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Authors

Sims, Wesley A

Yu, Rondy

Zahn, Danielle

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Special Education Evaluation Considerations in a Post-pandemic Era

Wesley A. Sims¹ · Rondy Yu¹ · Danielle Zahn¹

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Abstract

While disruptions to typical education, special education, and psycho-educational service delivery practices in response to the COVID-19 pandemic have dissipated, their impact magnified educational systems' overreliance on evaluations to determine eligibility for special education and related services. Given that the potential for future disruptions is now ever-present, it is imperative that service providers learn from these recent experiences to improve typical policies, procedures, and practices under normal service delivery circumstances as well as to respond efficiently and effectively to any future disruptions, should they arise. To this end, this work presents several reminders and considerations for multidisciplinary teams related to assessment, testing, special education evaluations, and closely related processes exacerbated by the COVID-19 pandemic.

Keywords Evaluation · Assessment · Testing · COVID · Referral · Special education

The COVID-19 pandemic resulted in unprecedented school disruptions, closures, instructional loss, and social-emotional stress for students, teachers, and caregivers. As local education agencies (LEAs) across the country transitioned away from in-person learning, many of the complications, challenges, and shortcomings related to the overreliance on existing special education assessment practices, including evaluations to determine initial and continued eligibility, were magnified. In short, the high demand for evaluations to determine eligibility for special education services persisted during disruptions to in-person service delivery activities. This overreliance, beginning long before the COVID-19 pandemic, is well-documented by the steady rise in the number of students identified as eligible for special education services over the last several decades. Despite growing calls for prevention and early intervention efforts using multi-tiered service delivery models, the number of students aged 6–21 eligible for special education services has continued to rise steadily since 2009, with an increase from 5.8 million students to 7.2 million in 2021 (Ballis & Heath, 2021; National Center for Education Statistics, 2022). Regrettably, research documents a host of less than desirable outcomes for student eligible for special education services (Forness et al., 1997; Maydosz, 2014; Skiba, 2013; Skiba

et al., 2011). This may in part be explained by a degradation of these services as the result of overtaxing due to overuse (Arundel, 2021; Ballis & Heath, 2021). Given the high stakes accompanying special education eligibility, it is imperative that educators make such determinations based on high-quality information that instills trust and confidence in educational decision makers (EDMs), teachers, and others (Sullivan & Castro-Villarreal, 2013). This trust, or lack thereof, relates directly to the likelihood of referrals, eligibility determinations, and service recommendations being challenged by EDMs (e.g., due process and litigation). The dogged use of special education evaluation referrals, and subsequent individualized educational programming, during the COVID-19 pandemic (Jones, 2021) forced educational services providers to engage in evaluation activities (e.g., assessment, testing, and diagnostic decision-making) using procedures that deviated significantly from standardized administration protocols (e.g., virtual or modified in-person administration). In effect, this unwavering reliance on a diagnosis-dependent and diagnosis-driven service delivery approach forced multidisciplinary teams (MDTs) to make referral and eligibility determinations based on information accumulated using indefensible and psychometrically unsound practices.

Although advances in the development and distribution of vaccines to combat COVID-19 and funding to support schools reopening (i.e., The CCBDG Act; U.S. Department of Health & Human Services, 2021) has allowed schools to return to in-person educational activities (Thebault et al.,

✉ Wesley A. Sims
wesleys@ucr.edu

¹ School of Education, University of California, Riverside, CA 92521, USA

2022), educational systems must resist the urge to return to pre-pandemic practices that perpetuate the apparent overreliance on special education services (Arundel, 2021; Sparks, 2021). Additionally, uncertainties around the potential for future disruptions persist. Be it a new COVID-19 variant, Monkeypox, respiratory syncytial virus (RSV), or some other unforeseen illness or crisis, the possibility of future disruptions to traditional in-person educational activities is now an ever-present reality (Sparks, 2021). Therefore, it is imperative that educational policymakers and administrators learn from service delivery challenges magnified by the COVID-19 pandemic to improve existing typical practices and improve efficiency and effectiveness in responding to instances when typical practices are not possible. Improving existing practices used under typical circumstances would serve a preventative function by reducing unnecessary overreliance on diagnostic evaluation activities. Learning from experiences during the COVID-19 pandemic should also serve to make responses to atypical circumstances more efficient, effective, and defensible. While important for all students, service delivery improvements in response to the pandemic may be more impactful for students who experience academic, social, emotional, or behavioral difficulties, or continue to be marginalized or underserved and thus are more likely to experience less desirable educational outcomes disproportionately (e.g., students of color, students with disabilities, and students in low socioeconomic strata). To this end, several reminders and considerations are presented related to challenges rooted in an overreliance on special education evaluations and closely related processes that were magnified by service provision disruptions resulting from the COVID-19 pandemic. First, the critical distinction between assessment, testing, and evaluation and their unique and overlapping purposes are revisited. Next, to reiterate and amplify the importance of high-quality prereferral and early intervention systems, cautions related to the overreliance on diagnostic evaluations are discussed. Lastly, the importance of engaging in ethically sound and legally defensible assessment practices is presented. These reminders, considerations, and related recommendations are presented to reorient educators and MDT members, including school psychologists, to ethical, reliable, valid, and legally defensible data collection and decision-making both in times of typical service delivery as well as instances where typical practices are disrupted, as was the case during the COVID-19 pandemic.

Differentiating Assessment, Testing, and Evaluation

While often used interchangeably, the synonymous use of these terms can be misleading or inappropriate. Each term appears in federal and state special education guidance to reference different, yet related activities. First, the term *assessment* refers to the

broader practice of gathering data from multiple sources, which frequently includes the administration of tests. *Testing* references a specific type of assessment activity. Finally, *evaluation* refers to a combination of activities, processes, and procedures conducted to facilitate a diagnostic or eligibility determination. Evaluation frequently includes both assessment and testing activities conducted by educators and specialized service providers, with input and consent from a student's EDM(s). As part of an evaluation, *testing* references the administration of one or more norm-referenced, standardized diagnostic instruments. Similarly, *assessment* as part of an evaluation references the administration of tests and/or other information-gathering mechanisms to facilitate eligibility determinations. It is important to note that *testing* and *assessment* can occur outside of evaluations and can reference non-diagnostic activities. As such, educators should consider their purpose in engaging in these activities. If answering non-eligibility-focused questions, diagnostic testing and/or assessment would not be warranted. Unfortunately, the explicit connection between the question raised and the information needed is infrequently or informally considered in educational settings, which may result in an overreliance on evaluations (i.e., diagnosis-driven assessment), misuse of finite school resources, and negative outcomes for students (e.g., lost instructional time and disproportionality; Frey et al., 2019; Thorius & Maxcy, 2015).

Overreliance on Diagnostic Evaluations

The propensity to conduct “test-and-place” diagnostic evaluations when students experience difficulties in school is well-documented (Arundel, 2021; Dhuey & Lipscomb, 2010; VanDerHeyden et al., 2003). Despite school closures and social-distancing protocols limiting direct contact with students during the COVID-19 pandemic, MDTs remained under persistent pressure from parents/guardians, advocates, administrators, and attorneys to conduct evaluations to determine initial or continued eligibility for special education services (Jones, 2021). This demand continued undeterred by concerns related to the physical well-being of involved parties or to significant alterations to standardized assessment administration procedures (Farmer et al., 2021). This dogmatic pursuit of diagnostic evaluations further epitomizes the belief in their universal utility and defensibility. Contrary to this belief, many questions facing MDTs can be addressed more efficiently using assessment activities that are less resource intensive. For example, state and federal guidance states that *assessment*, not [diagnostic] *testing* or *evaluation*, should be conducted to determine the merit of referrals for evaluation for special education services (i.e., Individuals with Disabilities Education Act [IDEA]; Sec. 300.305 (a), 2004). Conversely, diagnostic *assessment* or *testing* instruments used as part of an *evaluation* were not developed and validated

to monitor student progress. Given the limited utility of evaluations (i.e., diagnostic, eligibility determinations, and related services eligibility) in answering many service delivery questions for students, as well as the high stakes of eligibility determinations and the precious time and resources they require, districts and MDTs should be more judicious in their deployment. Alternatively, utilization of processes, procedures, and assessment activities that can more effectively and efficiently address non-diagnostic questions is beneficial, if not critical.

Importance of Prereferral Systems

A large body of evidence asserts the importance of prereferral systems for addressing a variety of students' needs. When done well, tiered service delivery models generate a wealth of information to guide decisions related to special education eligibility referrals and evaluations. Beyond limited utility (i.e., diagnosis), an *evaluation* to determine eligibility for special education services and the *assessments* and *testing* of which it is comprised are rife with bias across their development and application. Both the referral and evaluation processes have long been associated with the disproportional overrepresentation of historically marginalized, underserved students in special education (Skiba, 2013; Vallas, 2009). In stark contrast, multi-tiered service delivery frameworks emphasize systematic attempts to prevent or remediate student difficulties using evidence-based services and supports driven by data-based decision-making using non-diagnostic data collection activities (Harris-Murri et al., 2006; Vallas, 2009). When implemented with fidelity, information collected as part of these processes can help establish the suspicion of a disability and later support a diagnostic or eligibility determination. Rather than focusing on discrepant performance at a single assessment point, suspicion and identification of a disability could be based on a student's ability, with support, to decrease the gap between their expected and actual performance. Additionally, such service delivery approaches may be less susceptible to environmental influences (e.g., specific life events, socioeconomic status) that can affect student performance and implicit or explicit biases that contribute to disproportionate exclusionary practices (e.g., disciplinary practices and special education referrals; Maydosz, 2014; Skiba, 2013). Discrepant functioning or performance should not automatically prompt educators to suspect the presence of a disability or to label apparent deficits a disability through a formal diagnostic evaluation process (Wade & Halligan, 2017). Rather, utilizing a multi-tiered prevention and early intervention service delivery approach (e.g., MTSS and PBIS) facilitates a more measured approach to viewing and responding to student difficulties that emphasizes the role of contributing environmental and resilience factors, an orientation that is even more vitally necessary in a post-COVID-19 era.

Instructional losses and social–emotional challenges due to school closures and the shift to remote learning during the COVID-19 pandemic have and will continue to negatively impact the academic performance (Hammerstein et al., 2021) and social–emotional and behavioral functioning (Pfefferbaum, 2021) of many students. In response, educators can and should (a) strengthen implementation of prereferral systems that account for environmental factors like the COVID-19 pandemic and their potential for creating what appears to be disabled functioning, and (b) resist the automatic assumption that deficient performance is the manifestation of an unidentified disability. Succinctly, even when large, deficits should not automatically be attributed to a within student disorder or disability. Deficient performance can be the result of numerous factors including significant environmental factors, like a global pandemic. Strong prevention and intervention approaches should guard against inappropriate referral and eligibility determinations by identifying and addressing factors contributing to student performance deficits. It must be noted that even the most effective prevention and intervention efforts will be insufficient for remediating some student difficulties and effective, well-implemented tiered service delivery systems will fortify, rather than eliminate special education evaluation referral and eligibility determinations. Ultimately, strengthening all processes related to special education, including those prior to referral and evaluation, will increase the trust and confidence within those impacted.

Legally Defensible Practices

As students experience significant challenges in schools, it is imperative that educators, particularly MDTs, utilize legally defensible and equitable processes and procedures to support them. Legal defensibility, in the context of special education, is related to the ability of an entity (e.g., school or district) or individual (i.e., MDT member) to withstand legal claims that the processes (e.g., referral, administration, scoring, interpretation, and dissemination) or the outcomes (e.g., refusal of referral, eligibility determination and service provision) are not legally valid or equitably applied (Pope et al., 2007). In short, legally defensible practices are predicated on equitable adherence to best practice recommendations and legal guidelines as well as professional ethical standards related to psychological and educational service provision. If challenged legally, the LEA, MDT, or individual MDT members must provide evidence that activities were established after careful consideration of best practice guidelines and legal and professional standards across all aspects of the process. Furthermore, as was the case during the COVID-19 pandemic, when there are additional legal risks (e.g., physical health), best practice guidance and legal or ethical mandates from related fields (e.g., health/medical

professionals; CDC, County Departments of Public Health) should also be considered.

Once the suspicion of a disability has been established, an evaluation to determine a student's eligibility for services becomes a central element of the special education process. Many would argue that in the absence of significant disruptions, most special education eligibility evaluations are legally defensible. However, restrictions to in-person activities during the COVID-19 pandemic created significant barriers to conducting legally defensible re/evaluations. With these barriers in mind, legally defensible evaluation practices during disruptions like the COVID-19 pandemic should (a) account for the physical safety and emotional well-being of all involved parties; (b) address federal and state service provision requirements/guidelines, including those related to exceptional circumstances, that are (c) clearly stated and (d) equitably applied; (e) align with best practice recommendations as established by empirical research and industry standards; and (f) utilize *tests* and *assessments* that are conducted in a manner consistent with their development and intended uses (i.e., reliable and valid). The Office of Special Education Programming (OSEP; 2020a, 2020b) guidance states that, under Sec. 300.304 of the Code of Federal Regulations, each public agency must ensure assessments and other evaluation materials are to be "used for the purposes for which [they] are valid and reliable" by "trained and knowledgeable personnel" who are to administer them "in accordance with any instructions provided by the producer of the assessments." Similarly, the National Association of School Psychologists (NASP, 2020b) guidance states:

"Assessments must be administered in the manner in which they were developed and validated. If adaptations are made for remote administration, there must be high-quality evidence that such adaptations produce results that are similarly reliable and valid to the face-to-face administration. Any such adaptations should be documented in the evaluation report" (p. 2).

Additionally, NASP (2020a) reiterated ethical guidance related to following standardized assessment administration stating, "When using standardized measures, school psychologists adhere to the procedures for administration of the instrument that are provided by the author or publisher" (p. 1). While the COVID-19 pandemic spurred a variety of modified test administration approaches, industry guidance has yet to establish the administration of diagnostic tests using virtual or modified in-person administration procedures as reliable or valid (Farmer et al., 2021). Beyond concerns directly related to modified administration procedures, many existing diagnostic tests or assessments, including those utilizing devices such as tablets, have yet to establish appropriate normative information. This suggests that the results of virtual or modified in-person administration practices would be legally easy to challenge and difficult to defend.

To this point, in response to COVID-19-related service disruptions, in favor of assessment practice involving *testing* using modified administration procedures, OSEP explicitly recommended reviewing medical records and existing and available information (which can include prior test results) when appropriate, to establish initial or continued eligibility. When considering or planning an evaluation, (NASP, 2020c) advises careful consideration "about what assessments are needed to identify a disability, and those that are not absolutely necessary can be eliminated" (p. 5). Evaluations to determine initial or continued eligibility require the expenditure or diversion of increasingly precious educational resources, remove students from instructional activities, and can result in more restrictive educational placements, an outcome that can dramatically impact the educational and life trajectories of students and families. Under all circumstances, MDTs should carefully review all existing data through formal processes to determine if there is a legitimate suspicion of a disabling condition or a reevaluation with formal diagnostic assessments are absolutely required. For reevaluations, including triennial reevaluations, formal diagnostic *testing* should rarely be necessary, as information to guide programming decisions can be accumulated using methods other than norm-referenced, diagnostic assessments. Diagnostic tests would only be necessary if an MDT determines the current eligibility category is no longer accurate or appropriate (i.e., incorrect prior determination and alternate eligibility category suspected), to justify additional related services not supported by prior evaluation activities (e.g., behavior support and occupational therapy), or to confirm ineligibility for continued services indicated through the review of existing data if desired by an educational decision maker.

Recommendations and Considerations

School closures and distance learning in response to the COVID-19 pandemic placed educators in the precarious position between keeping students and staff physically safe and continuing to provide high-quality educational services. This conundrum highlighted an apparent overreliance on special education eligibility evaluations and services in response to students who experience difficulties in school. Given the likelihood of future disruptions to typical, in-person general and special education service delivery activities it is important for LEAs to learn from challenges created by COVID-19-related disruptions. Lessons learned should serve to improve typical, business-as-usual service delivery practices as well as position LEAs and MDTs to respond more efficiently and effectively to future disruptions. The following recommendations are offered to assist educators with developing or strengthening policies and procedures as they relate to special education processes.

1. Account for and prioritize the physical safety of all involved individuals
2. Strengthen and utilize formal prevention and early intervention systems
3. Ensure policies and procedures adhere to federal and state, ethical, and best practice guidelines
4. Utilize defensible assessment, testing, and evaluation practices
5. Ensure practices are socially just and promote equity
6. Offer transparent, consistent policy statements

Account for and Prioritize the Physical Safety of All Involved Individuals

During the COVID-19 pandemic, the importance of accounting for physical safety and emotional well-being of students and service providers could not be overstated. The wildly unpredictable COVID-19 virus was responsible for millions of lost lives and innumerable individuals that now experience long-term physical and psychological health degradation. In future instances of disruptions of typical service delivery modalities, MDTs should temporarily discontinue activities that pose a potential for significant personal (e.g., health and emotional) or professional (e.g., ethical and regulatory) risks for students, parents, and educators. In instances of future disruptions, mechanisms to facilitate reliable, valid, and defensible evaluations activities safely using alternative assessment methods (e.g., remote format; modified in-person format) may exist. To account for physical safety, it is essential to develop policies and procedures that ensure safety measures are in place during evaluation activities, which may include the use of personal protective equipment (PPE), implementation of physical distancing, and proper ventilation of physical spaces in which evaluation activities take place. Utilizing alternative service delivery or evaluation approaches may reduce the strength or quality of the services, this degradation may be justified given the physical risks posed to students and providers. Avoiding the potential loss of life or serious long-term physical health complications should be prioritized over information gathering activities and immediate or temporary learning or behavioral gains. Bluntly, evaluation findings are not worth the loss of life or long-term quality of life.

Strengthen and Utilize Formal Prevention and Early Intervention Systems

Given the potential negative impact of numerous environmental factors, including a global pandemic, on student outcomes, it is imperative that educators prioritize prevention and early intervention activities to support students who struggle in school. While a generally good approach, it is imperative that educators resist the urge to attribute deficit performance following the COVID-19 pandemic to within student pathology.

A prevention-, intervention-oriented perspective would serve to mitigate inappropriate attribution of environmentally prompted symptomology to disability or disorder. When implemented well, tiered prevention and early intervention systems can play a crucial role in identifying students who may be at risk for academic, behavioral, or social–emotional difficulties, and providing targeted interventions and supports to address their needs. Remediation of such deficits would prevent the need to refer some students for an evaluation to determine eligibility for special education services. Effective prevention and early intervention systems would reduce the overreliance on and overtaking of special education services. A shift away from a diagnosis-driven support services delivery model would afford LEAs far more options when faced with disruptions to in-person delivery options. To increase the likelihood that prevention and early intervention efforts are effective during a pandemic or other incidents of school closure, interventions and supports should be tailored to the unique needs of students and families within this context. Although this recommendation may require resources and supports beyond what school currently provide, it is offered with acknowledgment that an investment and commitment to tiered prevention and intervention efforts now will increase the likelihood that students will thrive, even during challenging times.

Ensure Policies and Procedures Adhere to Federal and State, Ethical, and Best Practice Guidelines

Adhering to federal and state guidelines and best practice professional standards is critical to ensuring that evaluation activities are conducted in a manner that is legally defensible. The COVID-19 pandemic illustrated the fluid nature of global crises and the significant challenges to existing practices they create. While constantly evolving, LEAs should operate flexibly based on the best available information at any given point as significant, potentially life-threatening circumstances evolve. Thus, LEAs and MDTs should continually monitor applicable mandates, regulations, and guidelines from relevant governing bodies. They should consult with relevant authorities (e.g., state education agency) to ensure they are following all applicable procedures and protocols for conducting educational activities, including those related to special education, in a pandemic or during other exceptional circumstances. Like physical well-being, ethical considerations for MDT members and best practice guidance should also figure prominently in these considerations. More specifically, during typical service disruptions, state and federal governing bodies put forth recommendations around abridged or emergency guidelines or regulations, assuming this guidance is based on information potentially unavailable to the public and that restrictions to typical policies, procedures, and practices are necessary and in the best interests of individuals affected.

Additionally, policies, procedures, and practices should align with best, evidence-based practice recommendations as supported by empirical research and industry practice and ethical standards. LEAs and MDTs should seek guidance from relevant professional organizations (e.g., National Association of School Psychologists and American Speech-Language-Hearing Association) to ensure that evaluation practices are ethical and consistent with best practice guidelines. In the wake of the COVID-19 pandemic, most helping professions are examining resulting disruptions and developing guidelines to support responses should future disruptions occur. These guidelines will incorporate ethical standards guiding service provision by MDT professionals. Ethical standards serve as a foundation for service provision and provide a roadmap for navigating potential dilemmas that will inevitably arise under exceptional circumstances like a global pandemic.

Utilize Defensible Assessment, Testing, and Evaluation Practices

First, it is important to reiterate, and LEAs and MDTs should resist the urge to use norm-referenced, diagnostic tests universally. Users should carefully consider the question(s) they seek to answer as well as the appropriateness of those questions when employing assessment, test, or evaluation activities, acknowledging that questions asked are not always diagnostic. Although prevention and intervention should be prioritized in school service delivery, the most effective tiered service delivery models will not successfully remediate all difficulties experienced by students. In instances where deficient student performance is not remediated, the data collected to drive tiered prevention and intervention-oriented service delivery models would strengthen formal, diagnostic evaluation activities when needed, in effect contributing to the legal defensibility of these activities. This data would serve to justify and legitimize conducting an evaluation (i.e., establish the suspicion of a disability) and support evaluation planning. When conducting diagnostic, eligibility evaluations, LEAs and MDTs should always select, conduct, and interpret tests and assessments in a manner consistent with their development, targeted population, and intended uses. Considerations should include the psychometric evidence (e.g., validity, reliability, and diagnostic accuracy) supporting the use of a test or assessment across development, normative representation, and consequences. MDT members should research, access, and utilize measures that were developed and normed intentionally for use under alternative administration conditions. LEAs and MDTs should not abandon this best practice guideline when exceptional circumstances prevent valid and reliable use of assessments or tests (i.e., in a manner consistent with their development and validation). It is likely that test developers and publishers are working feverishly

to increase the available assessment and test options for virtual or other alternative administration options (e.g., behind screens and absence of manipulatives), but adopting assessment activities based on publisher recommendations alone should be done with extreme caution. MDT members should critically review publisher recommendations related to alternative assessment administration protocols. This should explicitly include reviewing administration conditions under which normative information was gathered. While publisher recommendations may be well-intentioned, they have yet to be established as industry-wide best, reliable, or valid practices. Comparisons between scores generated using differing administration procedures (i.e., virtual or modified in-person vs. typical in-person) would be inappropriate. Ultimately, use of evaluation activities that deviate significantly from standardized administration protocols serve to degrade the legal defensibility of results and associated diagnostic and service delivery decisions.

Ensure Practices are Socially Just and Promote Equity

Enacting policies or procedures that disproportionately advantage or disadvantage certain groups of students exemplify indefensible practices. As with any policy, procedure, or practice, special, intentional consideration of the impact on potentially vulnerable, marginalized individuals should be considered. The disproportional impact of systemic practices on historically marginalized, underserved groups is well-documented and persisted or was amplified during COVID-19 pandemic response efforts. Evaluation activities should be conducted in a manner that ensures equity and justice. This can be achieved by some recommendations noted previously ensuring, though high-quality intervention services, that diagnostic, special education eligibility evaluations are warranted (i.e., legitimate and justified). Additionally, MDTs should take care to identify, select, and administer tests and assessments as part of an evaluation that were developed and normed for students that share demographic characteristics (e.g., race, ethnicity, gender, and language) consistent with the student being evaluated. In addition, MDT members should be trained to recognize and address potential biases and ensure that the evaluation process is fair and unbiased for all students. LEAs and MDTs should thoroughly evaluate their referral and evaluation practices to ensure they are equitably applied to all the students they serve. If such practices are not equitable and socially just, noted inequities should be rectified.

Offer Transparent, Consistent Policy Statements

LEAs should ensure that the policies and procedures related to special education evaluation, assessment, and testing during exceptional circumstances are effectively

disseminated. Transparency in practices facilitates evaluation and accountability, key components of legal defensibility (Jones, 2021). This includes policies and procedures that anticipate potential in-person service disruptions. In the wake of the COVID-19 pandemic, state and federal policy makers, LEAs, and professional organizations continue to develop and disseminate recommendations for navigating, more efficiently and effectively, future significantly disruptive circumstances. While the specifics of the disruption (e.g., cause and physical safety risks) may vary, general policies and procedures based on disseminated recommendations should be developed and shared transparently with staff, students, families, and communities. Strategies for effective communication and engagement with parents (e.g., providing regular updates, soliciting feedback, and offering resources to address families' unique needs and challenges during a pandemic) and technology to facilitate collaboration and data sharing may also be needed. Furthermore, educators are advised to consider the impact of social distancing and isolation on student well-being and provide opportunities for social and emotional learning and connection through virtual or in-person activities.

Concluding Comments

The COVID-19 pandemic resulted in significant disruptions in educational service delivery. As a result, many LEAs struggled to flexibly and effectively support students and families. While problematic for all students and their families, the dogged reliance on special education processes, particularly eligibility evaluations, was particularly detrimental to students at risk for or currently experiencing difficulties in school. Under persistent pressure from various stakeholders to continue the apparent overreliance on eligibility determinations and special education services, LEAs and MDTs were forced to engage in less defensible, physically treacherous assessment and testing practices. In hindsight, it is imperative that LEAs and MDTs reflect on their policies, practices, and procedures both before and during the COVID-19 pandemic to improve service delivery during typical and extraordinary circumstances. A public health approach as aptly illustrated the importance of prevention efforts. As such, improving service delivery under typical circumstances would serve to strengthen responses to atypical circumstances. As it relates to special education programming, such prevention efforts should include strengthening universal services and supports as well as intervention efforts within tiered service delivery models. Additionally, LEAs and MDTs are reminded to utilize or build structured, consistent procedures to evaluate the merits of referrals to determine eligibility for special education services and reduce the use of evaluations when not appropriate. When appropriate, LEAs and MDTs should

utilize assessment, testing, and evaluation practices in a manner consistent with their intended, validated uses. During atypical service delivery circumstances, MDTs should utilize evidence-based practices as disseminated by scholars and professional organizations, that align with ethical and legal guidelines and mandates, including those from government agencies. Lastly and most importantly, these recommendations should be considered through a social justice and equity-focused lens. All policies, procedures, and practice supporting students and families should be crafted, applied, and disseminated equitably. Collectively, utilizing these reminders and recommendations should ensure improved day-to-day educational service provision as well as mitigate the negative impact of service delivery disruptions which are now an ever-present concern for LEAs and MDTs.

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Declarations

Conflict of Interest The authors declare no competing interests.

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Wesley Sims is an Assistant Professor and Practicum Coordinator in the School Psychology program in the School of Education at the University of California, Riverside. His research interests include improving educator service delivery practices within tiered service delivery systems, implementation science in educational settings, and assessment development, validation, and use. His work is informed by his extensive experience facilitating schoolwide, as well as individualized support services garnered as a practitioner.

Rondy Yu is an Assistant Professor of Teaching in School Psychology and serves as the Director of the Applied Behavior Analysis training program at the University of California, Riverside. Dr. Yu is a licensed educational/clinical psychologist, nationally certified school psychologist, and board certified behavior analyst. He has experience in public schools and non-public agencies as a school psychologist, behaviorist, clinical supervisor, and researcher.

Danielle Zahn is an advanced doctoral student in the School Psychology program at the University of California, Riverside's Graduate School of Education. Her research interests include physical activity-based interventions, implementation science, and assessment for data-based decision-making.