Masters Theses   Graduate Research and Creative Practice

Winter 1998

Assessing the Learning Needs of Adults with Acquired Physical Disability in Vocational Rehabilitation

Kathleen E. Mennen
Grand Valley State University

Follow this and additional works at: http://scholarworks.gvsu.edu/theses
Part of the Education Commons

ASSESSING THE LEARNING NEEDS OF ADULTS WITH ACQUIRED PHYSICAL DISABILITY IN VOCATIONAL REHABILITATION

by Kathleen E. Mennen

MASTERS THESIS

Submitted to the graduate faculty of the School of Education at

Grand Valley State University

in partial fulfillment of the Masters of Education

Winter, 1998

ACKNOWLEDGEMENTS

This thesis is dedicated to Ken, the love of my life; and to our miracle baby, who will be here <u>very</u> soon!

For your love, support, and friendship, I send thanks to:

Dr. Loretta Konecki, more than just an advisor--my longtime academic coach

The talented Dr. Antonio Herrera, who guides theses to completion, juggles a full teaching and research load, and "births" thoroughbred foals--without missing a beat!

Dr. John Beyer and Sherrill Lindeman, without whose special care I would not be writing this

Neil and Pam Simpson, my dad and stepmom, who have always been there for me

Eileen Simpson, the best friend and sister I could ever have; Roman Owczarek, best brother-in-law; and their children Ryan and Jack Owczarek, lights of my life

Joyce Bernard, my mom and quiet encourager

Marty and Earleen Mennen, in-laws and grandparents-to-be extraordinaire

The Treco step-siblings and their clans

The Lucas clan, our second family

The gang at Crawford, especially Cathy O'Neill, who supported me through more than just this thesis

Kim Hughes, Jackie Westerhof, and Mary Clabeaux, wonderful longtime friends

Bentley, my kitty, who alternately watched, pestered, snuggled, and snoozed while I wrote this thesis...

...And those who watch and guide me from above:

Michael J. and Marion C. Simpson   Earl Cooper
M. Sharron Simpson   Ruth Ann Cooper Aldrich

TABLE OF CONTENTS

ABSTRACT

It is difficult to ascertain the learning needs of adults with acquired physical disability in vocational rehabilitation. The onset of the disability reactivates and/or creates various psychological, social, and educational problems in the learner's life, which makes assessing his learning needs more complex. This study discusses the particular challenges of assessing the learning needs of this population. It also describes the development and use of a screening tool with which to make objective decisions in selecting assessments for this population.

CHAPTER 1: THESIS PROPOSAL

Problem Statement: It is difficult to ascertain the specific learning needs of adults with acquired physical disability in vocational rehabilitation. A standard vocational assessment interview, along with a basic literacy assessment like the Wide Range Achievement Test-3 (WRAT-3), provides an initial determination of whether the learner could benefit from some type of vocational retraining and some of the barriers that might preclude the learner from completing the retraining. Whether the learner needs to obtain basic literacy skills or a bachelor's degree to achieve vocational goals, I feel like I am not doing all I can to "smooth the way" for the learner--that is, getting a better handle on what his specific learning needs may be.

For example, a 55-year-old learner takes the WRAT-3 and scores at the third grade level in reading, but at the twelfth grade level in mathematics. Does the huge gap in scores mean he might have a learning disability? Does he need glasses to read? Is he an anxious test-taker? Or does he simply dislike reading? Additional assessment would help me better target the reason(s) behind the spread in scores; then I can help the learner access additional services from the learning institution, agency, and/or community--such as tutoring, an eye exam, or even stress reduction training to lessen test anxiety. If I can gather more information about the learner's learning needs through additional assessments, I can better help me help the learner, thus increasing his chances of success. And when he succeeds, everyone wins--the learner, the payor, my employer, and me.

Importance and Rationale of the Study: As a vocational rehabilitation consultant,

I develop and implement rehabilitation plans for adults who are unable to return to their

previous occupation because of an injury. For example, a factory worker injures his[1]

back on the job, and he has surgery. Because of the injury, the worker can no longer

perform the heavy work required at his job. I need to help him identify a suitable

alternative occupation which may require retraining.

It is also part of my job to identify any barriers which may keep the learner from

succeeding in a retraining/rehabilitation plan. If I can identify the barrier, I can more

effectively work with appropriate organizations in creating a successful training program

for the learner.

The psychology of the learner with acquired physical disability is quite complex.

Here are some of the factors involved in a typical case:

- The learner has chronic pain, which, along with long-term use of pain medications, can alter one's mood and personality (McGuigan, "Attributional Style and Depression in Men Receiving Treatment for Chronic Pain," 1995, p. 21).

- The learner's injury (such as soft-tissue back injuries or repetitive motion disorders like carpal tunnel syndrome) is not always completely "curable," and so he has an unresolved ailment that affects many aspects of his life.

---

[1]The majority of this particular population is male; therefore, I will use the masculine pronoun throughout this paper.

- He also deals with the emotional pain of losing the ability to support his family; and he can no longer work in an occupation he enjoys, was paid well for, and which he considers a part of his identity.

- Though the learner is financially supported by worker's compensation, auto no-fault, long-term disability, or Social Security disability benefits, he tends to look at the financial support as a "handout," believing that "only those who can't do for themselves get handouts."

Put all of this together, and you have a person who sees little hope for his future.

The learner must go through a process of adjusting to his disability, learning to adapt, and learning an entirely new role within his own social context. He can develop major depression or other mental disorders, such as psychosomatic disorder (feeling ill or in pain when there is none); or a disorder lurking in the background--such as alcoholism or borderline personality disorder--becomes exacerbated with the learner's high level of pain and frustration. The learner's physical and mental changes can affect his personal life, too. Marriages frequently crumble and family feuds ignite. Then I arrive on the scene and try to help him access retraining and obtain a new job, which requires additional learning of various kinds. The learner has gone from a quiet life of working and choosing what he wishes to learn, to being forced to learn a lot of things that cause much stress and anxiety. Therefore, his learning needs are not just those arising from a possible learning disability or academic or skill deficit. His learning needs cover the entire spectrum of the adult lifespan experience. If I am to help him as much as possible, I have to find a way to help identify his most urgent learning needs so he can make the

transition from "disabled person" to "a productive worker who happens to have a disability."

Background of the Study: My learners have a wide variety of problems not related to their acquired physical disability, which affect their ability to learn; and I thought I could do more to help identify and address these problems. Therefore, I conducted a study (Mennen, "The Learning-Disabled Adult with Acquired Physical Disability in Vocational Rehabilitation," 1997) to learn more about identifying and assisting learners with learning disabilities. I was shocked to find that there is a dearth of information on how to diagnose and help adults with learning disabilities (LD)--and many other learning needs. I was equally surprised to find that those who teach the majority of these adults are expected to do so without access to appropriate diagnostic tools. I found this particularly alarming because many of my learners (semi- or unskilled laborers) need to acquire or improve literacy skills before attempting higher-level retraining. Approximately 50% of adults in basic literacy classes have some form of learning disability (Sturomski, "Literacy Needs for Adults Who Have Learning Disabilities," 1997). About 80% of my learners have some type of basic literacy deficit; using the 50% figure above, I therefore estimate that 40% of my learners may have a learning disability. And because learning disabilities are often seen in tandem with various psychosocial deficits (Sturomski, "Literacy Needs for Adults Who Have

4

Learning Disabilities," 1997), my learners' barriers to successful retraining are multiplied.

This wall of access to appropriate diagnostic tools has been built by test publishers, who limit access to these instruments, and by psychologists, who charge $150/hour and more to conduct assessments which can benefit the learner and his/her instructor. A great number of adult educators are basic education/literacy teachers, many of whom are volunteers. Literacy programs operate on shoestring budgets, and they can't afford the expense of a staff psychologist to conduct these assessments. They are stuck with developing their own tools, which have dubious reliability and validity, and "flying by the seat of their pants." The result is that 50% of adults in basic education courses drop out, regardless of the amount of caring, supportive instruction provided (Kavale and Forness, "Learning Disability Grows Up," 1996, p. 37). What this means for my learners is that, if I refer them to a basic education course, their chance of successful completion is only 50% unless I can help them and their instructors obtain more specific information regarding their learning needs.

Much of the literature discusses remediation/rehabilitative techniques from the standpoint that the learner has already received an appropriate diagnosis (Adelman & Vogel, "Issues in the Employment of Adults With Learning Disabilities," 1993; Kavale and Forness, "Learning Disability Grows Up," 1996). Others are extraordinarily silent on the specific assessment of adults for LD or related learning needs. For instance,

Interdisciplinary Handbook of Adult Lifespan Learning (Sinnott, 1994) has nothing to say about adults with LD but includes a chapter on adults with Alzheimer's disease. *The Assessment of Learning Disabilities* (Silver, 1989) has chapters on specific assessments for preschool and school-age children, but the chapter on diagnosing adults with LD simply refers the reader to a previous chapter on differential diagnosis of children with LD. The rest of the chapter is involved with the various definitions of LD and helping adults access resources, and caveats to use when assessing the adult.

I could not find any literature on adults with acquired physical disability and specific learning needs, except for the catastrophically injured (e.g., paraplegic) and/or traumatically brain-injured. The literature on my typical learners focuses on learner motivation to return to active employment (McGuigan, "Attributional Style and Depression in Men Receiving Treatment for Chronic Pain," 1995; Foreman and Murphy, "Work Values and Expectancies in Occupational Rehabilitation," 1996); accessing funding resources (Dunham et al., "A Preliminary Comparison of Successful and Non-successful Closure Types Among Adults With Specific Learning Disabilities in the Vocational Rehabilitation System, 1996); career counseling (Herbert, "First Things First," 1991); and job accommodations for the physical disability (McGuigan, "Attributional Style and Depression in Men Receiving Treatment for Chronic Pain," 1995). The educational, psychological, and vocational rehabilitation fields have yet to intersect and share knowledge on this important topic. Of course, the danger in sharing

information between fields is that someone's "turf" may be threatened (Sturomski, "Working with Learning-Disabled Adults," 1997), so information isn't readily shared. Who will profit--and who will lose--from figuring out a way to help my learners in this manner? Frankly, I don't have time to wait, and neither do my learners.

Another problem generated by the lack of sharing information is a lack of specifics on which assessments can be used for my learners. While one might assume that learners in vocational rehabilitation go through more in-depth assessment compared to other adult learners, that is only partially true. The severely mentally and physically disabled--who are the "high-visibility" or "most needy" learners in vocational rehabilitation--receive numerous and varied assessments, and rightly so. Those who do not fall into that category receive very little assessment, if any (Caston and Watson, "Vocational Assessment and Rehabilitation Outcomes," 1990). Other studies show that the assessment they do receive is often irrelevant to their particular needs, or assessment is conducted at an inappropriate time during the vocational rehabilitation process (Hayward and Thomas, "Analysis of a National Study on Vocational Assessment Procedures with Vocational Rehabilitation Clients," 1993).

With the exception of functional assessments (which measure physical abilities) and work assessments (which measure physical and mental abilities in a work setting), most assessment instruments were not developed for vocational rehabilitation clients but are used for this population. This creates confusion because it is difficult to get information

7

about appropriateness from psychologists or educators, who would much rather the learner be referred to them for assessment (remember, they're protecting their "turf"). The test publishers are not much more helpful because their goal is to sell as many tests as possible (purchasing restrictions or not) rather than selling the right test for the purpose. So one must resort to researching and selecting the tests on one's own.

Researching the available tests brings yet another problem: Who has the time and money and flexibility to slog through a ton of literature, buy a slew of test sample kits (priced around $40/each and up), and "experiment" on their clients (only to find out the tests were all wrong for the purpose)? I certainly don't! I believe it is important to develop a method by which an assessment can be screened for further evaluation--before going through the time and expense of purchasing and trying out the assessment.

Statement of Purpose: The majority of my learners are those who have "fallen through the cracks" of the vocational rehabilitation field: The non-catastrophically-injured (yet permanently disabled in some form) learner with one or more (usually more) learning needs which are not related to the disability/injury, but which have a potentially negative impact on his potential to succeed in a vocational rehabilitation program. These people are what the adult learning theorists term non-participative learners, who do not fit the mold of the theorists' "typical" adult learner, but who have many things in common with the typical learner, such as the demands of raising a family and the tacit pressure to "learn for survival." Most of them have not taken any kind of training since

high school graduation, or since dropping out of high school. (Those who work for larger companies that provide a great deal of workplace training are usually retrained and placed elsewhere in the company without ever having gone through the vocational rehabilitation system.) Or if they did choose to give education a try, they either quit or failed. Often, their non-participation is due to some type of learning difficulty or specific learning need.

The purpose of this study is to develop and test a method to screen various assessments so I can select which ones to study further, before making the time and financial commitment to use them to evaluate my learners' specific learning needs. More specifically, this study will outline the criteria by which I will screen the assessments, the assessments selected, the method by which I evaluated the assessments, and which assessments I've chosen for further investigation.

Goals and Objectives: My goal is to investigate the adult learning assessment instruments available and to identify those which I might select to assess my learners' learning needs. I will achieve this goal by meeting the following objectives:

1. Identify and research assessment tools that can provide information on the learner's strengths and deficits in the following areas: Academic skill, basic literacy, employability skills, learning ability/style/intelligence, pain management, social/life skills, and vocational/trade skills. Others, such as personality, attitude, and vocational interest assessments will also be examined.

2. I will analyze these tools to see if they meet these minimum standards (which are important not only in and of themselves, but I must be able to defend their use in court): Psychometrically acceptable levels of validity and reliability; appropriateness for this population; the assessment's results and their usefulness in helping the learner remediate the deficits.

3. I will further analyze the tools to see if they meet additional criteria specific to my particular constraints: Cost, time to administer, requirements/ qualifications/training needed to administer, portability and ease of use/scoring.

4. Based on my findings, I will create a list of assessment tools warranting further investigation. This will not be part of my thesis, but eventually I would like to evaluate the assessments on my "final list" and then combine these with some of the tests we already use to develop an assessment protocol. Having this researched list will give me the base from which to experiment and build the protocol.

Limitations of this Research: This paper is not intended as a position paper on the use of psychometrics (assessment) in education. The reader may assume that I view assessments as a tool to assist the conscientious practitioner in finding out more about the learner's learning needs. A tool does no work alone, so one may also assume that I believe these assessments cannot work nor stand on their own without the full vocational assessment and plan development I provide my learners.

There are a number of disabilities/injuries which I will not include in this paper. First, this paper will not include adults with traumatic brain injuries (like skull fracture) or mental retardation. The field of cognitive (brain) rehabilitation is well-developed (and well-funded); there are many excellent organizations to which I refer these learners for assessment and retraining. For the same reasons, this study will not address the needs of blind adults and deaf adults, nor adults with catastrophic physical disabilities (acquired through major injury, such as a diving accident) like hemiplegia and paraplegia. Also, congenitally-disabled (affected from birth) adults with problems like Spina Bifida or Cerebral Palsy, or adults with disabling diseases (like Lou Gherig's Disease or Acquired Immune Deficiency Syndrome [AIDS]) will not be included in my study for the same reasons. The severely mentally ill (requiring institutionalization, such as severe forms of schizophrenia) will not be included, either. But many of my learners do suffer from one or more personality or mental disorders. Therefore, I will include those with mild to moderate mental illnesses (such as depression or manic-depression [now called bipolar disorder]) and personality disorders (such as obsessive-compulsive personality disorder).

Last, the reader is to be reminded that the experiment described in this paper is only a screening device. It is not intended to be a substitute for a full evaluation of the assessments described. It is not intended to endorse or otherwise identify which assessments are the "best." The reader should keep in mind that the assessments are

being screened according to criteria identified by me for my particular purposes; the screening tool was not developed and is not intended for general use.

Conclusion: The term "persistence" is used to describe the "sticktuitiveness" (or, as my Finnish grandfather says, *sisu*) of adult learners in pursuit of an educational goal. The review of the literature in the next chapter will describe some of the research done on "persistence" and how the identification of various learning needs can affect the learner's ability to persist--that is, to succeed in training.

CHAPTER 2: LITERATURE REVIEW

The Framework

In my research, I found that adult learning researchers tend to build their models and focus their work on their "typical" adult learner—that is, a person who is participating in a college course at which the researcher teaches. Such data is easily available—and with this data is how the picture of the "typical" adult learner has been painted (Sinnott, 1994, *Interdisciplinary Handbook of Adult Lifespan Learning*; Merriam and Caffarella, 1991, *Learning in Adulthood*, p. 74).

Perhaps because the "typical" adult learner enters the college classroom with an assumed set of skills, experience, and knowledge, researchers have come to emphasize that the most effective or most preferred method of teaching is the andragogical style, à la Malcolm Knowles. This assumes that students want the educator/instructor to be their "facilitator" or an "equal" (Knowles, *Andragogy in Action*, 1984; and Tennant, *Psychology and Adult Learning*, 1997, pp. 88, 92-93). Students are thus led in a process by which they "discover" or "self-direct" their learning. Teaching via traditional pedagogical methods, such as lecture, is generally frowned upon.

Knowles' andragogical theory of adult learning has gained much attention—deservedly so—but has been challenged on the basis that many adult learners are simply not ready, willing, or able to be "equal participants" in the learning process (Michaelis, "In Over Our Heads?", 1996, p. 3; Hebert, "Working With Adults Who Have Learning

Disabilities," 1988, p. 17). And while it's true that adult education has come a long way in removing some barriers by offering evening, weekend, and on-site classes; distance learning; learning-by-computer (online); and compressed or "accelerated" programs; this has been done in response to market demand--and for institutional survival--rather than any concerted effort to re-mold the institution into an andragogical paradise.

Personally, I think a lot of support for the andragogical model comes from frustrated academics yearning for students who are so eager and ready to learn that they practically teach themselves. The educator need only pose an intriguing question and a flurry of intellectual discussion, problem-finding, and problem- solving erupts from the students, resulting in an intellectual exercise that Plato or Aristotle would be proud of.

From my own experience teaching adults, I find the reality is much different. The learner has a family, which has a variety of needs that require constant attention. He has a job that averages over 40 hours per week which requires him to take classes to get promoted or survive; and he has a working spouse who also averages over 40 hours per week and who may also be taking classes to survive. It's not reasonable to expect these overworked people to waltz into class eager to enlighten and be enlightened. All they have time for is to get the information, do something with it that will get them a grade, and move on to the next class. They don't have the time or energy for the necessarily lengthier and indirect andragogical process of learning. The closest they want to come

to self-direction is to apply what they learn in a project that they can use at work, home, or community.

So it's no wonder that many academics pine for andragogic learners when their students only want the information and the tests and are forever reminding them that "I (and/or my company) paid good money for this class--you'd better make it relevant and worth my while." If students don't come out of a class with some hard-core information to help them solve everyday problems, the class will have been worthless to them--no matter how "fun" or "enlightening" it might have been (Michaelis, "In Over Our Heads?", 1996, p. 4). The one other thing they want besides relevance is an instructor who will disseminate knowledge in the most efficient way possible, yet respect them as mature people, and value their contributions--should they choose to make any. And these are the participative learners!

The subject of participation is an important part of the study of the adult learner. One 1984 study by the National Study for Education Statistics (in Merriam and Caffarella, *Learning in Adulthood*, 1991, p. 66) showed that 64% indicated that their reasons for participating in education were to get a new job, advance in an existing job, or other job-related reasons. Studies by Houle (*The Inquiring Mind*, 1961) and Boshier ("The Houle Typology After Twenty-two Years," 1985) show that people choose to participate to meet a specific goal; for the activity itself and social interaction; and for gaining knowledge for its own sake. Other reasons for participation include external expectations

(from an authority such as a boss), desire to advance in job, stimulation/to escape boredom, and to learn how to serve others in the community.

However, for all the reasons adults participate, there are just as many reasons why they don't. Johnstone and Rivera (*Volunteers for Learning*, 1965), cite a lack of money as being a strong reason adults don't participate. Compared to thirty years ago when this study was done, however, there are now many more opportunities for adults to access education for little or no cost. Houle also states lack of time is another reason (Houle, *Continuing Learning in the Professions*, 1980), as well as difficulty in succeeding, training being against social norms; negative experiences with educational activities; and unawareness of educational programs.

Cross, in *Adults as Learners: Increasing Participation and Facilitating Learning* (1981), describes a set of barriers to participation: situational barriers (a person's situation at a given time); institutional barriers (exclusion or discouragement of a person from participating); and dispositional barriers (a person's attitude toward self and learning). These are echoed by Valentine and Darkenwald ("Deterrents to Participation in Adult Education: Profiles of Potential Learners," 1990), and Martindale and Drake ("Factor Structure of Deterrents to Participation in Off-duty Adult Education Programs," 1989).

Socioeconomic status is also cited in the research as a major reason for non-participation. The socioeconomic cycle, in which one who is born into a certain

socioeconomic level tends to stay there, is well documented; and the lower SES members' attitudes toward learning and power, along with the level of their cognitive development, may be two reasons the cycle exists and is so difficult to break. Courtney (*Visible Learning*, 1985), states that "the laboring classes tended to avoid formal associations when seeking opportunities for learning and leisure; while the poorer and least-well-off classes tended to shun even these less structured modes, effectively cutting themselves off from any source of organization and power" (p. 132). It seems that some people actually avoid learning opportunities because of an aversion to organization, authority, and power which the learning institution often represents to them.

Courtney's statement is especially interesting because some of my learners may be academically deficient but intellectually quite bright. Many have spent their lives, by choice, living outside the mainstream, eschewing formal societal structures like school for what they perceive as privacy and independence. This isn't documented by anything but my own experience. However, it makes sense because so many of my learners live in rural areas, far from "civilization," and have no interest in it. And though they profess to have no desire to be part of a social group and self-describe as loners, it's amazing to learn how extensive their social network actually is. (I usually learn this when the learner and I meet over coffee at his local coffee shop; he knows all the customers, from the mayor to doctors to farmers.)

One can say that these people do not wish to participate because they are lazy or stupid. That is far from the truth. However, many of my learners seem to lack what Tennant calls "critical awareness," which he defines as "seeing the self as a subject who can reflect and act upon the world in order to transform it" (*Psychology and Adult Learning*, 1997, p. 123). To further explain the concept, Tennant cites the work of educator and psychologist Paolo Freire: "Freire argues that oppressed and subjugated people lack a critical understanding of their reality. To them, the world is something which is fixed and to which they must adapt." The dominant social structure oppresses by making sure the oppressed view social reality as something that is just as unchangeable as the laws of nature (Freire in Tennant, *Psychology and Adult Learning*, 1997, p. 124). Therefore, they see their situation as one that is unchangeable, immutable, except by the whims of the powers above them.

While I don't agree with Freire's polemics, he does bring up a very important point: Those who are less educated and/or haven't achieved higher-order thinking do tend to see the world--even their own socioeconomic context--as fixed and unchangeable. My learners view the world in this way. They frequently insist that things happen to them; others control their fate/future; and they are incapable of changing anything about their situation. Even those who express the most interest in retraining are often unable to make decisions others make easily--such as choosing a class or program--and even when they know the entire bill (even mileage for driving to class) is being paid as part of their

benefits. Social workers and psychologists often find this same problem: No matter what one does to help a person, he sometimes cannot make even the simplest of changes. He believes he is "frozen" into his predicament and it will never change, no matter what. This is one reason why some of my learners prefer never to return to any kind of work. They would rather collect benefits indefinitely than attempt a transition they believe to be impossible.

Tennant's and Freire's concepts mesh well with the Piagetian states of cognitive development. It is true that many adults never develop beyond the concrete-operational stage (Bee, 1987, in Merriam and Caffarella, *Learning in Adulthood*, 1991, p. 131) because, as Tennant states, the learner stops "constructing" his/her knowledge (Tennant, *Psychology and Adult Learning*, 1997, p. 65). Therefore, most of my learners cannot handle the andragogical style of learning, which requires a firm grasp of higher-order thinking skills; nor are they frequently able to handle more traditional forms of learning. Most seem to function best in a vocational, hands-on type of programming, which is well-suited to the concrete-operational level of thinking.

Also, it is hard to discern which stage some of my learners are at, and whether they are capable of moving to the next stage (as other theorists have identified stages beyond Piaget's terminal formal operational stage--in Merriam and Caffarella, *Learning in Adulthood*, 1991, pp. 183, 184, 187-188; Michaelis, "In Over Our Heads?", 1996, p. 2).

Can compensatory education help them move up to the next stage, to help them be more successful in traditional adult learning programs?

Studies have shown that lower-level IQ children (those with scores in the 85 range) in Head Start did not benefit from compensatory education, but higher-level children (scores in the 100 range) did (Mayer, *Educational Psychology*, 1987, pp. 40-41). Though we cannot automatically conclude that the same is true for adults, we do know that people with below-average IQ generally have difficulty with higher-level thinking tasks (Mayer, *Educational Psychology*, 1987, p. 451). So does this mean I should give my learners an IQ test and use only that to determine whether they are able to succeed in retraining? I don't think so.

This review of the literature shows that both the learner's desire and ability to learn arise from complex factors, and which cannot be easily attributed to one or another factor. Appropriate and comprehensive assessment, though, can help to identify the biggest barriers to the learner's potential for success--whether that be a lack of higher-order thinking skills, a learning disability, or psychosocial problems.

One important factor that is not addressed by the above-mentioned experts is the relationship between the adult learner and work. Adult learning theorists, while acknowledging that learners often participate in education because of work, sometimes do not consider the learner's work environment as an important source of learning (or lack thereof). Walter S. Neff is one of the pioneers of psychiatric rehabilitation and is

widely known for developing the concept of "work adjustment." Work adjustment is a process by which a person learns to "fit in" and succeed in a specific work environment (Neff, *Work and Human Behavior*, 1985, pp. 187-203). He is helped, usually by a psychologist or vocational counselor, to not only perform the work to meet the employer's expectations, but to learn, understand and function within the roles expected of him in the work environment. Work adjustment is a learning process in itself.

Work adjustment implies that the worker has been unable to function successfully, or at as high a level as could be, in the expected work role. Though many of my learners have long work histories, many include a stormy relationship with employers. Some have a difficult time holding a job for a significant length of time. Yet others have functioned nearly invisibly at work, being neither exemplary nor poor employees. These less-than-stellar work histories can stem from a variety of psychosocial and/or learning difficulties (Hebert, "Working With Adults Who Have Learning Disabilities," 1988, pp. 21, 63), which are frequently seen concomitantly with a variety of learning disabilities and can be the first hint of the possible existence of a learning disability. The psychosocial difficulties usually have nothing to do with the learner's physical disability- -but they have everything to do with the learner's potential to succeed in training, and return successfully to work. Therefore, my learners not only require special assistance while in training, they also require work adjustment assistance once they return to work.

If I am to help my learners succeed, I must be able to accurately assess what their particular learning and learning-related difficulties are; use that information to help the educator and employer understand how the learner is different from the "typical" adult learner; and help the learner, educator, and employer access resources to address the learner's needs. I see my role as liaison and facilitator between the learner, the institution, and employer.

Assessment

What is known about assessing the adult learner for specific learning needs and/or learning disabilities? Surprisingly little. In the research described above, I found that much of the literature focuses on who the adult learner is; theories of adult learning; reasons for participation; and persistence. The fact that the adult learner is different from the child learner is also well-documented. However, little is known about learning disabilities and related specific learning needs of adults (Sturomski, "Literacy Needs for Adults Who Have Learning Disabilities," 1997, p. 265).

Learning disabilities are assumed to be something that a person "grows out of" (Sturomski, "Literacy Needs for Adults Who Have Learning Disabilities," 1997, p. 264; Kavale and Forness, "Learning Disability Grows Up," 1996, p. 37). Only recently are we learning that, not only do these disabilities carry on into adulthood, but they only seem to disappear because the adult learner himself and his learning disability disappear by choice (National Adult Literacy and Learning Disabilities Center, *Linkages*, 1995).

22

He hides his disability from those around him and finds ways to work around it. He deliberately disappears from the education landscape so as not to be "found out." One can guess that he feels ashamed of being poorly skilled or less than literate; but the whole truth is that he is ashamed of being unable to learn.

When I have a learner in this situation and I suggest retraining, he will balk for this very reason. I am asking him to face the shameful "thing" he's managed to hide and avoid his whole adult life. This, coupled with the physical disability that has robbed him of livelihood and self-esteem, can literally send him in a psychological tailspin because one of his key psychological deficits is poor coping skills (Sturomski, "Working With the Learning-Disabled Adult," 1997, seminar). The stress from facing his source of shame can cause him to lose control over his physical pain, possibly sparking histrionic pain behavior, a breakdown of social behavior, or pain-induced depression. Therefore, my learner may be unable to cope with the daunting task of retraining--whether it be improving reading or learning a new trade. He cannot internalize the benefits of education, seeing only the terror of it. Even if he can verbalize and acknowledge the benefits of education (often pushing his children in it), he "self-destructs" in training because of his inability to cope. Only with a solid grasp of this learner's multiple learning, social, and psychological deficits, can the adult educator be truly effective and the learner be successful.

While the need for appropriate assessment is obvious, it is very difficult to assess for a learning disability or specific learning need. The assessment tools themselves are often restricted to administration by trained psychologists, and they are frequently expensive to purchase or administer. Our cultural abhorrence of labeling makes many professionals hesitate to assess with the goal of obtaining a diagnosis. And so little is known about adult learning disabilities, and they are so complex, that only a few have been specifically identified. J. P. Hebert lists seven different learning-related processes in which learning disabilities are seen:

Activity level (e.g., hyperactivity)

Attention/concentration

Auditory perception

Fine motor coordination

Gross motor coordination

Memory

Oral language

Visual perception ("Working With Adults Who Have Learning Disabilities," 1988, p. 8)

Learning disability is also described as a group of characteristics which differ with the person. Neil Sturomski ("Working with Learning-Disabled Adults," 1997, seminar) groups these characteristics into three major categories:

Auditory/Visual processing (difficulty in seeing or hearing even when medically remedied)

Academic-related skills (difficulties with reading, writing, oral language, or math); and

Behavior/Psychological manifestations (difficulties with attention, memory, reasoning/processing, higher-order cognitive skills, self-concept, social/interpersonal skills, or coordination/motor functions).

A purely physiologic problem, such as an ear infection, comes with a set of "symptoms" which are common to most people suffering the problem. However, a person with a learning disability may show some characteristics but not others. A learner <u>can</u> be effectively assessed as "having a suspected learning disability," and even given a description, such as "a reading process deficit." Though no firm diagnosis is made, at least this provides a starting point from which to help the learner.

The difficulty in diagnosing learning disabilities in adults would not seem to be such a big problem in our society. However, it is estimated that 50% of adults in basic education programs have a suspected learning disability (Sturomski, "Literacy Needs for Adults Who Have Learning Disabilities," 1997, p. 265); and these programs have no access or funding to make appropriate assessments. I think it's more than a coincidence, then, that 50% of adults in basic education courses drop out (Kavale and Forness, "Learning Disability Grows Up," 1996, p. 37). When these learners were children, their

25

teachers had no idea how to help them; and the same is still true when they try again in a basic education class. The teachers are "flying blind," and the adult learners continue to fail even under the most caring and competent teaching. Therefore, if I refer a learner with a deficit to a basic education program, he only has a 50% chance of success. While there are many criticisms of psychometric assessment, this is a situation where learners are hurt more by not being assessed.

So for those learners fortunate enough to get an assessment of their learning abilities and needs, what kinds of assessments are available, and where? Though I will discuss this in detail in the next chapter, here I will discuss, in general terms, the typical kinds of assessments provided to learners like mine.

The places where the occupationally-disabled learner typically receives assessments are from a public or private vocational rehabilitation center or by a psychologist treating him for pain control. The vocational rehabilitation center tends to provide learners with assessments of basic skills, vocational aptitudes, vocational interests, vocational/physical abilities and limitations, with the goal of assessing the learner's employability rather than learning ability (Hayward and Thomas, "Analysis of a National Study on Vocational Assessment Procedures with Vocational Rehabilitation Clients," 1993, p. 337). The psychologist provides the learner with medical and psychological assessments, with the goal of assessing the learner's pain level, its effect on his psychological and personality traits, and his ability to cope with and control pain. While both of these assessment

batteries frequently contain some type of assessment of intelligence/ability to learn, these are generally used to help build a vocational or psychological picture of the learner, rather than to diagnose specific learning abilities and needs. Therefore, the data which might point to a suspected learning disability is rarely reported, discussed, or used in building a rehabilitation plan for the learner. The person's <u>vocational</u> and <u>medico-psychological</u> (pain-control) deficiencies are being "rehabbed," not his learning deficiencies. This is a serious omission, because a learning deficiency can make or break the learner's chance of being successfully rehabilitated.

However, there is hope on the horizon, and it is coming from the fields of neurobiology and neuropsychology. Evidence is starting to accumulate that shows a <u>physiological</u> source for many learning disabilities. Bigler summarizes research that shows, unequivocally, there is a <u>medical</u> reason behind learning disabilities. Abnormalities in brain function have been detected in people with specific learning disabilities, such as dyslexia (Bigler, "The Neurobiology and Neuropsychology of Adult Learning Disorders," 1992, p. 490). This good news not only means the possibility of more and better diagnostic tools being developed, but also to mitigate society's stigmas of learning disabilities as being caused by mental illness, mental retardation, or as proof of a person's lack of intelligence or aptitude.

The field of neuropsychology studies primarily the mental and physical dysfunctions of people with brain injuries (from accident or stroke), mental retardation, or other

serious brain defects. Neuropsychologists provide cognitive and psychological therapy

for the patient with brain deficits. In doing so, they have developed a battery of tests that

assess every aspect of the brain's function. Along with an MRI (magnetic-resonance

image) or similar radiographic study of the learner's brain, the evaluation contains a

battery of assessments. Two popular neuropsychological assessments are the Luria-

Nebraska and Halsted-Reitan batteries, but many practitioners frequently create their own

system of assessments, using a variety of available instruments to tailor the evaluation

to the individual. The general categories of assessments given in any good

neuropsychological evaluation are listed below in boldface; examples of assessment

instruments are in parentheses.

Cognitive ability (WAIS-R or similar)

Attention/Concentration (Wechsler Memory Scale, Visual Search and Attention

Test)

Language functions (Peabody Picture Vocabulary Test, Boston Naming Test)

Visual perceptual/Visual motor (Hooper Visual Organization Test, Visual Form

Discrimination)

Executive functions (Wisconsin Card Sorting Test, WISC-R Maze Tests)

Memory batteries (Wechsler Memory Scale - Revised, Rey Auditory Verbal

Learning Test)

Motor (Grooved Pegboard Test, Finger Oscillation)

Academic Skills (WRAT, Gray Oral Reading Test)

Psychological (MMPI-2, Woodcock-Johnson Psychoeducational Battery)

(Melamed, "Neuropsychological Assessment" in Vance, 1993, *Best Practices in Assessment for School and Clinical Settings*, pp. 215-216).

Neuropsychological assessment is coming to be recognized as an important and effective tool to pinpoint learning disabilities not caused by brain injuries/retardation (McCue, "The Role of Assessment in the Vocational Rehabilitation of Adults with Specific Learning Disabilities," 1989, p. 22; Katz and Goldstein, "The Luria-Nebraska Neuropsychological Battery and the WAIS-R in Assessment of Adults with Learning Disabilities," 1993, p. 191). Not only that, neuropsychologists can also help learners overcome both the learning disabilities and the concomitant psychosocial deficits which affect the learner's employability.

Why, then, isn't everyone with a suspected learning disability having a neuropsychological evaluation? First of all, they are very expensive, sometimes running into the thousands of dollars. They are also very time-consuming (a very thorough evaluation may take several days). Most practitioners work primarily with the brain-injured; it is difficult to find one specializing in adult learning disabilities. Last, the use of neuropsychological evaluation to diagnose learning disabilities is a relatively new application, and therefore subject to much scientific scrutiny. Most of the research has been done on children; even with the neuropsychological evaluation it is still difficult to

arrive at a specific diagnosis; and the tests used provide little understanding of the actual deficits. (Melamed, "Neuropsychological Assessment" in Vance, 1993, *Best Practices in Assessment for School and Clinical Settings*, pp. 205-206). It is like a doctor finding a tumor on an x-ray, being only able to identify it as a tumor, and having little or no idea how to eradicate it.

Despite the drawbacks, neuropsychological evaluation is one of the best such tools available (McCue, "The Role of Assessment in the Vocational Rehabilitation of Adults with Specific Learning Disabilities," 1989, p. 22). Its use should be further expanded and developed to assist adults with suspected learning disabilities. This can help my learners obtain not just the remediation needed to overcome the learning disability--but also to get help with the concomitant psychosocial problems as part of their work adjustment, toward the goal of successful vocational rehabilitation.

Right now, however, neuropsychological evaluation is only available for my learners with a brain injury or pain control problem. Until it is fully recognized as equivalent to a standard vocational assessment, payors will not foot the bill. Therefore, my analysis of assessments in the next chapter will focus on those which I can more readily use myself, or to refer my learners to the appropriately-qualified assessor.

CHAPTER 3: METHODOLOGY AND DATA ANALYSIS

Developing the Screening Tool

Selecting one assessment tool from the literally thousands available is a big task. However, systematically determining which assessments to evaluate is a critical step not taken by some who select assessment instruments for their learners. One can have a variety of criteria "in mind" when looking at various instruments. But without a systematic process, it is too easy to succumb to the lure of the "slickly-packaged," "new," "my colleague/supervisor likes it so why shouldn't I," or "everyone uses it" assessment tools. These 'lures' have an insidious way of turning into test-selection criteria, or overshadowing one's own criteria.

So, to remove some of this kind of subjectivity involved in the test selection process, I developed a screening tool by which I could measure the test's potential for further evaluation. The screening tool contains the criteria important for my particular situation. Each criterion is assigned an objective five-point rating scale, where "1" is low and "5" is high. To earn a "5," for example, certain objective conditions must be present. These criteria are described in detail below, along with their rating scales.

1. **Validity and Reliability:** I am a Vocational Expert in the State of Michigan. I testify in hearings and trials regarding various vocational issues. For example, I might be questioned why I performed certain assessments on a client, and what the assessments mean. The assessment should have strong validity and reliability data for its own sake.

31

In my case, though, if decisions are being made about a person's vocational future using some of this data, it is my responsibility to make sure the data has a strong foundation. Therefore, I must be sure these criteria are met for any test that I use in decision-making.

This doesn't mean, however, that I can't use assessments which might have weak validity or reliability--such as self-assessments or other subjectively-based tools--but I must be able to determine that these are differentiated and not designed or intended for decision-making.

Rating Scale:

Range	Rating
.81 - 1.00	5
.61 - .80	4
.41 - .60	3
.21 - .40	2
.01 - .20	1

2. What it Tests For: The assessment should test the learner for any one or more of the following:

- Academic Skill--Tests a person's knowledge in academic areas such as composition/grammar/language arts, mathematics, history/social studies, sciences, computers, business, fine arts, or foreign languages.

- Basic Literacy--Tests a person's ability to read, write, and calculate.

- <u>Employability Skills</u>--Tests the skills needed to get and keep a job, such as job seeking/finding, attendance, work habits, listening skills, learning on the job, problem solving, interpersonal relationships, customer relations skills, or following directions.

- <u>Learning Ability/Style/Intelligence</u>--The nature of intelligence is a very "hot topic," and a topic which has undergone a lot of change due to controversy and new discoveries about the human brain. Assessments that test a person's ability to learn, his preferred learning method or style, and/or his intelligence are contained in this category.

- <u>Pain Management</u>--Assesses a person's ability to deal with chronic pain, especially in relation to obtaining and maintaining a normal level of physical and psychological functioning. This category is included because many of my learners deal with chronic pain.

- <u>Social/Life Skills</u>--A person's ability to perform independent living and social functions, such as personal finances, interpersonal relationships, basic social skills, coping ability, and problem-solving ability or style.

- <u>Vocational/Trade Skill</u>--Tests a person's knowledge/skill in vocational or trade areas, such as office/business skills, mechanics or other skilled trade, basic production, retail services, food services, or hospitality services.

- "Other"-- I included this category for consideration of topics related to any of the above, such as personality, vocational interest, work adjustment, motivation, and brain function/cognitive skill.

I deliberately avoided rating assessments based on their content because that should be done when evaluating the assessment for actual use. But because time and efficiency are of importance in my situation, an assessment that covers more than one of the above topics is advantageous.

Rating Scale:

Topics Covered	Rating
5 or more	5
4	4
3	3
2	2
1	1

3. Time to Administer: The entities that pay for my services are either insurance companies or employers. Therefore, they are very cost-conscious and not willing to authorize payment for services which can take hours or days to perform. The majority of payors are willing to pay for needed services, as long as the services can be provided efficiently. So it is often easier for me to justify the need for a particular service than the

time spent on it! If an assessment tool can be administered in a relatively short amount of time and still be useful and effective. I want to consider it for my learners.

Rating Scale:

Time Range	Rating
1/2 - 1 hour (30-60")	5
1 - 2 hours (61-120")	4
2 - 3 hours (121-180")	3
3 - 4 hours (181-240")	2
More than 4 hours (241" +)	1

4. Education Level Required to Administer: My company does not have a Ph.D.-level psychologist on staff in Grand Rapids to administer some of the assessments which require that level of education. If one with a lower education/ experience level can administer the test. I want to consider it for my learners.

Rating Scale:

Education Level	Rating
Any degree OR test administration training	5
BS/BA	4
MS/M.Ed./MA	3
Ph.D./Ed.D.	2
Licensed psychologist, psychiatrist, or physician	1

5. Portability: My learners live within a 100-mile radius of my office. I am required to bring services to the learner. Therefore, any assessment I recommend for my learners should be something I can "take along" or one which does not have various limitations, such as group administration only.

Rating Scale:

Condition	Rating
Test can be transported & given anywhere with no special equipment except the test materials	5
Test requires a computer for administration	4
Test requires special equipment which is not portable	3
Test must be given in groups only	2
Test must be given at a specific test site or type of site	1

6. Ease of Use/Scoring: Because I am required to perform services within a specified time frame, an assessment that can be quickly and easily hand-scored is ideal for my situation. Though some assessments can be sent out for scoring by the publisher, this is at extra cost and takes more time. If I can administer the test but someone else has to interpret it, this takes even more time. Of course, situations arise where the more

complex assessment scoring/interpreting procedures are indeed worth the time and cost; but those are usually the exceptions.

Rating Scale:

Condition	Rating
Test can be administered and scored at the same time/session	5
Test is scored via lengthy (30+ minutes) manual system or via computer	4
Test must be mailed/faxed in for scoring	3
Only a specially-trained person can score the test	2
Only a specially-trained person can interpret the scores	1

7. Cost: It is important to consider the overall cost of an assessment--not just the cost per test booklet, but also the cost of administration time and reporting cost (if the assessment must be sent out for scoring/interpretation). Because cost is a driving factor for many test purchasers, the test publishers have excelled at developing cost-effective assessments. But with assessments, like anything else, "you get what you pay for" if cost is the only thing considered or if it's weighed more heavily than other criteria. For this

research, cost is calculated by adding the cost per test materials, administration time at $100/hour, and reporting costs if the test must be scored by an outside organization.

Rating Scale:

Cost Range	Rating
$50 - $150	5
$151 - $250	4
$251 - $350	3
$351 - $450	2
$451 +	1

Selecting Assessments to Screen

I developed a list of assessments to screen from these sources:

- assessments in use and/or on file at my company

- articles, journals, and books from a variety of disciplines: education, psychology, vocational rehabilitation, career counseling, neuropsychology, health care management, and occupational medicine

- clients' psychological or medical reports; and

- test publishers' catalogs.

From the source at which I found the citation or description of the assessment, I entered it onto a chart and checked off which of the topic(s) the assessment seemed to cover (see Appendix A). This gave me a graphic representation of how many assessments I found

which seemed to test, for example, basic literacy. It also gave me a graphic picture of how many assessments I found covered more than one topic or area. All together, I identified 80 assessment tools.

Next, I searched for professional reviews and research on each of the assessments. I used reviews and descriptions in Buros' *Mental Measurement Yearbook* and *Tests In Print*. Along with the other sources I had already found regarding various assessments, I searched publications recommended by the Buros assessment reviewer.

From the 80 assessments I identified, I screened 50. The others were discarded from the list for any of the following reasons:

- the test was no longer available

- the test did not cover any of the major topic areas in the criteria list

- could not locate sufficient information on the test

- the test could not be used for my population of learners (for example, one was for children only)

Screening the Assessments

The criteria and their rating scales were printed on a one-page worksheet (see Appendix B), which I used to perform the actual screening. The assessments in which I could not identify one or two pieces of data were kept along with the completed screenings. Though it is ideal to have every bit of data for every test screened, if that particular test still looked promising--even without a couple pieces of data--I at least

wanted to keep it on the list, to compare the available data with other tests. And if the missing data proved critical when deciding whether or not to select it, I would most likely err on the side of caution and select it for additional review. However, to draw a line between sufficient and insufficient data for this study, I determined that tests with 3 or more pieces of data missing were kept separate from the rest of the screenings. At the end, I had 43 usable screenings and 7 others.

Data Analysis

Once I completed the screenings, I entered the results on a spreadsheet. From the results, I generated two sets of data. One is an alphabetical listing of the tests screened, the ratings given for each criterion, and comments from reviewers, researchers, or authors. (See Appendix B.) This list was designed so I could look up the assessment alphabetically and examine the ratings and comments.

The other data set is a list of the assessments, but grouped by topic area. (The seven incomplete screenings are not included in this list.) Therefore, I can look at the assessments that test Academic Skill, for example. I can compare validity ratings for the Adult Basic Learning Exam (ABLE) and Detroit Tests of Learning Aptitude-Adult (DTLA-A); and I note that the ABLE has a higher validity rating than the DTLA-A.

This data set gives me a graphic representation of how each assessment stacks up on its own and compared to others like it. Because I did not "weight" each criterion, the data allows me to better "see" the strengths and weaknesses of the assessment; and from

there. I can make my own judgments rather than having a weighted scale doing it for me. For example, a low rating in administration time may not actually be that important for that particular kind of assessment. As another example, if a test far out rates the others like it in all areas except cost, I can "see" that at a glance and use that information, too.

I can also quickly sort out the more objective tests from the less objective (or the subjective) by looking at the validity and reliability ratings; the subjective kinds of tests will tend to have poor (or unreported/unavailable) validity <u>and</u> reliability coefficients. This does not mean it is a "bad" test; but being able to see this at a glance is a lot easier than digging through all the material.

Although I calculated averages, I did so only to put each group of tests into a rough overall "ranking." These averages are not very useful and can be misleading. Some of the best assessments have the lowest averages in their grouping. This could mislead one to think that I rated the Wechsler Adult Intelligence Scale-Revised (WAIS-R, known to be the best assessment of its type) as the "worst" of the similar tests screened. In looking closely at the data, though, one can see that the lower ranking is due to it being an extremely lengthy assessment; it must be given by a licensed psychologist, who must also perform the scoring and interpretation. So while the WAIS-R is not a "bad" test, I would probably not select it because I can't administer it, and the length and cost are also prohibitive for my purposes. Although the averages can point out some interesting information, it is more effective and accurate to compare each criterion.

In Appendix A is the data set I generated from the screenings. This information was used, along with the various references, to make test selections, as described in Chapter 4.

CHAPTER 4: FINDINGS

The results of this research provided me enough information with which to choose assessments for further review. For each type of assessment, I chose one or two that I would like to study further. I will outline which I chose and why, and how this screening process helped me make the choice. (Refer to Appendix A for the list of assessments grouped by type.)

1. **Academic Skill:** I chose the Adult Basic Learning Exam (ABLE) and the Detroit Tests of Learning Aptitude-Adult (DTLA-A). It is interesting to note that these two tests are "ranked" lowest on the list (by average). However, I chose these over the Nelson-Denny Reading Test, for example, because it is limited to testing reading skill only. As another example, the Word and Number Assessment Inventory (WNAI) requires an 8th grade reading level; most of my learners read in the 0-6th grade range, so this would not be appropriate for everyone in my particular population.

2. **Basic Literacy:** I currently use the Wide Range Achievement Test-3 (WRAT-3) to ascertain my learners' basic literacy skills. However, the WRAT-3 has its weaknesses. Even though it has fair correlation with the WAIS-R and WISC-III, scholars criticize it for a lack of validity evidence and that it is not based on any particular construct. Also, the WRAT-3 tests reading decoding skills but not reading comprehension. The Nelson-Denny Reading Test, even though it only tests reading skills, could help me "see" more details about my learners' reading skills and deficits. I was undecided, though, between

the Schaie-Thurstone Adult Mental Abilities Test (STAMAT) and the Differential Aptitude Tests (DAT). In looking at the ratings for each category, though, the STAMAT had a higher reliability, required less expertise in administration, was easier to score, and the overall cost was less than the DAT. Because the STAMAT rated higher in several categories, I chose it for review over the DAT.

3. Employability Skills: I chose the Personnel Tests for Industry-Oral Directions Test (PTI-ODT) and the Becker Work Adjustment Profile (BWAP) for further review. For my learners with poor literacy skills and poor/impaired learning ability, the PTI-ODT can provide a rough estimate of general employability skills such as following directions and ability to learn on the job.

I chose the BWAP to review for possible use with my learners who have a problematic work history (e.g.. multiple firings, inappropriate work behaviors, unexplained job-hopping) and/or impaired learning ability which has been known to affect their job performance. The BWAP is an observer rating instrument; I could use it after placing a learner on a job, to assess his employability skills in a real work environment and provide appropriate work adjustment counseling. Or, I could use it for a situational or functional assessment prior to placing a learner. For the learner with serious or multiple disabilities, the BWAP could be useful in assessing the potential for the learner's benefiting from vocational rehabilitation services.

4. Learning Ability/Style/Intelligence: The measurement of intelligence--and indeed. the very definition of intelligence--are hotly debated these days. The emergence of concepts such as "learning style." and "multiple intelligences," as well as the politically-correct movement away from labeling intelligence tests as such, further illustrate the complexity of this issue. Yet I must still be able to somehow navigate this minefield to measure my learner's mental capabilities, whatever they may be called.

I screened two of the "big names" in intelligence tests--the Woodcock-Johnson Psychoeducational Battery-Revised (WJ-R) and the Wechsler Adult Intelligence Scale-Revised (WAIS-R). If I could use these tests, I would feel confident of both providing an excellent intelligence assessment for my learners and in defending their use in court. However. I did not choose them because of their disadvantages in other areas. Both of these assessments require administration and interpretation by a licensed psychologist. This would require me to refer my learners elsewhere. and the cost would necessarily be higher due to that factor alone. These tests are also quite time-consuming and extensive, further adding to the overall cost. If I had no access to a more cost-effective alternative, then I would be stuck with no way at all to even estimate my learners' intelligence/ability to learn.

In my work, sometimes an estimate is all that is needed, for example, to compare the learner's ability with the general abilities required of his chosen field of retraining. If, however, the results are unusual, then a more extensive test should be used to better

pinpoint the cause (such as a learning disability). Because I would be using intelligence tests other than the "standards" (such as WAIS-R or WJ-R), it is very important to select tests for review which are psychometrically sound, and which correlate strongly to accepted standard intelligence tests. This would allow me to provide intelligence assessments for my learners, and I could testify with confidence as to the appropriateness of the test. Therefore, I chose the Kaufman Brief Intelligence Test (K-BIT) and the Wonderlic Personnel Test (WPT) to review further.

The K-BIT is designed as a brief measure of verbal and nonverbal intelligence. Though specific validity information was not available, reviews of this assessment indicate it has moderate to high correlations with other standard, established intelligence tests. Its reliability is also quite high, and reviewers and users give it high marks for meeting psychometric standards in validity, reliability, and norms.

The Wonderlic Personnel Test (WPT) is a test I have used before, though not in a vocational rehabilitation setting. I was delightfully surprised to see just how strong an assessment it is compared to the others I screened. The WPT has a lengthy history and is backed by literally mountains of data confirming its strengths. It was designed for testing adults in business and industrial situations, and is frequently used in employment screenings. The norms are extensive, and the reliability is high (.82-.94). Its validity in predicting both training success and job performance is well-documented. Another important strength of the WPT is that it correlates .91-.93 with the Full-Scale IQ (FSIQ)

of the Wechsler Adult Intelligence Scale-Revised (WAIS-R). Therefore, the WPT could be very useful both to estimate intelligence and to predict a learner's ability to succeed in retraining and on the job.

An important drawback of the WPT is that it is not recommended for people who speak English as a second language. Because the K-BIT measures verbal and nonverbal intelligence, it could be a better choice for these persons.

5. Pain Management: My learners who are in pain management programs are provided with a number of pain-management assessments. However, not all my learners participate in such programs. Therefore, I thought it would be a good idea to see what kinds of assessments are available which I might administer, to gain an idea of how the learner's pain is interfering with his regular life activities. All of the tests I screened, while I could actually administer some, are designed and are better used in clinical settings, such as hospitals, pain programs, or psychologists' offices. They are primarily intended for the clinical practitioner to use in developing treatment programs for the learner. It is part of my job to understand my learner's medical condition by reviewing such information provided by his doctors. But I do not directly treat the pain. A significant part of pain-management treatment is to help the the learner adjust to his disability by getting as involved as possible in normal activities, such as working (vocational rehabilitation is utilized to help the learner resume working, though at a

different occupation). But since I am not directly treating the pain, I do not feel these tests would be appropriate for me to actually administer.

Although my search was not fruitful, I don't believe it was a waste of time. Screening the pain-management assessments helped me learn more about them, which will enhance my ability to use the data I receive from the learner's doctors.

6. Social/Life Skills: As mentioned before, many of my learners have psychosocial problems not directly related to their disability, so it is important to assess their social and/or life skills, as applied in the work setting. Though I earlier selected the Becker Work Adjustment Profile (BWAP) to assess employability skills, it would be useful to review to see how well it assesses the social/life skills necessary in the work setting. I also chose the Work Personality Profile (WPP) and Rotter Incomplete Sentences Blank (RISB) for review.

The WPP is a brief observational assessment of the learner, conducted after he spends approximately one week on a job. Though the reliability is rather high, the validity data are very weak, so this might not be a good assessment to use for predictive purposes. The WPP is probably better used as a tool to help with work adjustment counseling efforts. For that reason, I feel the WPP is a good choice for further review.

The RISB measures a learner's overall adjustment, and can reveal areas of personal or interpersonal conflict. This information can be useful to help me understand the nature of a learner's difficulty adjusting to retraining or a new job; for instance, if the

RISB reveals a significant amount of conflict with authority, this issue could be addressed in work adjustment counseling efforts.

The assessment involves the learner completing various sentences with his own words. Though the test is scored in a semi-objective fashion, the interscorer reliability is quite high. However, because of the semi-objective nature of the scoring, validity data are erratic, and this would probably not be a tool to use for predictive purposes.

7. Vocational/Trade Skills: The number of tests available to measure skills in specific vocations or trades is enormous, such that I could have dedicated this entire paper to screening just these types of tests. For assessing a learner's ability to do, for example, computer repair, it would be much easier and cost-efficient to refer him to a local college for a skill assessment.

Many of my learners, however, are making a significant change from "physical" jobs to "mental" jobs, many of which require verbal, numerical, and basic clerical skills. Therefore, it would make sense to review tests designed to assess abilities in these areas. I chose the General Clerical Test (GCT) to review. I also screened the Short Employment Tests (SET); however, it is designed for people who are applying for clerical/administrative jobs. The GCT is designed to assess these skills for a broader application in employment settings. For instance, a learner who has never worked at any but the most physical jobs may indeed have these types of skills; estimating such skills from work history information would not be possible. He may have developed the skills

from conducting his own personal financial/business affairs, or perhaps he has the aptitude but never had the opportunity to develop such skills. This kind of test would be very helpful in this type of situation. It would also be helpful to assess the general clerical skills of a learner who has very spotty work experience using such skills. Also, many learners overestimate their current skills, so this type of test could help confirm their current clerical skill level.

8. Other: I also selected tests to screen which covered topics closely related to the major topics described earlier. These tests cover such areas as personality, vocational interest, and various psychological/educational issues like values, mental illness, and stress.

Of the personality assessments I screened, I chose the Sixteen Personality Factor (16PF) Test because it identifies the personality traits of normal persons (that is, persons without significant mental illnesses/disorders), which comprise the majority of my learners. Understanding my learners' personality traits can help me help them make a career choice that fits their personality, which is an important aspect of vocational rehabilitation. The other assessments I screened either focused on the abnormal psyche, required administration by a psychologist, or had unimpressive validity/reliability data.

Of the vocational interest assessments, I already use the Self-Directed Search (SDS) Form E. However, the Vocational Preference Inventory (VPI) is also based on the Holland typology in the SDS. The SDS-Form E has come under some harsh criticism

for implicitly discriminating against people with lower-level reading skills or learning impairments because it "guides" the learner to only the lowest-level kinds of jobs (Taymans, "The Use of the Self-Directed Search and the Self-Directed Search Form E with People with Learning Disabilities," 1991). The VPI might be an alternative measure to avoid this problem.

Of those assessments addressing various psychological/educational issues, I chose the Minnesota Importance Questionnaire (MIQ) and the Salience Inventory (SI). These instruments assess work adjustment, satisfaction with work, and the importance of work compared to other life roles. These topics refer to the overall concept of "congruence," which is the degree of the match between one's work and one's strongest personal/philosophical/spiritual needs (Jagger, Neukrug, & McAuliffe, "Congruence Between Personality Traits and Chosen Occupation as a Predictor of Job Satisfaction for People with Disabilities," 1992). Congruence is a critical concept in vocational rehabilitation. The stronger the congruence between one's needs and job choice, the better chance of success despite various barriers like physical or learning disabilities.

In all, I selected 14 tests for further review from the 50 screened. This process was very gratifying in that it helped me make solid choices of tests for further review. It also kept my subjective preferences or biases in the background. I found myself being "forced" to select tests other than the ones I thought would be best, because the screening

tool helped me keep focused on the priorities--the criteria--rather than my preferences,

moods. or biases.

CHAPTER 5: INTERPRETATIONS/IMPLICATIONS

The difficulty I found in selecting assessments for my learners was not in locating assessments--they are abundant--but in deciding which ones should be chosen for use. Therefore. I developed a screening tool to help me eliminate not only the confusion. but the subjectivity that can come with the challenge of choosing a few from many. I further discovered that. due to the sheer numbers of tests available. it would not be wise even to choose which tests to use based on my screening tool. but to use it to decide which tests I will review in depth *before* choosing them for use on my learners.

Test publishers are like any other business--they package the test in the most attractive and favorable way possible. Their catalogs tout the test's uses, the authors/developers, and the functionality of the test. but little is in the catalogs regarding the test's meeting other important criteria, such as norms. reliability, and validity data. One must pay $40 or more for a test sampler kit to get this information! Such a situation--where the consumer must "pay to buy"--could lead one to either spend a lot of money unnecessarily, or make a purchase based on insufficient information. This commentary is <u>not</u> meant to decry the test publishers, but to point out that this system tends to create. rather than eliminate, confusion for the consumer.

Even though *Buros' Mental Measurements Yearbook* and *Tests In Print* are extremely helpful resources--as are the studies on the tests conducted by other scholars-- the fact remains that the consumer must sift through still more information before

making a choice. And if one does not begin this search without first deciding what a "good" test is for one's purposes, then all the research in the world will not prevent a poor choice.

What I discovered by creating and using this screening tool was that I was indeed able to select a number of tests which look quite promising. More important, though, this tool helped me "screen out" tests which on the surface looked appropriate but turned out to be entirely wrong for my purposes. For example, I found that some tests reputed to be psychometrically sound actually had poor or questionable validity data; or a test was normed on one population but "advertised" by the authors to be useful for another; or a test designed for so-called "abnormal" populations (such as the mentally retarded or severely mentally ill) was recommended for "normal" populations.

This study also revealed the strengths and weaknesses in the screening tool. My purpose in developing the screener was not to use it as a substitute for my own judgment, but as a way to organize and use the information gathered on the test, to ensure that each test selected met my criteria, and to eliminate some of the subjectivity involved in test selection. I believe that this screening tool allowed me to meet these demands. However, the weaknesses should be pointed out.

First, this tool is not intended for replication. I designed it for my particular purposes, developed criteria based on those purposes, and made my own decisions as to what conditions should be rated more highly than others within each criterion. Others

are invited to use the tool as a model for designing their own screening tool, but it is not recommended for use as is.

Second, the averages are misleading and not very useful. I included them because I used them do a very rough "ranking" of the tests within groups. Though the "ranking" helped illustrate some of the obvious differences between some tests, the criteria were not weighted and so the averages are virtually meaningless. It is much more important to compare the ratings <u>within each criterion</u> when comparing two tests, and use that information as part of the decision-making process.

Third, the tool has a built-in bias against certain types of tests: Tests which take more than an hour to administer; subjectively-based tests, such as self-rating or other-rating types, which almost always have lower validity and reliability; tests which assess one topic area; and tests which are higher in administration costs. Therefore, when I organized the tests in the rough "ranked" order, some of the most reputable tests ended up on the bottom of the list. Even though the averages and the "ranking" are not very useful (as discussed above) they at least help to show the built-in bias of the screening tool.

Even with these weaknesses, I believe the screening tool met its purpose in providing me with a more organized and objective method for reviewing tests in the light of the criteria I set forth. The data set generated gave me a visual comparison of some of the strengths and weaknesses of each test when measured against the criteria and each other.

Therefore, I was able to make my selections in only a couple of hours. Using the data set, along with the additional information gathered via reviews, articles, etc., I made my selections in just a couple of hours. Without this system, I believe I would have been caught up in a disorganized pile of books and papers, trying to remember which test had which features and which was better in one area than another--and still without having made any selections.

In all, I selected 14 of the 50 screened tests (28%) to review in depth. Although there was time involved up front doing the screening, screening the tests before selecting represents a significant savings in time, effort, and cost.

Item	14 Tests Selected for Review from 50 Screened Tests	50 Tests, All Reviewed
Estimated Screening Time, 50 tests @ 30 min./test	25 hours	n/a
Estimated Review Time, 2 hours/test	28 hours review time + 25 hours screening time = 53 total hours (1.33 work weeks)	100 hours (2.5 work weeks)
Estimated Professional Time @$100/hour	$5,300	$10,000
Estimated cost of review kits, $40/each	$560	$2,000
Total Estimated Cost	$5,860	$12,000

The time and money saved using this process is advantageous for the professional. But the learner is the one who reaps the benefits from an organized test selection process. Because the professional selected the test thoughtfully, he or she can be more confident that the test is appropriate and useful in helping the learner reach his learning and vocational goals.

CHAPTER 6: CONCLUSIONS AND PLANS FOR DISSEMINATION

Conclusions

The goal of this paper--to investigate available learning assessments and identify for

further review those which appear appropriate for this population--was met by achieving

the four objectives:

1. **Identify and research assessment tools in the following areas: academic skills,**

   basic literacy, employability skills, learning ability/style/intelligence, pain

   management, social/life skills, and vocational/trade skills, personality, attitude,

   and vocational interest. Identification of assessments for screening was done from

   a variety of sources. Research papers on the various assessments, as well as critiques

   in Buros' *Mental Measurement Yearbook*, were used to aid in the screening process.

   Of 80 assessments identified, 50 were selected for screening.

2. **Analyze the assessments to see if they meet the following minimum standards:**

   psychometrically acceptable levels of validity and reliability, appropriateness

   for this populations, and the assessment's results and usefulness in helping the

   learner remediate the deficits identified. This was accomplished by developing

   and using the screening tool described in this paper.

3. **Analyze the assessments to see if they meet additional criteria particular to my**

   situation: Cost, time to administer, requirements/qualifications/training needed

to administer, portability and ease of scoring. This was accomplished by developing and using the screening tool described in this paper.

4. Based on the findings, create a list of assessments warranting further investigation. Fourteen assessments were selected for further review from the 50 identified. This was accomplished by compiling the numerical results generated from using the screening tool, analyzing the results, and selecting assessments based on the results.

The rationale for this study was described in Chapter 1. The learner described in this population has a number of challenges in addition to his physical disability: chronic pain, ongoing medical problems, loss of vocation/occupation, psychosocial problems exacerbated or created by the injury event, and often a lifetime avoidance of formal learning situations due to a learning disability. Because of these numerous challenges, being able to accurately assess these learners' particular barriers to success in retraining programs is essential.

Chapter 2 examined the "typical" adult learner and how the learner in my population compares. It was found that the learners in this population are not "typical"; that is, the majority are non-participative learners. They do not seek educational opportunities in a formal setting unless forced to. It was also found that many lack what Tennant calls "critical awareness," defined as "seeing the self as a subject who can reflect and act upon the world in order to transform it" (*Psychology and Adult Learning*, 1997, p. 123). In

other words. my learners view their situation as something they are completely incapable of changing with their own efforts. Because my learner believes he cannot make the transition from "injured and unemployed person" to "physically disabled worker." the idea of retraining to help make this transition can cause as many problems as it solves. For example, other barriers to success--such as a long-buried psychological problem--pop up during the attempted transition. and can actually cause the learner to fail in the learning endeavor. Therefore. assessments are important to use in identifying and addressing these barriers before they cause failure.

Chapter 3 described the development and use of the screening tool for the assessment screening process. The one-page screening tool was used to evaluate each of the 50 assessments and proved effective in compiling objective information for data gathering and analysis. In Chapter 4, I successfully used the data gathered to select 14 assessments in the eight major topic areas, for further review and possible selection for use with my learners. If any of the assessments I review turn out to be inappropriate for my learners, I can refer to similar assessments I screened to see if any of those would be a viable alternative. If not, I can again use the screening tool to identify other assessments.

Dissemination

As mentioned earlier in this paper (pages 11-12), my intention was not to sort out "bad" from "good" assessments, but to devise a method by which to select assessments that most closely meet my particular criteria. and therefore. my learners' needs. Because

professionals are pressed for time, it is often tempting to select an assessment in a relatively random--though quick--fashion. I would like to share this method with them so they can select assessments with a higher degree of confidence.

In particular, those I would like to share this method with are fellow employees who work at various sites around the United States. Though our home office keeps a master list of assessments that have been evaluated, some no longer meet the changing needs of our clients (learners). Therefore, we are given leeway to seek out other assessments. To assist my colleagues, I plan to distribute the screening tool along with instructions for use. This distribution would be accomplished by sending a copy of this paper, the screening tool, and instructions for use to the company's Learning & Resource Center at its home office in Atlanta, Georgia. This department is responsible for disseminating such information to all the branch offices. It would be added to the company's resource library; and the staff would announce its availability through the company's private electronic mail system.

I do not plan to actively disseminate this study outside of my employment situation because the criteria listed in the screening tool are unique and may not transfer to others' situations (see pages 12 and 54). However, others can access this paper via the UMI Dissertation Information Service, and the abstract will be printed in *Master's Abstracts*. Should a reader wish to use this method of screening assessments--e.g., the "steps" or the "process"--I strongly recommend development of one's own criteria.

REFERENCES

Adelman, P. B., & Vogel, S. A. (1993). Issues in the employment of adults with learning disabilities. Learning Disability Quarterly. 16, 219-232.

Bigler. E. D. (1992). The neurobiology and neuropsychology of adult learning disorders. Journal of Learning Disabilities. 25, 488-506.

Bond, S., Bordieri, J., & Musgrave, J. (1989). A comparison of rehabilitation clients tested and self-estimated vocational aptitudes and interests. In R. R. Fry (Ed.), The Issues Papers: Fourth National Forum on Issues in Vocational Assessment (pp. 251-254). Menomonie, WI: University of Wisconsin-Stout.

Caston, H. L., & Watson, A. L. (1990). Vocational assessment and rehabilitation outcomes. Rehabilitation Counseling Bulletin. 34 (1), 61-66.

Clark. K. K., Bormann, C. A., Cropanzano, S., & James, K. (1995). Validation evidence for three coping measures. Journal of Personality Assessment. 65, 434-455.

Conoley, J. C. & Impara, J. C. (Eds.). (1995). The twelfth mental measurements yearbook. University of Nebraska-Lincoln: Buros Institute of Mental Measurements.

Conoley, J. C. & Impara, J. C. (Eds.). (1992). The eleventh mental measurements yearbook. University of Nebraska-Lincoln: Buros Institute of Mental Measurements.

Conoley, J. C. & Impara, J. C. (Eds..) (1989). The tenth mental measurements yearbook. University of Nebraska-Lincoln: Buros Institute of Mental Measurements.

Conoley, J. C. & Impara, J. C. (Eds.). (1985). The ninth mental measurements yearbook. University of Nebraska-Lincoln: Buros Institute of Mental Measurements.

Conoley, J. C. & Impara, J. C. (Eds.). (1978). The eighth mental measurements yearbook. University of Nebraska-Lincoln: Buros Institute of Mental Measurements.

Conoley, J. C. & Impara, J. C. (Eds.). (1965). The sixth mental measurements yearbook. University of Nebraska-Lincoln: Buros Institute of Mental Measurements.

Conoley, J. C. & Impara, J. C. (Eds.). (1959). The fifth mental measurements yearbook. University of Nebraska-Lincoln: Buros Institute of Mental Measurements.

Dunham, M. D., Koller, J. R., & McIntosh, D. E. (1996). A preliminary comparison of successful and nonsuccessful closure types among adults with specific learning disabilities in the vocational rehabilitation system. Journal of Rehabilitation. January/February/March, 42-47.

Duvdevany, I., & Rimmerman, A. (1996). Individuals with work-related disabilities: Locus of control, attitudes toward work, and cooperation with the rehabilitation worker. Journal of Applied Rehabilitation Counseling. 27 (2), 30-35.

Farley, R. C., Little, N. D., Bolton, B., & Chunn, J. (1991). Employability assessment and planning in rehabilitation and educational settings. Fayetteville, AR: University of Arkansas at Fayetteville (ERIC Document Reproduction Service No. ED 337 982).

Foreman, P., & Murphy, G. (1996). Work values and expectancies in occupational rehabilitation: The role of cognitive variables in the return-to-work process. Journal of Rehabilitation. July/August/September, 44-48.

Hayward, B., & Thomas, S. W. (1993). Analysis of a national study on vocational assessment procedures with vocational rehabilitation clients. In R. R. Fry (Ed.), The Issues Papers: Sixth National Forum on Issues in Vocational Assessment (pp. 333-338). Menomonie, WI: University of Wisconsin-Stout.

Hebert, J. P. (1988). Project upgrade: Working with adults who have learning disabilities. Manhattan, KS: Manhattan Adult Learning and Resource Center. (ERIC Document Reproduction Service No. ED 310 237).

Holland, D. C., Dollinger, S. J., Holland, C. J., & MacDonald, D. A. (1995). The relationship between psychometric intelligence and the five-factor model of personality in a rehabilitation sample. Journal of Clinical Psychology. 51 (1), 79-88.

Jagger, L., Neukrug, E., & McAuliffe, G. (1992). Congruence between personality traits and chosen occupation as a predictor of job satisfaction for people with disabilities. Rehabilitation Counseling Bulletin. 36 (1), 53-60.

Katz, L., & Goldstein, G. (1993). The Luria-Nebraska neuropsychological battery and the WAIS-R in assessment of adults with specific learning disabilities. Rehabilitation Counseling Bulletin. 36 (4), 190-198.

Kavale, K. A., & Forness, S., R. (1996). Learning disability grows up: Rehabilitation issues for individuals with learning disabilities. Journal of Rehabilitation. January/February/March, 34-40.

Kell, P. D. (1989). On-the-job evaluations: Past, present, and future trends. In R. R. Fry (Ed.), The Issues Papers: Fourth National Forum on Issues in Vocational Assessment (pp. 49-54). Menomonie, WI: University of Wisconsin-Stout.

Kurke, M. I., & Meyer, R. G. (Eds.). (1986). Psychology in product liability and personal injury litigation. Washington, D.C.: Hemisphere Publishing Corp.

Laskey, M. L., & Tortoraitis, A. (1992). Going the extra mile: Formal diagnosis in the learning center. (ERIC Document Reproduction Service No. ED 342 781).

Lemme, B. H. (1995). Development in adulthood. Boston, MA: Allyn & Bacon.

Linn, R. L., & Gronlund, N. E. (1995). Measurement and assessment in teaching. (7th ed.). Upper Saddle River, NJ: Merrill/Prentice Hall.

Mayer, R. E. (1987). Educational psychology: A cognitive approach. New York, NY: Harper-Collins.

McCue, M. (1989). The role of assessment in the vocational rehabilitation of adults with specific learning disabilities. Rehabilitation Counseling Bulletin. 33 (1), 18-37.

McGuigan, J.B. (1995). Attributional style and depression in men receiving treatment for chronic pain. Journal of Applied Rehabilitation Counseling. 26 (4), 21-25.

Melamed, L. E. (1993). Neuropsychological assessment. In H. B. Vance (Ed.), Best Practices in Assessment for School and Clinical Settings (pp. 201-229). Brandon, VT: Clinical Psychology Publishing Co.

Mennen, K. (1997). The learning-disabled adult with acquired physical disability in vocational rehabilitation. Unpublished manuscript. Grand Valley State University, Advanced Studies in Education, Grand Rapids, Michigan.

Merriam, S. B., & Caffarella, R. S. (1991). Learning in adulthood: A comprehensive guide. San Francisco, CA: Jossey-Bass Publishers.

Michaelis, L. (1996). In over our heads? Adult learning in the post-modern age. Ocotillo: The journal of adult learning. Summer, 2-4.

Minskoff, E. H., Hawks, R., Steidle, E. F., & Hoffman, F. J. (1989). A homogeneous group of persons with learning disabilities: Adults with severe learning disabilities in vocational rehabilitation. Journal of Learning Disabilities. 22, 521-528.

Murphy, L. L., Conoley, J. C., & Impara, J. C. (Eds.). (1994). Tests in print IV, Vols. 1 & 2. University of Nebraska-Lincoln: Buros Institute of Mental Measurements.

Neff, W. S. (1985). Work and human behavior. (3rd ed.). New York, NY: Aldine Publishing Co.

Nolte, D., & Waechter, D. (1993). Vocational assessment of students with disadvantages: Justification for an abbreviated assessment model. In R. R. Fry (Ed.), The Issues Papers: Sixth National Forum on Issues in Vocational Assessment (pp. 305-310). Menomonie, WI: University of Wisconsin-Stout.

Osman, A., Barrios, F. X., Kopper, B., Osman, J. R., Grittman, L., Troutman, J. A., & Panak, W. J. (1995). The Pain Behavior Check List (PBCL): Psychometric properties in a college sample. Journal of Clinical Psychology. 51, 775-782.

Pernice, R. (1997). Employment attitudes and mental health of long-term unemployed people with disabilities: Implications for rehabilitation counselors. Journal of Applied Rehabilitation Counseling. 28 (2), 21-25.

Peters, R. H., Koller, J. R., & Holliday, G. A. (1995). A functional assessment approach to strategy development and implementation for a person with a specific learning disability: A case study. Journal of Applied Rehabilitation Counseling. 26 (3), 30-34.

Sabatino, D. A. (1993). Ascertaining intellectual functioning with Binet-type instruments. In H. B. Vance (Ed.), Best Practices in Assessment for School and Clinical Settings (pp. 147-175). Brandon, VT: Clinical Psychology Publishing Co.

Schlossberg, N. K. (1984). Counseling adults in transition: Linking practice with theory. New York, NY: Springer Publishing Co..

Siefker, J. M. (1996). Tests and test use in vocational evaluation and assessment. Menomonie, WI: University of Wisconsin-Stout.

Sinnott, J. D. (Ed.). (1994). Interdisciplinary handbook of adult lifespan learning. Westport, CT: Greenwood Press.

Taymans, J. M. (1991). The use of the Self-Directed Search and the Self-Directed Search Form E with people with learning disabilities. Learning Disabilities Research & Practice. 6, 54-58.

Tennant, M. (1997). Psychology and adult learning. (2d ed.). London, England: Routledge.

Vance, H. B. (Ed.). (1993). Best practices in assessment for school and clinical settings. Brandon, VT: Clinical Psychology Publishing Co..

Vander Kolk, C. J. (1995). Future methods and practice in vocational assessment. Journal of Applied Rehabilitation Counseling. 26 (2), 45-50.

Walls, R. T., & Fullmer, S. L. (1996). Comparing rehabilitated workers with the United States workforce. Rehabilitation Counseling Bulletin. 40 (2), 153-164.

Walsh, W. B., & Srsic, C. (1995). Annual review: Vocational behavior and career development--1994. The Career Development Quarterly. 44, 98-145.

Watkins, C. E., & Campbell, V. L. (1990). Testing in counseling practice. Hillsdale, N.J.: Lawrence Erlbaum & Associates.

Weller, C., & Strawser, S. (1990). Investigation of subtypes and severities of learning disabled adults. Salt Lake City, UT: University of Utah. (ERIC Reproduction Service No. ED 319 167).

Wheeler, J. D. (1996). Goodness of fit: A guide to conducting and using functional vocational assessments. Menomonie, WI: University of Wisconsin-Stout.

Zunker, V. (1994). Career counseling: Applied concepts of life planning. (4th ed.). Pacific Grove, CA: Brooks/Cole Publishing Co.

APPENDIXES

Note: The author of this paper has checked the copyrights of the works listed in the following Appendixes and does not intend to infringe upon the copyrights of those authors.

APPENDIX A: Screened Assessments Grouped by Type									
TEST	A. Tests For	B. Validity	C. Reliability	D. Adm. Time	E. Ed. Level	F. Portability	G. Ease of Use	H. Cost	**AVG**
ACADEMIC SKILL									
Nelson-Denny Reading Test	2		5	4	4	5	5	5	4.29
Word and Number Assessment Inventory (WNAI)	2		5	4	4	5	3	4	3.86
Differential Aptitude Tests, Fifth Ed. (DAT)	4		5	3	3	5	4	2	3.71
Woodcock-Johnson Psycho-Educational Battery-Revised (WJ-R)	4	4	5	2		5	4	2	3.71
Adult Basic Learning Exam, 2d. ed. (ABLE)	2	4	5	2	5	5	4	2	3.63
Detroit Tests of Learning Aptitude--Adult (DTLA-A)	2	3	5	3		5	4	3	3.57

APPENDIX A: Screened Assessments Grouped by Type

TEST	A. Tests For	B. Validity	C. Reliability	D. Adm. Time	E. Ed. Level	F. Portability	G. Ease of Use	H. Cost	AVG
BASIC LITERACY									
Short Employment Tests	3		4.5	5	5	5	5	5	4.64
Personnel Tests for Industry (PTI)	3		4.5	5	4	5	5	5	4.50
Nelson-Denny Reading Test	2		5	4	4	5	5	5	4.29
Guilford-Zimmerman Aptitude Survey (GZAS)	5	4	4.5	3	5	5	4	3	4.19
Schaie-Thurstone Adult Mental Abilities Test (STAMAT)	2	4.5	4	3	5	5	5	5	4.19
Wide Range Achievement Test - 3 (WRAT-3)	1	3	5	5	4	5	5	5	4.13
Word and Number Assessment Inventory (WNAI)	2		5	4	4	5	3	4	3.86
Woodcock-Johnson Psycho-Educational Battery-Revised (WJ-R)	4	4	5	2		5	4	2	3.71
Differential Aptitude Tests, Fifth Ed. (DAT)	4		5	3	3	5	4	2	3.71
Adult Basic Learning Exam, 2d. ed. (ABLE)	2	4	5	2	5	5	4	2	3.63

TEST	A. Tests For	B. Validity	C. Reliability	D. Adm. Time	E. Ed. Level	F. Portability	G. Ease of Use	H. Cost	AVG
APPENDIX A: Screened Assessments Grouped by Type									
EMPLOYABILITY SKILLS									
Personnel Tests for Industry-Oral Directions Test (PTI-ODT)	3	4	5	5	4	5	5	5	4.50
General Clerical Test	2			5	5	5	5	5	4.50
Personnel Tests for Industry (PTI)	3		4.5	5	4	5	5	5	4.50
Work Personality Profile (WPP)	3	3	5	5		5	5	5	4.43
Becker Work Adjustment Profile (BWAP)	3		5	5	3	5	5	5	4.43
Wonderlic Personnel Test (WPT)	2	5	5	5	3	5	5	5	4.38
Guilford-Zimmerman Aptitude Survey (GZAS)	5	4	4.5	3	5	5	4	3	4.19
Adaptability Test	2	4	4	5		5	5		4.17
Forer Vocational Survey (FVS)	1			5	3	5	5	5	4.00
Differential Aptitude Tests, Fifth Ed. (DAT)	4		5	3	3	5	4	2	3.71

TEST	A. Tests For	B. Validity	C. Reliability	D. Adm. Time	E. Ed. Level	F. Portability	G. Ease of Use	H. Cost	AVG
APPENDIX A: Screened Assessments Grouped by Type									
LEARNING ABILITY/STYLE/INTELLIGENCE									
Short Employment Tests	3		4.5	5	5	5	5	5	4.64
Personnel Tests for Industry (PTI)	3		4.5	5	4	5	5	5	4.50
Personnel Tests for Industry-Oral Directions Test (PTI-ODT)	3	4	5	5	4	5	5	5	4.50
Becker Work Adjustment Profile (BWAP)	3		5	5	3	5	5	5	4.43
Kaufman Brief Intelligence Test (K-BIT)	1		5	5	5	5	5	5	4.43
Wonderlic Personnel Test (WPT)	2	5	5	5	3	5	5	5	4.38
Slosson Intelligence Test (SIT-R)	1		5	5		5	5	5	4.33
Learning Efficiency Test (LET-II)	2	3	5	5		5	5	5	4.29
Multidimensional Aptitude Battery (MAB)	1	5	5	4	5	5	5	4	4.25
Schaie-Thurstone Adult Mental Abilities Test (STAMAT)	2	4.5	4	3	5	5	5	5	4.19
Guilford-Zimmerman Aptitude Survey (GZAS)	5	4	4.5	3	5	5	4	3	4.19
Adaptability Test	2	4	4	5		5	5		4.17

TEST	A. Tests For	B. Validity	C. Reliability	D. Adm. Time	E. Ed. Level	F. Portability	G. Ease of Use	H. Cost	AVG
APPENDIX A: Screened Assessments Grouped by Type									
LEARNING ABILITY/STYLE/INTELLIGENCE (Continued)									
Wide Range Intelligence & Personality Test (WRIPT)	2		5	4	3	5	5	4	4.00
Woodcock-Johnson Psycho-Educational Battery-Revised (WJ-R)	4	4	5	2		5	4	2	3.71
Detroit Tests of Learning Aptitude--Adult (DTLA-A)	2	3	5	3		5	4	3	3.57
Wechsler Adult Intelligence Scale-Revised (WAIS-R)	1		5	3	2	5	1	4	3.00
PAIN MANAGEMENT									
General Health Questionnaire (GHQ-12)	2	4	5	5	5	5	5	5	4.50
Beck Depression Inventory (BDI)	2	4	5	5		5	5		4.33
Millon Behavioral Health Inventory (MBHI)	4		5	5	1	5	3	5	4.00

APPENDIX A: Screened Assessments Grouped by Type

TEST	A. Tests For	B. Validity	C. Reliability	D. Adm. Time	E. Ed. Level	F. Portability	G. Ease of Use	H. Cost	AVG
SOCIAL/LIFE SKILLS									
Becker Work Adjustment Profile (BWAP)	3		5	5	3	5	5	5	4.43
Work Personality Profile (WPP)	3	3	5	5		5	5	5	4.43
Ways of Coping-Revised (WOC-R)	1		4	5	5	5	5	5	4.29
Coping Resources Inventory (CRI)	1	4	5	5	5	5	4	5	4.25
Rotter Incomplete Sentences Blank (RISB)	2	4.5	5	5	5	2	5		4.07
Millon Behavioral Health Inventory (MBHI)	4		5	5	1	5	3	5	4.00
VOCATIONAL/TRADE SKILLS									
Differential Aptitude Tests, Fifth Ed. (DAT)	4		5	3	3	5	4	2	3.71
General Clerical Test	2			5	5	5	5	5	4.50
Short Employment Tests	3		4.5	5	5	5	5	5	4.64

APPENDIX A: Screened Assessments Grouped by Type								
TEST	A. Tests For	B. Validity	C. Reliability	D. Adm. Time	E. Ed. Level	F. Portability	G. Ease of Use	H. Cost	AVG
OTHER CATEGORIES: These were selected because of their relationship to the other seven categories and/or some of these tests are also listed elsewhere. OTHER: PERSONALITY									
Vocational Preference Inventory (VPI)	2		5	5	4	5	5	5	4.43
Work Personality Profile (WPP)	3	3	5	5		5	5	5	4.43
Guilford-Zimmerman Temperament Survey (GZTS)	1		5	5	3	5	4	5	4.00
Temperament and Values Inventory (TVI)	1		4	5	5	5	3	5	4.00
Wide Range Intelligence & Personality Test (WRIPT)	2		5	4	3	5	5	4	4.00
NEO Personality Inventory-Revised (NEO PI-R)	1		5	4	3	5	4	5	3.86
Sixteen (16) PF	1		4	4	1	5	4	5	3.43

TEST	A. Tests For	B. Validity	C. Reliability	D. Adm. Time	E. Ed. Level	F. Portability	G. Ease of Use	H. Cost	AVG
APPENDIX A: Screened Assessments Grouped by Type									
OTHER: VOCATIONAL INTEREST/SELECTION									
My Vocational Situation (MVS)	1		5	5	5	5	5	5	4.43
Guilford-Zimmerman Interest Inventory (GZII)	1		5	5	5	5	5	5	4.43
Vocational Preference Inventory (VPI)	2		5	5	4	5	5	5	4.43
Self-Directed Search (SDS) Form E	1		4.5	5	5	5	5	5	4.36
Career Assessment Inventory-Vocational Version (CAI)	1			5	5	5	3	5	4.00
Temperament and Values Inventory (TVI)	1		4	5	5	5	3	5	4.00
Career Beliefs Inventory	1	2	3	5	5	5	4	5	3.75
Motivation Analysis Test (MAT)	2		3	4		5	4	4	3.67

OTHER: VARIOUS PSYCHOLOGICAL/EDUCATIONAL ISSUES
Note: Each of the above tests is listed elsewhere but was also evaluated for other characteristics/topics/issues covered within the test

TEST	A. Tests For	B. Validity	C. Reliability	D. Admin. Time	E. Ed. Level	F. Portability	G. Ease of Use	H. Cost	Comments/ Tests for
Beck Depression Inventory (BDI)	2	4	5	5		5	5		Depression
General Health Questionnaire (GHQ-12)	2	4	5	5	5	5	5	5	Non-psychotic psychiatric disorders
Guilford-Zimmerman Aptitude Survey (GZAS)	5	4	4.5	3	5	5	4	3	Perceptual speed and spatial orientation
Learning Efficiency Test (LET-II)	2	3	5	5		5	5	5	Learning disabilities
Millon Behavioral Health Inventory (MBHI)	4		5	5	1	5	3	5	Psychogenic attitudes and stress
Minnesota Importance Questionnaire (MIQ)	1		4	5	3	5	3	5	Work adjustment
Motivation Analysis Test (MAT)	2		3	4		5	4	4	Values
Personnel Tests for Industry-Oral Directions Test (PTI-ODT)	3	4	5	5	4	5	5	5	Ability to understand English
Rotter Incomplete Sentences Blank (RISB)	2	4.5	5	5	5	2	5		Psychological adjustment
Salience Inventory (SI)	1		4	5	3	5	5	5	Values

	APPENDIX B: Alphabetic Listing of Screened Assessments								
TEST	A. Tests For	B. Validity	C. Relia-bility	D. Adm. Time	E. Ed. Level	F. Porta-bility	G. Ease of Use	H. Cost	COMMENTS
Adaptability Test	2	4	4	5		5	5		Not much information on norms and no information on the norm demographics.
Adult Basic Learning Exam, 2d. ed. (ABLE)	2	4	5	2	5	5	4	2	Authors recommend developing local norms.
Beck Depression Inventory (BDI)	2	4	5	5		5	5		
Becker Work Adjustment Profile (BWAP)	3		5	5	3	5	5	5	Test requires evaluator to "rate" the client based on direct observation of work activity. Test designed to identify deficits in work behavior.
Career Assessment Inventory-Vocational Version (CAI)	1			5	5	5	3	5	
Career Beliefs Inventory	1	2	3	5	5	5	4	5	Validity and reliability data are very poor; construct validity not accomplished. Test should only be used for discussion, not decision-making.

APPENDIX B: Alphabetic Listing of Screened Assessments

TEST	A. Tests For	B. Validity	C. Relia-bility	D. Adm. Time	E. Ed. Level	F. Porta-bility	G. Ease of Use	H. Cost	COMMENTS
Coping Resources Inventory (CRI)	1	4	5	5	5	5	4	5	Latest MMY review (1992) states "experimental use only"; too much overlap in scales. However, it is listed by the publisher in 1997 as a standard test, not "research only."
Detroit Tests of Learning Aptitude--Adult (DTLA-A)	2	3	5	3		5	4	3	
Differential Aptitude Tests, Fifth Ed. (DAT)	4		5	3	3	5	4	2	
Forer Vocational Survey (FVS)	1			5	3	5	5	5	Interpretation is highly qualitative--depends on counselor's ability to interpret what client means when completing sentences. Author recommends for research only.
General Clerical Test	2			5	5	5	5	5	Reviews rate reliability and validity data as "extensive" and "good" but no specific numbers available.

APPENDIX B: Alphabetic Listing of Screened Assessments									
TEST	A. Tests For	B. Validity	C. Relia- bility	D. Adm. Time	E. Ed. Level	F. Porta- bility	G. Ease of Use	H. Cost	COMMENTS
General Health Questionnaire (GHQ-12)	2	4	5	5	5	5	5	5	Only intended as a screen for the presence of a psychological disorder. Best used by a licensed psychologist.
Guilford- Zimmerman Aptitude Survey (GZAS)	5	4	4.5	3	5	5	4	3	Recommended as primarily a research instrument--or only to be used in career counseling.
Guilford- Zimmerman Interest Inventory (GZII)	1		5	5	5	5	5	5	Reviews heavily criticize the lack of validity data and only recommend this test as a helpful guide, not for any decision- making or normative descriptions of a client.
Guilford- Zimmerman Temperament Survey (GZTS)	1		5	5	3	5	4	5	This is a predictive instrument; best used by psychologists.
Kaufman Brief Intelligence Test (K-BIT)	1		5	5	5	5	5	5	Intended as a screening tool, not to replace a full intelligence assessment. Reviews make positive comments about validity but data not available.

APPENDIX B: Alphabetic Listing of Screened Assessments									
TEST	A. Tests For	B. Validity	C. Relia-bility	D. Adm. Time	E. Ed. Level	F. Porta-bility	G. Ease of Use	H. Cost	COMMENTS
Learning Efficiency Test (LET-II)	2	3	5	5		5	5	5	
Millon Behavioral Health Inventory (MBHI)	4		5	5	1	5	3	5	Client needs 8th grade reading level to take this assessment. Reviews very critical of lack of validity eveidence.
Minnesota Importance Questionnaire (MIQ)	1		4	5	3	5	3	5	Client needs 5th grade reading level to take this assessment. Publishers haven't done any new validity studies since 1967. No numbers are available, though reviewers seem satisfied with the studies done.
Motivation Analysis Test (MAT)	2		3	4		5	4	4	Poor stability. Lack of recent data since test first published in 1964. Sexist bias and bias against homosexuals is are present. Recommended for research only.
Multidimensional Aptitude Battery (MAB)	1	5	5	4	5	5	5	4	

APPENDIX B: Alphabetic Listing of Screened Assessments									
TEST	A. Tests For	B. Validity	C. Relia-bility	D. Adm. Time	E. Ed. Level	F. Porta-bility	G. Ease of Use	H. Cost	COMMENTS
My Vocational Situation (MVS)	1		5	5	5	5	5	5	Reviewers very critical of the validity and reliability data; more standardization work needs to be done. Should not be used for decision-making, only for research or as a discussion-starter in career counseling.
Nelson-Denny Reading Test	2		5	4	4	5	5	5	High school and college students were used to develop the norms. The population in this paper is not represented in the norm sample.
NEO Personality Inventory-Revised (NEO PI-R)	1		5	4	3	5	4	5	
Personnel Tests for Industry (PTI)	3		4.5	5	4	5	5	5	
Personnel Tests for Industry-Oral Directions Test (PTI-ODT)	3	4	5	5	4	5	5	5	

TEST	A. Tests For	B. Validity	C. Relia- bility	D. Adm. Time	E. Ed. Level	F. Porta- bility	G. Ease of Use	H. Cost	COMMENTS
Rotter Incomplete Sentences Blank (RISB)	2	4.5	5	5	5	2	5		Scoring is only "semi-objective"; answers are "rated" by scorer. The cutoff scores can also be determined by scorer. Reviewers recommend as a screening device only, not for classifying someone with adaptive/maladaptive behavior.
Salience Inventory (SI)	1		4	5	3	5	5	5	Reviewers are divided on the satisfactoriness of the validity and reliability data.
Schaie-Thurstone Adult Mental Abilities Test (STAMAT)	2	4.5	4	3	5	5	5	5	Though this has a solid theoretical foundation on Thurstone's work, there are better tests out there, such as WAIS-R.

APPENDIX B: Alphabetic Listing of Screened Assessments

APPENDIX B: Alphabetic Listing of Screened Assessments									
TEST	A. Tests For	B. Validity	C. Relia- bility	D. Adm. Time	E. Ed. Level	F. Porta- bility	G. Ease of Use	H. Cost	COMMENTS
Self-Directed Search (SDS) Form E	1		4.5	5	5	5	5	5	This form of the survey is intended for people with low reading skills. Criticized for being too simplistic in that the three-letter score is eliminated in favor of a two-letter score, which results in fewer job opportunities to explore in the *Jobs Finder*. Critics imply discrimination against the learning disabled or low-skilled. Not recommended as a self-assessment tool for the learning disabled.
Short Employment Tests	3		4.5	5	5	5	5	5	Designed for people applying for clerical jobs. Can also be used to assess general clerical ability.
Sixteen (16) PF	1		4	4	1	5	4	5	Can only be administered by a licensed psychologist.
Slosson Intelligence Test (SIT-R)	1		5	5		5	5	5	Reliability and validity evidence is thin. Reviewers like the K-BIT better for this purpose. Norm population does not include any learning-disabled, yet authors suggest the test can be used to diagnose mental retardation.

APPENDIX B: Alphabetic Listing of Screened Assessments									
TEST	A. Tests For	B. Validity	C. Relia- bility	D. Adm. Time	E. Ed. Level	F. Porta- bility	G. Ease of Use	H. Cost	COMMENTS
Temperament and Values Inventory (TVI)	1		4	5	5	5	3	5	Reviewers like the Strong and 16PF better for this purpose because the data for those are stronger. Sample sizes are too small.
Vocational Preference Inventory (VPI)	2		5	5	4	5	5	5	This is more of a vocational interest survey, though the author developed it as a personality survey ("psychological inventory"). Validity and reliability data aren't strong enough to satisfy reviewers.
Ways of Coping- Revised (WOC-R)	1		4	5	5	5	5	5	Authors "disavaow" traditional psychometric expectations and so the validity and reliability is very thin. However, a 1995 study indicates good convergent and discriminant validity when measured against COPE and CSI. Recommended this for research or discussion-generating in counseling only.
Wechsler Adult Intelligence Scale- Revised (WAIS-R)	1		5	3	2	5	1	4	The Mercedes-Benz of adult intelligence tests: It's been around a long time, well-built, and well-respected by experts.

TEST	A. Tests For	B. Validity	C. Relia-bility	D. Adm. Time	E. Ed. Level	F. Porta-bility	G. Ease of Use	H. Cost	COMMENTS
Wide Range Achievement Test - 3 (WRAT-3)	1	3	5	5	4	5	5	5	Criticized for having little validity evidence. However, the author reports a fair correlation with WAIS-R and WISC-III. Also criticized because the test is not based on any particular construct. Recommended as a screening tool, not a diagnostic tool.
Wide Range Intelligence & Personality Test (WRIPT)	2		5	4	3	5	5	4	Latest review is a scathing criticism of the test data. Reviewer recommends for research only. Probably OK for a screening tool.
Wonderlic Personnel Test (WPT)	2	5	5	5	3	5	5	5	One of the oldest and best tests of its kind. Very strong correlation to the Full-Scale IQ score of the WAIS-R.
Woodcock-Johnson Psycho-Educational Battery-Revised (WJ-R)	4	4	5	2		5	4	2	Another "great standard" of intelligence and achievement tests: It's well-built, well-researched, and well-respected by experts.

Table title: **APPENDIX B: Alphabetic Listing of Screened Assessments**

	APPENDIX B: Alphabetic Listing of Screened Assessments								
TEST	A. Tests For	B. Validity	C. Relia- bility	D. Adm. Time	E. Ed. Level	F. Porta- bility	G. Ease of Use	H. Cost	**COMMENTS**
Word and Number Assessment Inventory (WNAI)	2		5	4	4	5	3	4	Client needs to have an 8th grade reading level to take this test. Reviewers feel there's not enough data to use this tool for occupational decision--making; should be used as a general mental abilities test.
Work Personality Profile (WPP)	3	3	5	5		5	5	5	This is an observational assessment where the client is rated on behaviors in the work environment. Reviewers critical of several areas where the data doesn't meet psychometric standards. It's unclear whether this can be used outside of the population on which it was normed (vocational rehab recipients).

TEST	A. Tests For	B. Validity	C. Relia- bility	D. Adm. Time	E. Ed. Level	F. Porta- bility	G. Ease of Use	H. Cost	COMMENTS
APPENDIX B: Alphabetic Listing of Screened Assessments									
OTHER TESTS - Reviewed but insufficient data for evaluation**									
Career Assessment Inventory for Learning Disabilities	3			5		5	5	5	Authors provide **no** validity or realiability data at all. Though this is one of few career assessments designed for the learning disabled, it should be used as a supplement only because of the lack of data.
COPE, The	1	4	5	5		5			No information about administration features, or strengths/weaknesses of the test.
Coping Strategies Indicator (CSI)	1	3	4	5		5			No information about administration features, or strengths/weaknesses of the test.
Job Seeking Skills Assessment (JSSA)	2			4		5	2	4	Very little psychometric data; more study needed to turn it into an acceptable psychometric tool. Should only be used for skill enhancement, not for classification or predictive puposes. This is much like a teaching/classroom-type assessment.

APPENDIX B: Alphabetic Listing of Screened Assessments									
TEST	A. Tests For	B. Validity	C. Relia-bility	D. Adm. Time	E. Ed. Level	F. Porta-bility	G. Ease of Use	H. Cost	COMMENTS
Pain Behavior Checklist (PBCL)	1	3	4.5			5	5		No information about administration features, or strengths/weaknesses of the test.
Rosenberg Self-Esteem Scale (RSE)	1		5						
Vocational Learning Styles (LSV2)	2		5			5	5		Very sketchy or non-existent validity and reliability data. No information on the conceptual basis for constructing the test.

**Insufficient data determined if information was unavailable for more than 2 of the 8 categories.

APPENDIX C: Assessment Screening Worksheet

TEST NAME:		
Publisher:	Author:	Pub. Date:
Population:		

A. WHAT IT TESTS FOR	
Academic Skill	
Basic Literacy	
Employability Skills	
Learning Ability/Style/Intelligence	
Pain Management	
Social/Life Skills	
Voc./Trade Skill	
Other:	
Rating: 5 = 5+ topics 4 = 4 topics 3 = 3 topics 2 = 2 topics 1 = 1 topic	

B. VALIDITY	
Coefficient Range	Rating
.81- 1.00	5
.61 - .80	4
.41 - .60	3
.21 - .40	2
.01 - .20	1

C. RELIABILITY	
Coefficient Range	Rating
.81- 1.00	5
.61 - .80	4
.41 - .60	3
.21 - .40	2
.01 - .20	1

D. TIME TO ADMINISTER INCLUDING SCORING AND INTERPRETATION	
Time Range	Rating
1/2 - 1 hour (30-60")	5
1 - 2 hours (61-120")	4
2 - 3 hours (121-180")	3
3 - 4 hours (181-240")	2
More than 4 hours (241" +)	1

E. EDUCATION LEVEL REQUIRED TO ADMINISTER	
Level	Rating
Any degree level OR test admin. training	5
BS/BA	4
MS/M.Ed./MA	3
Ph.D./Ed.D.	2
Licensed psychologist, psychiatrist, physician	1

F. PORTABILITY	
Condition	Rating
Test can be transported & given anywhere with no special equipment except the test materials	5
Test requires a computer for administration	4
Test requires special equipment which is not portable	3
Test must be given in groups only	2
Test must be given at a specific test site or type of site	1

G. EASE OF USE/SCORING	
Condition	**Rating**
Test can be administered and scored at the same time/session	5
Test is scored via a lengthy (30+ minutes) manual system or via computer	4
Test must be mailed/faxed in for scoring	3
Only a specially-trained person can score the test	2
Only a specially-trained person can interpret the scores	1

H. COST Test Cost + Administration Time + Reporting Cost				5 = $50 - $150 4 = $151 - $250 3 = $251 - $350 2 = $351 - $450 1 = $451 +
Test Cost (per test)	**Administration Time (@ $100/hour)**	**Reporting Cost (if sent/done outside)**	**Total Cost**	**Rating**

OVERALL RATING	
Factor	**Rating**
A. What It Tests For	
B. Validity	
C. Reliability	
D. Time to Administer	
E. Education Level Required to Admin.	
F. Portability	
G. Ease of Use/Scoring	
H. Cost	
Total	
Average	

COMMENTS:

APPENDIX D: List of Test Publishers

Arkansas Research & Training Center
in Vocational Rehabilitation
PO Box 1358
Hot Springs, AR 71902
(501) 624-4411

Consulting Psychologists Press (CPP)
3803 East Bayshore Road
PO Box 10096
Palo Alto, CA 94303
(800) 624-1765
www.cpp-db.com

Institute for Personality and Ability
Testing (IPAT)
PO Box 1188
Champaign, IL 61824
(800) 225-4728

Mind Garden, Inc.
PO Box 60669
Palo Alto, CA 94306
(650) 424-8493
www.mindgarden.com

NCS Assessments
PO Box 1416
Minneapolis, MN 55440
(800) 627-7271

Psychological Assessment Resources,
Inc. (PAR)
PO Box 998
Odessa, FL 33556
(800) 331-8378
www.parinc.com

Psychological Corporation
555 Academic Court
San Antonio, TX 78204
(800) 228-0752

Riverside Publishing Company
8420 Bryn Mawr Ave., Suite 1000
Chicago, IL 60631
(800) 323-9540

Science Research Associates (SRA)
155 N. Wacker Drive
Chicago, IL 60606
(312) 214-7250

University of Minnesota
Vocational Psychology Research
N620 Elliott Hall
Minneapolis, MN 55455-0344
(612) 625-1367

Western Psychological Services
(WPS)
12031 Wilshire Blvd.
Los Angeles, CA 90025
(800) 648-8857

Wide Range, Inc.
PO Box 3410
Wilmington, DE 19804
(800) 221-WRAT