

ASSESSMENT FOR CHILDREN WITH SPECIAL EDUCATIONAL NEEDS

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ABSTRACT

Services for individuals with special education in Malaysia are shared by three Ministries. Ministry of Health is responsible for identifying and certification of children with special needs. The Ministry is also given the responsibilities for early prevention and treatment of children with special needs so as to minimise the impact of impairment towards the child's quality of life. Most psychometric tests for categorising children with special needs would be used by these medical professionals. Products of psychometric tests from Western World have drawbacks when implemented in Malaysia. Educational services for children with special educational needs are being provided by the Ministry of Women, Family and Community Development and the Ministry of Education. The Ministry of Education screen children for probable special educational needs as early as standard 1 through the LINUS tests. At risk children are identified and certification by the Ministry of Health is sought. At the Ministry of Education level, assessment of children with special needs serve two purposes, (i) to identify children with special needs and allocate them appropriate special education programme and (ii) to monitor their educational progress and to maximise their learning potentials.

Keywords: Special educational needs, psychometric tests, screening, curriculum based assessment, norm-referenced tests, criterion-referenced tests

MALAYSIAN SPECIAL EDUCATION BACKGROUND

The Inter-ministerial meeting in 1981 (Jabatan Pendidikan Khas, 2001) agreed that services for children with special educational needs (SEN) in Malaysia are shared by three government ministries. The Ministry of Health (MOH) is entrusted with the identification of children with SEN as well as being responsible for prevention of possible occurrence of impairments within the child and also provides early intervention programmes. Legislatively, only doctors and paramedical personnel are entitled to certify an individual as being special needs. Thus the concept of an individual with special needs in Malaysia is medical rather than educational. Medical identification, usually referred to as medical screening, is used to identify children who have high probability of delayed or abnormal development (Winzer, 1996). Medical personals usually screen a child before and after birth, with regular periodical check-up until the age of two years in Malaysia. Malaysia also subscribed to World Health Organisations terminologies on impairments, disabilities and handicapped. Based on these terminologies, impairment refers to loss or abnormality of a psychological, physiological or anatomical structure or function. Disability is a limitation that is inherent in the individual as a result of impairments. Handicap is caused when an individual encounters a situation based on external factor (Taylor and Richards, 2009).

In line with the spirit of the Cabinet Committee Report recommendations, 1979 (Ministry of Education, 1988), the government is currently assuming the responsibilities of providing educational services for Malaysian children with SEN. Nevertheless, the government is also encouraging the involvement of non-government organization in this endeavour. Educational services for these children are shared by two ministries, the Ministry of Women, Family and Community Development (MOFWCD) and the Ministry of Education (MOE). MOE would provide education for children with a single type of impairment only. The Education (Special Education) Regulations, 1997 (Legal Research Board, 2004b) defined MOE children with SEN as children with the following impairments;

- i. Children with hearing and visual impairments
- ii. Children with mild intellectual impairments

Based on this Regulation, the MOE acknowledged that intellectually normal children with physical impairments as disabled children but do not accord them the status of children with SEN. Educationally, these children are included in mainstream education. The Regulation also stated that education for children with multiple and severe intellectual impairments are not the responsibility of the MOE. It needs to be stressed that Malaysia do practise Education for All, but educational services are being provided by two different ministries.

MINISTRY OF EDUCATION SPECIAL EDUCATION PROGRAMME

The 1997 Education (Special Education) Regulation (Legal Research Board, 2004b) described three types of Special Education Programmes provided by the MOE, the special schools, integrated and inclusive programmes.

Initially, special education schools were established to provide education for children with visual and hearing impairments. A number of these schools are situated in the same compound with mainstream schools and shared the same physical facilities. Currently, these educational facilities are being extended to children with intellectual impairments at both primary and secondary level of schooling.

In 1981, the MOE in line with international practices adopted the 'least restrictive environment' policy for the education of children with SEN. The immediate impact of this policy was the establishment of special education classes in mainstream schools and the development of Integrated Special Education Programme. The main goal of this programme is to maximize the social interaction of children with SEN and mainstream children. Two educational approaches are employed for children with SEN in Integrated Special Education Programme, (i) segregation and (ii) inclusion. Children with SEN perceived as not being able to benefit from mainstream learning are usually taught separately in special education classes. Where else those who can sustain mainstream learning are included either fully or for certain subjects only. These children could be included with mainstream children of the same or different age. Children with physical impairments with normal intellectual ability usually access the full inclusion programme.

Assessment for Children with Special Educational Needs

Assessment is an important aspect of the general education system and it is also true for children with SEN. Assessment is used in education because it is relevant to the learning instruction based on the child's current level of developmental functioning (Winzer, 1996). Assessment is utmost important for children with SEN because teachers must be well versed with what these children know and what each individual child should know next. In special education assessment usually consist of measurement, judging, and decision making. It involves the process of data gathering to produce valid evidence to guide decisions about the curriculum and learning instruction, and to evaluate the outcome of the instruction (Winzer, 1996). Assessment is particular important for the development of an effective Individual Education Plan (IEP) for these children (Hunt and Marshall, 2006). Currently, the MOE legally, requires IEP be documented for children with intellectual impairments only (Kementerian Pelajaran Malaysia, 2004).

In the context of special education, there are two main purposes for doing assessment, (i) for identification and (ii) for the child's development. Normally a child identified as having impairment immediately after birth or during the infants stage undergoes medical assessment, followed by medical treatment/intervention. Medical assessments in Malaysia involve a variety of medical procedures which constitute the child's medical history and current status depending on the child's age. Medical assessment would usually result in the child being labelled into various types of disabilities depending on the type of impairments. Theoretically, labels are used to group children with SEN with similar characteristics so that educational goals and expectations can be determined (Taylor, Smiley, and Richards, 2009). Labels also provide some general idea on the needs of the children. This information is particularly useful for the MOFWCD, as the Ministry is entrusted with the provisions of services and other facilities for the child's personal usage.

For children identified as being SEN, their early intervention programmes would be shared between the MOH and the MOFWCD. The child parent could enrol for early intervention program established by the MOFWCD, usually in Community Rehabilitation Centres and periodically, as required take the child to the MOH early intervention programmes. Psychometric testing involving standardised test in Malaysia are usually done by medical professionals. The types of tests undertaken depend on the types of impairments the child suffered. Once the child have been identified as having special needs, the main goals of testing would be to monitor the child's achievements or progress so as to maximise their learning potentials by developing appropriate learning instructions. Normally, developmental assessment is utilised to monitor the skills a child has acquired based on the normal developmental sequence. The assumption made is that all children progress through specific patterns. Developmental scales are used to identify developmental delays in one or more areas of growth, example Peabody Developmental Motor Scales, (Folio and Fewell, 2000) and it is usually utilised to determine a child's deviation from the norm. It also provides baseline information for a child's education program. The main aim of the developmental test is to assist a child's progress based on the so called normal development sequence (Winzer, 1996). It is common to use psycho-educational assessments in testing children with SEN over several domains relevant to social, emotional and educational performance as well as physical developments (Winzer, 1996). The tests is usually criterion-referenced for it mains purpose is to monitor the child's progress based on the treatment given.

Intelligence tests (IQ), like the Wechsler Intelligence Scale for Children, (Tweedie, 2012) would probably be given if the child is suspected as having Aspergers Syndrome (intellectual able autistic children) or attention deficit hyperactive disorder with normal cognitive abilities. The challenge is how to administer these tests to these children. If these children with SEN enter the MOE educational system, usually at 6+years, their achievements will be continuously assessed to gauge their improvements and to upgrade their IEP.

In Malaysia, children would enter standard 1 at the age of 6+ as mentioned. As the children progress through standard 1, teachers probably began to notice that some children tends to fall behind their classmates in reading or mathematics, or demonstrated behaviours such as withdrawal, aggression, or lack of compliance. Most children with mild disabilities are not identify as having potential disabilities until they start formal education (Taylor, Smiley, and Richards, 2009). Once a teacher suspect that a child might need special attentions compared to other children, classroom screening is usually done in the context of classroom activities. Teachers survey their class children and try to identify those who may exhibit difficulties in behaviour and learning. Screening is the first step to determined high risk children who might fail to cope with mainstream learning and are usually not detected before they enter formal schooling. It would thus be advisable to refer them for further in-depth testing to determine their special needs requirements.

The screening process to identify probable high-risk children takes place in standard 1 in Malaysia. Standardised test, known as literacy and numeracy (LINUS) tests, developed by the MOE, is administered nationwide to these children after 3 months of formal schooling. Children whose achievement fall below the baseline scores, would be considered at risk and consider as not having acquired the minimum basic literacy and numeracy skills. These children would be given special intervention programme to upgrade their literacy and numeracy abilities for the period of 3 months. After that period they would have to sit for the second LINUS test. If they achieve the minimum scores, they would be taken out of the intervention programme and reemitted into mainstream learning. Those who fail would continue with the intervention programme. If a child failed the third LINUS test, pre-referral process would be initiated, followed by referral process, certification of the child as having special educational needs and placement of the child in special education programme. It is normally assumed that the child who failed the third LINUS test would probably be suffering from some sort of sensory or cognitive impairments.

Before referring a child to the medical professionals, it is common practice to build up information concerning the child. Classroom teachers might be required to undertake first hand observation of the child, interview the child's parent and as well as the child, if the child is able to articulate him/herself, implement various tests so as to determine cognitive achievements abilities. Interviews with parents are particularly important for two reasons, (i) the accuracy of information regarding a child development supplied by parents is highly consistent. Parents spend more time with the child as compared with other interested parties assessing the child, thus would know the child way beyond others (Banner, 2003). (ii) It is the parents who would have the final say in the decision for referral by medical professionals. The onus to have a suspected child examined by these professionals lies with the parents and this is the policy of the MOE.

Screening is crucial especially if the child have normal intellectual ability but suffering from attention deficit hyperactive disorder or specific learning difficulties dyslexia. These children would normally perform poorly in pencil and paper tests. Thus the score they achieve might not be a true measure of the child cognitive ability. Usually, psycho-educational diagnosis will follow if medical test shows that the child is not suffering from visual or hearing impairments. For many of these children, they would probably achieve poor scores in the LINUS test and be mistaken as having mild intellectual ability.

The goal of psychometric testing is to compare scores achieved by high-risk child to those achieved by mainstream children using the same test. The main purpose of the test is to determine suspected high risk development of a child compared to that of other children. Basically it is an IQ test. Proponents of IQ test argue that an assessment of a child's cognitive abilities is closely intertwined with skills and other domains, such as language, social function, and behaviour. The greatest advantage of standardised tests is its potential for comparing a child's performance to that of other children and to predict academic achievements (Winzer, 1996). Children with attention deficit hyperactive disorder, Asperghers Syndrome, and specific learning difficulties dyslexia, if it can be successfully administered should benefit from IQ test. It would at least make classroom teachers aware that the child have cognitive abilities at par or better than their class peers. Standardised criterion-reference test is another method for screening children with special needs. Instrument used is usually related to the types of impairments incur. Dyslexic Screening Instrument (ISD) developed by the MOE, is a screening test to identify probable children with specified learning difficulties dyslexia. ISD is teacher's based test and requires teacher to responds to each items based on their knowledge of the child. If the child scores

above the minimum scores stipulated for each sections in the instrument, the child is probably dyslexic prone and should be referred to the medical professionals. As with IQ test, screening test for different types of disabilities is available commercially. Legally, only the medical professionals have the right to certify a child as having SEN, thus, this commercially produced screening test is probably widely used by these professionals to label children with SEN according to categories.

What are issues concerning internationally standardised screening test instrument?

- i. As mention legally only para medical professionals are allowed to certify children with special needs. Therefore most teachers are not familiar with these types of instruments. To use these instruments teachers must be academically qualified and most Malaysian teachers due to their lack of qualification are not allowed to administer the instruments to their classroom children.
- ii. Malaysia has limited number of clinical educational psychologists and is not able to service the current special needs population in schools.
- iii. No commercially produced standardised tests are published in Bahasa Malaysia. Translation of the English Language tests is required. Translated tests are not always equivalent to the original tests because of language differences. Most tests are standardised based on Western culture, making comparisons of the scores achieved for individual outside the culture difficult at best due the cultural differences. Thus the rationale for the development of ISD to screen children with probable dyslexic tendencies.
- iv. The culture orientation in Malaysia might dramatically affect how children perform in a test. The child's experiences and background could also affect the child's performance and in multiracial Malaysia these factors would have a significant impact.

Using Psychometric Tests for Children with Special Educational Needs

Most psychometric tests are norm-referenced including those purporting to measure aptitude and personality of an individual. Scores interpretations are based on respondents that theoretically are considered normal. Since all of the standardised procedures of test administration are used in the establishment of test norms, an examiner must adhere to them strictly during test administration. Any deviation would make the results no longer comparable to those obtained from the norm group and the scores might not be valid. Some examiners do deviate from the standardised procedures when testing children with SEN. Caution must be made when testing these children. There are several techniques recommended when using standardised tests for children with SEN (Banner, 2003). These techniques are as follows.

Testing-of-limits

This technique is utilised after the entire test has been given using the standardised procedures. Five actions are recommended for the examiner if a child with SEN failed to respond appropriately to the tests.

- i. Provide additional cues and allowed the child to answer the questions with additional help
- ii. Changing the modality for asking and responding to the questions, that is, changing from written to oral or oral to written
- iii. Establish the methods used by the child and give special attention to learn how the child went about solving the problems. It would be useful to ask the child to explain how she or he got the answers
- iv. Eliminate time limits entirely. The child is given as much time needed to respond to the test items
- v. Asking probing question and give the child opportunity to tell more about his or her response to a problem

The main drawback for using testing-of-limits technique is the potential invalidation of any future retesting of the child using the same instrument.

Adaptive assessment techniques

Some tests are developed so that they can be easily altered for children with SEN. Adaptive-to-disabilities scales allow a child to use alternative senses to responses to the test items. Scales are available that give the examiner the responsibility of determining if and when modifications of items and procedures are appropriate. Some test provides guidelines for the alteration of test items or response required. This technique can be used for instrument specially designed and standardised for groups of children with specific disabilities.

Product-oriented approach technique

These assessments involve giving the child a battery of tests that produce scores or other final products. Screening and diagnosis procedures are typically product-oriented assessment and normally involve comparing children with SEN with mainstream children. Using these types of assessment could produce misleading data on children with SEN if the instrument is inappropriately used or biased towards mainstream children.

Process-oriented technique

Instrument usage normally involves the study of the child interactions with the examiners/or others as well as responding to environmental stimuli. It is particularly useful in estimating the abilities of children with SEN. It focuses on change in child behaviours. For example play-based measurement and intervention instrument focuses on the quality of child play as well as a child performance. Portfolio assessment technique involves the compilation of samples of children's work. The child's progress over time across a variety of activities is documented in the portfolio.

Examiners using psychometric tests usually restrict their focus on the child itself. It is imperative that examiners also address the concern of the family or adjusting the test to varying conditions present in a child's home. Failure to acknowledge family interest and children environmental background will limit the long term impact of the test implemented.

Ministry Of Education Achievement Assessment for Children with Special Educational Needs

Once a child has been certified as requiring special education by the medical professionals, they are normally placed into one of the three Special Education Programs under MOE education system. Assessment for these children is to monitor their educational progress and to develop further their IEP especially for children with intellectual disabilities. For those perceived to as having normal cognitive abilities, assessment for them will be an extension of mainstream learning. However the process of modification will need to be undertaken depending on impairments and the assessment process would be more varied and complex for these children. For children with visual and hearing impairments and children with learning disabilities included in mainstream classes, they will be sitting for the same examinations as their mainstream peers. Because these examinations items are actually developed for mainstream children, children with SEN will be handicapped, even though effort is being made to modify it according to these children special needs. It is not surprising to find the majority of these children fare below their mainstream peers in test scores especially those related to academic subjects. This is also true in national public examinations, which children sit at various levels of their schooling. National public examination is norm reference and its emphasis is comparing a child performance against other children and the majority of children with SEN perform poorly in these examinations. It needs to be reminded that assessment for children with SEN is not only to gauge cognitive achievements, but also to measure progress and what needs to done to further develop their educational potentials. The principle of assessment for these children is to maximised their learning potentials and be able to progress to independent living in the future.

The MOE have developed a national alternative curriculum for children with intellectual impairments and this curriculum are being offered to children segregated from mainstream learning. Therefore, it is only appropriate that assessment for these children be based on this curriculum (Jabatan Pendidikan Khas, 2003). A curriculum-based assessment has been forwarded as the most appropriate (Winzer, 1996; Banner, 2003; Hunt and Marshall, 2006 and Taylor, Smiley, and Richards, 2009) to monitor children with SEN academic growth and to improve instructional programs in the form of IEP. Therefore, it is recommended that these children progress across the curriculum be monitored.

Curriculum based assessment (CBA) is a form of assessment to measure children achievement in terms of the expected national curricular outcomes. In other words, the teacher evaluates skill acquisitions and very closely monitors children progress based on the curriculum being used. Children with intellectual impairments included in mainstream learning should participate in National Curriculum to the maximum possible. For these children, assessment could be two fold, (i) based on the National Curriculum, and (ii) based on the National Alternative Curriculum for Children with Disabilities for Primary and Secondary School (Jabatan Pendidikan Khas, 2003). Information yield is useful to evaluate the effectiveness of inclusion approach. If the results shows that these children performance exceptionally well on the National Alternative Curriculum but performance poorly in the National Curriculum, than inclusion should be continued.

Informal CBA is similar to the criterion-referenced test or sometimes referred to as criterion-referenced curriculum based assessment. CBA focuses on what specific skills a child with intellectually impairments has mastered. With CBA, the child is being presented with multitude of tasks to perform and notes taken on which the child can perform. Examples of CBA standardised tests are The Carolina Curriculum for Infants and

Toddlers With Special Needs (Johnson-Martin, Jens, Attermeier, and Hacker; 1991) and The Carolina Curriculum for Preschoolers with Special Needs (Johnson-Martin, Attermeier, and Hacker; 1990). The basis behind these assessment is to determine which skills the child has accomplished, what skills is emerging, and where to begin intervention on the basis of individual performance. International commercially produced assessment and curriculum package should be applied cautiously in Malaysian. The package as a whole might not be consistent with the child IEP and most importantly, with the National Alternative Curriculum for Children with Disabilities for Primary and Secondary School. CBA tests should contain items based on the National Alternative Curriculum and are diagnostic in nature. Formal type of CBA is also known as curriculum-based measurement (CBM) (Smiley, and Richards, 2009). For the CBM model, tests items are drawn from an entire school year's curriculum. CBM might be inappropriate for children with intellectual disabilities due to varying intellectually ability. But schools practices mid and end of the year examinations which is CBM in nature. Results produces by these examinations at times are meaningless as compared to CBA.

Curriculum Based Assessment for Children with Intellectually Disabilities In Malaysia.

It is possible to develop CBA standardised test instrument for national implementation in Malaysia? A similar test to the Carolina Curriculum could be initiated but items in the test should be based on the contents prescribed by the National Alternative Curriculum for Children with Disabilities for Primary and Secondary Schools. This would make the test instrument valid within the Malaysian context, and its reliability needs to be measured. It needs to be remained again that the main aim of the test instrument is to monitor children with disabilities learning progress. It is essentials that teachers teaching children with intellectual disabilities be responsible for the building of these test instruments items. Teachers entrusted with the development of these test items should at least have the following basic requirements;

- i. They must be well verse with the contents of the National Alternative Curriculum for Children with Disabilities for Primary and Secondary School and these teachers must have extensive experiences of teaching these children.
- ii. Has a strong knowledge and skills in task analysis. Task analysis is required to break down complex skills or knowledge into smaller sub skills or elements. Task analysis should be as detailed as needed to isolate specific sub skills a child is unable to perform. Using task analysis teachers need to build test items based on these sub skills or elements. For assessment purposes, teachers can identify which sub skills of a task a child has already mastered and which sub skills to work on the child. There are two approaches that can be taken in task analysis; skill sequencing and chaining of response. Skill sequencing involves the identification of sequence of skills that lead to mastery of a more advance skill and chaining response involves the identification of specific behaviours as they occur during the completion of a task (Banner; 2003).

Once the CBA test instrument is developed, implementation manual would normally follows. The manual would list specific procedures that must be adhered for test results to be considered valid. It should have specific instruction for establishing starting and stopping points. The instrument emphasise must be on identifying specific skills that a child has mastered and those that they may be ready to learn in the immediate future. CBA will shift the focus from the child's deficits or age level development to what skills the child's has acquired and where to begin future instruction. CBA can be used as often as needed to monitor a child's progress. If administering CBA tests frequently resulted in the child picking up the skill, so be it. How the child develops the skills does not alter the fact that the child now has the skills.

The National Alternative Curriculum for Children with Disabilities for Primary and Secondary School divided into several fields (Jabatan Pendidikan Khas, 2003), and each field consisted of several subjects. The number of subjects prescribed in the curriculum is 16. CBA standardised tests created for each subject, when implemented would generate data outlining a child holistic developments. Information on how well a child is progressing throughout the National Alternative Curriculum would be more useful than comparing on how the child perform against other children. Since these tests are standardised it might yield information on a child achievements as compared to other children with cognitive impairments. It must be reminded that different child have different potentials, intellectually and skill wise and therefore comparing one child with another child should not be the main priority on implementing the CBA standardised tests.

CONCLUSION

There is no denying that psychometric testing will benefit children with SEN but it is also important to realise that most of the tests developed have mainstream children in mind. Even test created especially for children with SEN are usually categorical to the types of impairments the child suffers. Therefore the implementation of these test instruments need to be undertaken cautiously and the technique recommended by Banner (2003) needs to be considered by the implementers. Drawback in using norm-reference standardised test has been discussed and careful thought must be made before deciding to use it. The goal of evaluation for children with SEN is mainly to monitor their educational progress, and to develop further their educational instruction, and this is especially so for those in segregated educational setting. For these children CBA should be given a priority. Data produced by CBA would be more useful as it described the child holistic progress.

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