary Factor of Appropriate Instruction

With the shelter-in-place orders and school closures causing students to receive a varied, district-by-district experience of instruction from mid-March to June 2020, students’ access to appropriate instruction for approximately the last 3 months of the school year was likely not up to the same standard of classroom instruction they previously received. Therefore, there is the question of how school psychologists and IEP teams examine and rule out the exclusionary factor of lack of appropriate instruction provided by qualified personnel for the identification of students with a specific learning disability (USDOE, 2018). There is no doubt that this exclusionary factor must be heavily considered by school psychologists as well as by the IEP teams when making the ultimate decision on a student’s special education eligibility (NASP, 2020a).

Experts in the field of school psychology have provided guidance on this (Kovaleski & Burns, 2020). The examination of historical achievement data, both formal and informal (e.g., state tests, general education intervention data), prior to the school closures is critical. In the assessment process, school psychologists should conduct a thorough review and consider all previous academic progress data, including data gathered through the school’s multi-tiered systems of support and/or interventions. Those data should be compared to current achievement data collected during the school closures to reflect the potential impact of the distance learning methods on the student’s achievement. Achievement data prior to the school closures may demonstrate how particular educational settings, accommodations, and supports (in general or special education) were sustaining a student’s academic progress.

Regression or lack of progress in a student’s achievement found to occur only during the school closure period could be expected given the multiple factors affecting students’ daily lives during that period. Therefore, schools should be prepared to support all students via school-wide programs and pedagogical approaches before considering the need for a special education assessment (NASP, 2020a). School psychologists should work with their schools in developing return-to-instruction plans in which academic supports are adequately provided for all students in general education to prevent inappropriate identification of specific learning disabilities in students who can and should be supported with general education interventions.

CONCLUSION

The effects of the COVID-19 pandemic have significantly impacted students around the world. School closures have caused comprehensive psychoeducational assessments to be delayed, leaving students with documented or suspected special needs without complete and appropriate assessment. In light of the growing understanding of COVID-19 and factors relevant to its transmission as well as a strong push for schools to resume in some capacity, school leaders across the United States have been tasked with finding a
Conducting in-person versus tele-assessment practices, their professional judgment and training as school leaders face increasing pressure to complete assessments during the COVID-19 pandemic (NASP, 2020c), but the reality of the continued presence of COVID-19 into the new school year and assessment loads building up are forcing school psychologists to consider how new procedures may be implemented in order to safely conduct these necessary assessments.

**Contributions to the Field**

Several papers have been published recently discussing the COVID-19 pandemic and how it affects telepsychology, including tele-assessment practices (Farmer et al., 2020a; Van Lancker & Parolin, 2020). Though there are no clear solutions to conducting comprehensive special education assessments during the COVID-19 pandemic, this article serves to offer additional guidance for school psychologists to ensure that students with special needs receive equitable access to necessary services. This article discussed the evidence that suggests that current implementations of tele-assessment practices lack proper psychometric evaluation and development and are currently inadvisable (American Psychological Association, 2014; NASP, 2020c). As such, this article explored the feasibility of conducting in-person assessments with the proper safety precautions and measures in place, through utilizing data and experiences from other countries, resulting in an international perspective of COVID-19 educational policy. The inclusion of the step-by-step guide served to provide a clearly delineated approach to conducting in-person assessments with minimized risk.

As school psychologists weigh the pros and cons of conducting in-person versus tele-assessment practices, additional research is urgently needed regarding the validity and reliability of remote administration methods, including new norming samples and robust administration-type comparisons. Furthermore, if tele-assessment practices become an expected assessment option in schools, then appropriate funding for educational systems to support these practices as well as proper training of school psychologists in these practices are necessary for the welfare of the students being assessed. Until a vaccine is made available, the detrimental effects of COVID-19 will continue to unfold. Yet, school psychologists find themselves facing increasing pressure to complete assessments while simultaneously protecting the health and well-being of the children and school staff. Achieving such a task in light of the many remaining unknowns and challenges of this crisis will require school psychologists to use their professional judgment and training as school leaders as they weigh the risks and benefits of the potential assessment practices in their school communities.

**DISCLOSURE**

The authors have no conflicts of interest to report.

**REFERENCES**


Carroll, M., Cullen, T., Ferguson, S., Hogge, N., Horton, M., & Kokesh, J. (2011). Innovation in Indian healthcare: using health information technology to achieve health equity for American Indian and Alaska Native populations. Perspectives in Health Information Management, 8 (Winter), 1d.


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