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Instructor's Manual
to accompany

Intellectual Disabilities Across the Lifespan

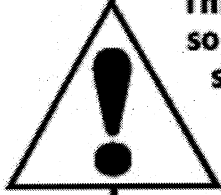
Ninth Edition

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Prepared by
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Upper Saddle River, New Jersey
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Instructor's Manual
to Accompany

INTELLECTUAL DISABILITIES ACROSS THE LIFE SPAN

NINTH EDITION

By
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And
Michael Hardman

Prepared by

Jayne McGuire
University of Utah

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INTRODUCTION

We appreciate your selection of the Ninth Edition of Intellectual Disabilities Across the Life Span for use in your classes and other professional work. This Instructor's Manual has been developed to assist in your use of the book in coursework and the preparation of examinations.

The Manual presents several sections for each chapter of the text. These are provided to allow maximum flexibility in the manner in which an instructor uses the book and organizes his or her class sessions. For example, the Chapter Outlines follow the corresponding material in a chapter and may be used as a rough outline for lectures wherein one may elect to emphasize or expand on certain material as deemed beneficial. The Core Concept sections follow those also presented in the text and may be similarly employed. Suggested Instructional Activities are provided as possibilities for the structure of class sessions and/or class organization. They interact with a variety of elements in the text (e.g., Round Table Discussions) as well as other potentially effective teaching/learning procedures. These are viewed by the authors as only potential thought-provokers since our many users represent a creative talent pool that cannot be properly captured in a brief written document. The Examination Question sections provided for each chapter also reflect a broad range of testing styles to accompany a variety of instructional approaches. This test bank includes questions in True-False, Multiple Choice, and Essay formats.

Each chapter also has a section in the Instructor's Manual entitled Discussion Concepts which are provided to allow further flexibility in utilization of the book. These conceptual questions may be used directly in class with students and are meant to promote thinking beyond the specific information given in the text. Some are designed to encourage students to extrapolate in terms of depth or breadth. Others ask the student to consider the rationale in support of a given point and/or to draw conceptual and practical implications. Because experience has shown that this material can be effectively employed directly with students, the Discussion Concepts section for each chapter has its own introduction, instructions, and each is keyed to pages and or paragraphs in the text. Some instructors may wish to duplicate and distribute this material from the Instructor's Manual.

CHAPTER 1

UNDERSTANDING INTELLECTUAL DISABILITIES

CHAPTER OUTLINE

Core Concepts

Historical Perspectives

Disciplines and Professions

 Disciplinary Perspectives and Contributions

 Terminology

 Contributions of Biological and Medical Sciences

 Contribution of the Behavioral Sciences

 Contributions of Education

 Disciplinary Collaboration

Concepts, Definitions, and Classifications

Intellectual disabilities as a Concept

Intellectual disabilities: A Definition in Transition

Incidence and Prevalence

Classification

Cross-categorical Issues

Purposes and Uses of Definitions and Classifications

 Criterion-Referenced versus Norm-Referenced Measurement

 Labeling

New Issues and Future Directions

Core Questions

Round-Table Discussion

References

CORE CONCEPTS

- The concept of intellectual disabilities is continually influenced by economic, societal, and situational factors.
- People with intellectual disabilities often need services and supports from many different professionals.
- No single discipline has the breadth and depth of expertise and resources necessary to fully provide for people who have intellectual disabilities.
- The term intellectual disabilities encompasses a wide range of characteristics; it is both a label of fact and a label of conjecture.
- The medical profession has had a long history of involvement in the field of intellectual disabilities.
- Many behavioral sciences, particularly psychology, have been concerned with intellectual disabilities.
- Education has been integrally involved with the challenges associated with intellectual disabilities.

- To better support individuals with intellectual disabilities, professionals must coordinate efforts and involve the family.
- Serving children in an inclusive educational setting emphasizes the need for collaboration among professionals.
- The concept of intellectual disability is made more complex because the varying professions that deal with it hold widely divergent viewpoints.
- The 2002 American Association on Mental Retardation (AAMR) definition employs intellectual functioning and adaptive behavior.
- It is important to distinguish between incidence and prevalence and to consider other factors, such as socioeconomic status (SES), severity, and age, when determining how frequently intellectual disabilities occurs.
- Multiple classification systems are used by the 2002 AAMR definition document to address grouping individuals by (a) service reimbursement or funding, (b) research services, and (c) communication about selected characteristics. These classification systems are based, for example, “on the intensities of needed supports, etiology, levels of measured intelligence, or levels of assessed adaptive behavior” (AAMR, 2002, p. 99)
- Cross-categorical definition and classification models have emerged because conventional categories are not always effective and functional.
- The purposes and uses of definition and classification schemes must be considered and related to assessment procedures employed and to the impact of labels.
- A number of cultural changes between and within the professions are needed to enhance collaboration on challenges of those with disabilities.
- New issues and future directions in the definition and classification of intellectual disabilities may include a better balance between individual and environmental factors.

SUGGESTED INSTRUCTIONAL ACTIVITIES

1. Assign the class the task of identifying examples of interdisciplinary cooperation.
2. Provide time in class for reports and a discussion on what motivated the collaboration. Conversely, have students identify examples of specific incidents that demonstrate a lack of interdisciplinary cooperation. Again, allow for reports of such incidents and guide a discussion on how the reported incident could have been better handled to promote a cooperative interaction.
3. Using the text and other sources, have the students trace the changing attitudes toward people with intellectual disabilities.
4. Taking a developmental stage approach, have the students discuss particular stages in which various disciplines are central in the core delivery system for those with intellectual disabilities. Have them also identify disciplines or fields of study that are secondary contributors at each developmental level.
5. Using the Core Questions at the end of the chapter, divide the class into groups with each group being assigned a question. Have each discuss thoroughly the assigned question and select one individual to report the outcome of the discussion to full class.
6. Using the Round-Table Discussion material at the end of the chapter divide the class into groups with each group being assigned a disciplinary perspective (e.g., psychology, education, politics). Have each discuss thoroughly the phenomenon of mental retardation with respect to labeling and select one individual to report the outcome of the discussion to full class.
7. Using the material in the chapter and volumes available in the library, have the class thoroughly research background on definitions and classification systems of mental retardation. Divide the class into groups that focus on traditional systems that are currently used (or those from other countries versus those of the United States). Have the groups select debate teams or individuals to argue the case for their assigned position before the class.
8. After thoroughly reviewing all available material on definitions and classification systems, have students develop in writing their own scheme for conceptualizing mental retardation. These schemes should include rationales for each component, the general perspective of the scheme, and logical cases as to why it might be preferable to existing approaches.
9. After reading the material in this chapter, have students consult material available in the library on labeling and the self-fulfilling prophecy and then prepare a short paper (5 to 10 pages) examining the pros and cons of labeling. An alternative to the paper could involve groups debating the issues of labeling.

DISCUSSION CONCEPTS

These questions are meant to prompt the students thinking beyond the information given in the text. Some are designed to cause them to extrapolate in terms of depth or breadth. Others ask them to consider the rationale in support of a given point, while still others ask to determine implications. It is possible to organize an entire course around the questions. The students can be given the questions at the beginning of the term which serve as guides for their reading. When they arrive at class, the questions can be discussed as well as any others that flow from their answers.

- What does history have to say about the approaches to intellectual disability and those people who have been advocates for the disabled?
- What fallacy do you see in the emphasis on sterilization and eugenics? What other examples do you find in history for the use of sterilization? What legal and/or ethical questions do you feel are involved here? What implications do you feel may exist in the future as the technology becomes more sophisticated? What questions do you feel may be asked of people applying for a marriage license in the future?
- What disciplines are involved in the area of intellectual disability that you had not expected? What research question could you expect this (these) discipline(s) to answer? Why didn't you see a role for these disciplines? What does the wide array of disciplines say about intellectual disabilities? What does it say about services for the retarded?
- What elements or major categories would be of help to you in comparing the value of biomedical and behavioral sciences in intellectual disabilities?
- What problems have you met in your personal and professional life that represent difficulties related to factionalism?
- The authors are suggesting that we view intellectual disabilities from a developmental framework. What implications do you think this holds for your discipline?
- How would you operationalize "adaptive behavior"? What question would you ask that could get at the essence of adaptive behavior?
- Why is there a higher incidence of the severely disabled at the early ages?
- What does the change in the definition tell us about the values of our culture? What effect did each change of definition have upon services?
- What implications flow from the construct of adaptive behavior with particular emphasis on its cultural relevance?
- Why are the labels we choose to use deficit labels rather than asset labels? What would happen to your mind set if we used asset labels?
- What is your belief about the self-fulfilling prophecy?
- How can you be labeled retarded at one point in your life and later have that label no longer apply? Provide some examples to support your statements.

CHAPTER 1 EXAMINATION QUESTIONS

True-False

1. Environmental factors have little effect on human intelligence.
2. The anthropological approach to research on intellectual disabilities is basically one of observing and recording information about an organism in its natural environment.
3. Intellectual disabilities is both a label of fact and a label of conjecture.
4. Efforts that operate within a profession but isolate any meaningful interdisciplinary collaboration often result in less effective delivery of service to individuals with intellectual disabilities.
5. In today's schools many general education teachers have students with intellectual disabilities included in their classes.
6. Incidence and prevalence are essentially synonymous terms.
7. The highest incidence of retardation becomes evident during the years of formal schooling.
8. Those individuals identified as having intellectual disabilities before about age 6 years are often the moderately, severely, and profoundly disabled.
9. Abstract learning is generally the most difficult for people with intellectual disabilities.
10. Both incidence and prevalence are highest during the school years.
11. Prevalence of intellectual disabilities declines after school years partially because some individuals are declassified.
12. The 2002 AAMR definition document does employ a classification system regarding degree of retardation (i.e., mild, moderate, severe/profound).
13. An appropriate choice of classification scheme depends on the context of use.
14. Norm-referenced evaluation has historically been the most valuable for educational programming.
15. An example of a norm-referenced evaluation technique is the standardized intelligence test.
16. Criterion-referenced evaluation places the individual's performance in a relative or comparative context with either other students or a norm standard.

Multiple-Choice

1. Psychiatrists dealing with people who have intellectual disabilities traditionally have focused primarily on the
 - a. moderately involved.
 - b. severely involved.
 - c. borderline disabled.
 - d. mildly involved.
2. Children with intellectual disabilities was one of the earliest efforts of education.
 - a. Researching
 - b. Instructing
 - c. Identifying
 - d. none of the above
3. The first professional that parents usually consult is a
 - a. Minister.
 - b. social worker.
 - c. teacher.
 - d. physician.
4. A main purpose of interdisciplinary collaboration is to
 - a. prevent intellectual deficits.
 - b. provide better service to persons with intellectual disabilities.
 - c. involve university students more directly with individuals who have intellectual disabilities.
 - d. improve ecological validity of research.
5. Recent estimates suggest _____ Americans have intellectual disabilities.
 - a. 3.2 million
 - b. 5.4 million
 - c. 6.1 million
 - d. as high as 7.5 million
6. Prevalence refers to
 - a. the number of cases existing at a point in time.
 - b. the number of new cases identified in a given period.
 - c. incidence plus those cases declassified.
 - d. the same basic figure as incidence.
7. Those individuals identified as retarded before age 6 years are more often
 - a. moderately involved.
 - b. intermittently involved.
 - c. seriously involved.
 - d. none of the above.

8. The highest incidence of identified intellectual disabilities occurs during the ages of
 - a. 4 to 16 years.
 - b. 5 to 18 years.
 - c. 1 to 5 years.
 - d. 16 to 35 years.
9. Criterion-referenced evaluation focuses on
 - a. specific skills..
 - b. level of mastery.
 - c. absolute performance
 - d. all of the above.
10. Definition imprecision of intellectual disabilities is caused by
 - a. controversy concerning the nature of intelligence.
 - b. input from many professions.
 - c. lack of a functional conceptualization of intellectual disabilities.
 - d. all of the above.
11. Impairments seem more sensitive to environmental influences with respect to incidence.
 - a. Severe
 - b. Moderate
 - c. Mild
 - d. Profound
12. The 2002 AAMR definition document does not employ
 - a. measured intelligence.
 - b. adaptive skills.
 - c. degrees of retardation.
 - d. individual's environment.
13. What is an adaptive behavior assumption according to the 2002 AAMR definition?
 - a. multiple domains
 - b. needs multiple measures
 - c. limitations cross conceptual, social, and practical skills
 - d. all of the above.
14. When we speak of evaluation that compares a child to his or her age-mates, we are most likely referring to
 - a. criterion referenced assessment.
 - b. psychoanalytic diagnosis.
 - c. group intelligence testing.
 - d. norm referenced assessment.

Essay

1. Discuss the ways in which interdisciplinary collaboration can be facilitated.
2. Discuss ways to improve cooperation between various disciplines serving the population with intellectual disabilities.
3. Why is an interdisciplinary approach to intellectual disabilities necessary?
4. Discuss three of the many disciplines involved with serving people with intellectual disability, their major roles, and how they could effectively collaborate.
5. List and briefly describe the five dimensions used in diagnosis, classification, and determining supports by the 2002 AAMR definition discussed in the text.
6. Discuss the advantages and disadvantages of many disciplines involved in studying intellectual disabilities.
7. Discuss cross-categorical models of definition/classification and suggest when they might be most and least appropriate in the field of intellectual disabilities.
8. Discuss some of the difficulties that might be encountered in reformulating the definition and classification of intellectual disabilities to include more attention to the environment.
9. Compare and contrast the concepts of incidence and prevalence. Discuss how these pertain to such factors as age and severity in the field of intellectual disabilities.
10. Why is it important to clearly know the purpose and use of definitions and classifications as they are developed?

CHAPTER 1 EXAMINATION QUESTIONS ANSWERS

True-False

1. F
2. T
3. T
4. T
5. T
6. F
7. T
8. T
9. T
10. T
11. T
12. F
13. T
14. F
15. T
16. F

Multiple-Choice

1. b
2. c
3. d
4. b
5. d
6. a
7. c
8. b
9. d
10. d
11. c
12. c
13. d
14. d

Essay

1. Answers will vary.
2. Answers will vary.
3. Answers will vary.
4. Answers will vary.
5. Answers will vary.
6. Answers will vary.
7. Answers will vary.
8. Answers will vary.
9. Answers will vary.
10. Answers will vary.

CHAPTER 2

DIVERSITY ISSUES

CHAPTER OUTLINE

Core Concepts

Associated Influences

Poverty

Cultural-Social Mores

Language

Issues of Assessment and Intervention

Human Development and Multicultural Issues

New Issues and Future Directions

Core Questions

Round Table Discussion

References

CORE CONCEPTS

- Cultural diversity involves critically important differences that require attention as one examines intellectual disability both as a concept and in the context of individual assessment.
- Poverty exists at a rather high level among many culturally different groups and creates a number of environmental disadvantages that may impair a child's mental development.
- Social values that differ from culture to culture may result in behavioral or performance deviation from the cultural majority, which some might view as reflecting intellectual disability.
- Language differences that create academic difficulties for some culturally different children may place them in jeopardy of being considered as having intellectual disability.
- Personnel and procedures involved in the assessment, diagnosis, and intervention process may all contribute to a biased overrepresentation of culturally different children as having intellectual disability.
- Cultural diversity may result in some influences that generate actual developmental disadvantages as well as differences.
- Professionals in the field of intellectual disability must change basic models of research on intellectual disability so that the influences of cultural diversity on human development can be more fully understood.

SUGGESTED INSTRUCTIONAL ACTIVITIES

1. Using the Core Questions at the end of the chapter, divide the class into groups with each group being assigned a question. Have each discuss thoroughly the assigned question and select one individual to report the outcome of the discussion to full class.
2. Using the Round-Table Discussion material at the end of the chapter divide the class into groups with each group being assigned a cultural subgroup (e.g., Hispanic, Black, Asian, Caucasian). Have each discuss thoroughly the phenomenon of intellectual disability with respect to diagnosis and labeling. Select one individual to report the outcome of the discussion to full class.
3. Using the material in the chapter and volumes available in the library, have the class thoroughly research background on multicultural issues related to intellectual disability. Divide the class into groups that focus on issues and questions that are: a) most pressing from the daily, practical perspective of a professional working with children, and b) most pressing from the standpoint of a parent. Have the groups select debate teams or individuals to argue the case for their assigned position before the class.
4. After thoroughly reviewing all available material on multicultural issues related to intellectual disability, have students develop in writing their own scheme for conceptualizing and diagnosing intellectual disability. These schemes should include rationales for each component, the general perspective of the scheme, and logical cases as to why it might be preferable to existing approaches.
5. After reading the material in this chapter, have students consult material available in the library on cultural diversity, labeling, and the self-fulfilling prophecy and then prepare a short paper (5 to 10 pages) examining the pros and cons of labeling. An alternative to the paper could involve groups debating the issues of labeling and the self-fulfilling prophecy in the context of cultural diversity.

DISCUSSION CONCEPTS

- The authors suggest that definitions of acceptable behavior emanate primarily from the cultural majority. Describe public schools as they might look if they were defined from the view of traditional Native American culture.
- How might you feel if you were misdiagnosed as having an intellectual disability when in fact you are acting and performing totally appropriately given your cultural norms?
- Have you ever experienced a circumstance where the self-fulfilling prophecy was operating on you in a manner that decreased your performance? What about the opposite circumstance where it enhanced your performance?
- If you and your family were suddenly faced with complete and absolute poverty what would change in your life?
- If you and your family had been living in poverty since you were born, how would your life be different? Where would you be right now?
- How do you think you would approach the educational system if you were raised in a traditional Japanese family, without the influence of contemporary America? Might this cause you to receive a label?
- How would you interact with your friends if you were from a traditional Hispanic family? Might this cause you to receive a label?
- Would you feel unfairly treated if you were diagnosed as having an intellectual disability because you could not understand Swedish well enough to do your homework?
- Think of the teacher or other school staff member that is most biased against you. How would you like to have that person give you a test on which your entire future depended?
- How much do you know or understand about your classmates? How many live in a home where the primary language is other than English?
- If your state enacted English Only laws how would you feel if your primary language was Spanish and you lived in a state with such a law?

CHAPTER 2 EXAMINATION QUESTIONS

True-False

1. Misdiagnosis of culturally different individuals as having intellectual disabilities is a serious concern.
2. The self-fulfilling prophecy suggests that a person may begin to function in a manner reflecting their label, even when that label is not accurate.
3. Empirical evidence has accumulated over the years that clearly shows the self fulfilling prophecy is quite powerful.
4. The percent of Black and Hispanic people living below the poverty level is slightly higher than for the Caucasian population.
5. The percent of Black and Hispanic people living below the poverty level is approximately two and three times that for the Caucasian population.
6. Poverty found among ethnic minorities makes them at risk from environmental influences that may contribute to actual intellectual disability.
7. Evidence suggests that non-white infants suffer from complications at birth nearly twice as often as their white counterparts.
8. Non-white infants suffer complications at birth more than three times as often as white infants from low socioeconomic status families.
9. Cultural value systems seem to have little influence on the way parents seek help for their youngsters with disabilities since love for children appears universal.
10. Some parents may be reluctant to accept special help for their child because of their cultural values.
11. Certain behaviors that might lead to referral for psychological evaluation are indicative of wise and intelligent behavior in some cultures.
12. Psychological evaluations used in the field of intellectual disability have progressed to a point where language differences are of little concern.
13. Children from minority backgrounds no longer appear more frequently than expected in disability categories.
14. Test bias is not a fundamental evaluation problem since it results in only an artifact.
15. Attempts to design culturally fair test instruments have met with little success.

16. Concern for culturally fair testing must attend to the process of evaluation and the people administering the assessment.
17. Some factors found frequently among ethnic minorities present a risk for actual developmental disadvantage.
18. Culturally different children labeled as having intellectual disabilities are nearly always the victim of racial bias rather than anything actually affecting their development.

Multiple Choice

1. The self-fulfilling prophecy suggests that if a person is labeled as having an intellectual disability
 - a. that their diagnosis is likely in error.
 - b. they may begin to act like the label.
 - c. they are likely to find life less than fulfilling.
 - d. that the quality of life will be fulfilling.
2. The self-fulfilling prophecy
 - a. has significant logical faults.
 - b. has accumulated considerable empirical support.
 - c. has little to do with labels.
 - d. lacks consistent research support in the literature.
3. Poverty occurs among Black and Hispanic people
 - a. approximately three times that of Caucasians.
 - b. nearly twice as frequently as for Caucasians.
 - c. is widespread but seemingly unimportant.
 - d. none of the above.
4. Poverty may influence a child's mental development through
 - a. risk from toxic agents.
 - b. regularity of school attendance.
 - c. adequacy of nutrition and health care.
 - d. all of the above.
5. Non-white infants suffer complications at birth over _____ as often as upper-class white infants.
 - a. three times
 - b. five times
 - c. ten times
 - d. none of above

6. Cultural mores may affect the manner in which a child
 - a. contributes to group activity in school.
 - b. views tardiness in school.
 - c. with a disability is treated by his or her family.
 - d. all of the above.
7. Nonstandard language is characterized by
 - a. communication that does not follow any rules.
 - b. language that reflects a lack of intelligence.
 - c. language that has a level of regularity.
 - d. language that is used by children where English is a second language.
8. Assessment bias has not
 - a. received a great deal of attention with respect to overrepresentation of minority children in special education.
 - b. been a particular problem with standardized, norm-referenced tests.
 - c. been a problem that is limited to instrument construction.
 - d. typically been a problem in recent years because of the efforts toward development of culturally fair tests.
9. Assessment bias in psychological evaluation
 - a. may include the personnel conducting an evaluation as well as the instruments used.
 - b. may occur because of norm information.
 - c. has not been widely rectified through culture fair instruments.
 - d. all of the above.
10. Actual develop of an intellectual disability may result from
 - a. environmental circumstances emerging from poverty.
 - b. psychological assessment bias.
 - c. cultural mores different from the majority.
 - d. none of the above.
11. The U.S. Bureau of the Census (Lamison-White, 1997) indicates that % of the _____ non-Hispanic White population live below the poverty level.
 - a. 3.2
 - b. 5.5
 - c. 8.6
 - d. 12.4
12. Certain ethnic minority children are substantially more at risk for physiological development disadvantage than their Caucasian peers because of
 - a. early nutrition.
 - b. early stimulation.
 - c. accessible health care.
 - d. all of the above.

Essay

1. Discuss how cultural diversity may result in differences that influence the conceptualization of intellectual disability.
2. Discuss how poverty may create environmental circumstances that jeopardize a child's development and lead to a diagnosis of intellectual disability.
3. Discuss how cultural mores may result in behaviors that could be mistaken for those reflecting intellectual disability.
4. How might cultural values influence a child's performance in a psychological evaluation?
5. How might the personnel administering an intelligence test affect the results of that assessment differently for a culturally different child than for a youngster from the cultural majority?
6. Discuss the potential impact of language differences on the outcome of a psychological evaluation.
7. How do norm-referenced tests present potential for culturally biased assessment?
8. Discuss the self-fulfilling prophecy, labeling, and cultural diversity with respect to an individual with an intellectual disability.

CHAPTER 2 EXAMINATION QUESTIONS ANSWERS

True-False

1. T
2. T
3. F
4. F
5. T
6. T
7. F
8. T
9. F
10. T
11. T
12. F
13. F
14. F
15. T
16. T
17. T
18. F

Multiple Choice

1. b
2. d
3. a
4. d
5. c
6. d
7. c
8. c
9. d
10. a
11. c
12. d

Essay

1. Answers will vary.
2. Answers will vary.
3. Answers will vary.
4. Answers will vary.
5. Answers will vary.
6. Answers will vary.
7. Answers will vary.
8. Answers will vary.

CHAPTER 3

ASSESSMENT ISSUES AND PROCEDURES

CHAPTER OUTLINE

Issues and Concepts

- Assessment Use
- Assessment Referencing
- Formative and Summative Evaluation
- Assessment Bias

Early Life

- Screening Concepts
- Early Life Assessment
- Multiple Domain Assessment

Preschool Years

- Intellectual Functioning
- Language Functioning
- Perceptual-Motor Functioning
- Social/Adaptive Behavior

Elementary School Years

- Intellectual Functioning
- Achievement
- Assessment Systems

Adolescent and Adult Years

- Intellectual Functioning
- Vocational Functioning

New Issues and Future Directions

Core Questions

Round-Table Discussion

References

CORE CONCEPTS

- Careful attention to the proper use of assessment instruments has a great impact on the results of measurement.
- The purpose of any assessment greatly influences the procedure(s) employed and the way data are interpreted. Recognition of this has led to the articulation of such important concepts as norm and criterion referencing and formative and summative evaluation.
- Assessment procedures are quite different depending on the age of the person and the performance area being evaluated.
- Screening assessment is very important throughout a person's life span, but crucial in early life.
- Prenatal evaluation can provide extremely important information about the fetus.
- Assessment of the newborn can identify problems and prompt immediate intervention to prevent intellectual disabilities.

- Evaluation beyond the newborn stage includes many assessment areas not previously amenable to measurement.
- Functioning in intellectual, language, perceptual-motor, and social/ adaptive behavior is important in evaluating the status of preschool youngsters. Proper assessment must employ procedures appropriate for this age range.
- Multiple areas of functioning must be evaluated during the elementary years. Proper evaluation uses technically and conceptually sound procedures appropriate for this age range.
- Assessment during adolescent and adult years involves use of age- or functioning-level-appropriate procedures. Attention must also be given to the changing purposes of evaluation in these years.

SUGGESTED INSTRUCTIONAL ACTIVITIES

1. Using the Core Questions at the end of the chapter, divide the class into groups with each group being assigned a question. Have each group discuss thoroughly the assigned question and select one individual to report the outcome of the discussion to the full class.
2. Using the material in the chapter, material available in the library, as well as other pertinent information sources, have the class thoroughly research the background on testing in general, the issues involved in culturally fair test development, and other related topics. Divide the class into logical groups for debate of the issues involved in assessment of intellectual disabilities and minority test bias. Have the debates conducted before the entire class.
3. Provide case studies of individuals at various ages with a variety of behavioral characteristics. Have each student write recommendations for an assessment program that will evaluate all of the pertinent areas of functioning and give a rationale for all components. Additionally, have students provide a statement of expected outcomes, purposes, and expected benefits in terms of potential programming (e.g., educational) for each component. This may be done in groups if class size dictates.

DISCUSSION CONCEPTS

- In the area of data collection there are many terms that are used. Some of them are used synonymously, while others are used in ways that generate confusion. What differences and similarities do you feel exist with the following terms: screening, observation, testing, assessing, diagnosis, monitoring, evaluation? What are some possible consequences for using these terms incorrectly?
- In reading this chapter, what information surprised you the most? What beliefs did you have that were brought into question by this information? How wide spread do you think your beliefs are held? What factors went into the creation of these beliefs and what have served to reinforce them over time?
- What reasons do you feel explain the lack of use of all diagnostic findings in the development of the intervention plans?
- Why is it important to have norms, reliability, and validity? What are the consequences if these are violated?
- How do you see disciplines using norms?
- If testing is used to answer questions that we as professionals have about an individual, develop 3 questions that could be most effectively answered by summative evaluation and 3 that would use formative evaluation.
- Is summative or formative evaluation more appropriate for your needs and why? What factors in your work setting foster or inhibit the use of each? How do these factors then become the "norm" or typical way of doing things? How does this relate to rigidity of thinking/problem solving?
- How are formative and summative evaluation used with those having an intellectual disability and how could they be used more effectively?
- What do you think is meant by culture free and culture fair tests? What implications does this have for the determination of intellectual disabilities?
- What comments have you heard from people that show they believe the IQ to be static?
- The analogy of sorting oranges by size has a bit of information imbedded in it that is characteristic of screening. Can you detect what it is? This is a difficult question, but you might be able to get the answer by looking at other examples of screening procedures, particularly those you have participated in.
- Why is environmental analysis important?
- What moral/ethical questions are involved in prenatal detection? What assessment issue is also involved here?
- What biological reasons are involved in the decision that many ob/gyns make regarding genetic screening for women over the age of 40?
- What are some major problems with using the PPVT-R as a measure of general intelligence? Can you create or recognize a metaphor/analogy/joke that shows this problem in another realm?
- Of what value is it to have information on the assessment of older people with intellectual disabilities?