



IQ Testing: Not Just About the Number

STRATEGIES FOR ADVOCATES

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<i>If a school official says....</i>	<i>An advocate might respond.....</i>	<i>Resources</i>
There is no evidence of a learning disability on this IQ test	Prefrontal lobotomies were widely done because they had little effect on cognitive test scores.	Goldstein, K. (1950). Prefrontal lobotomy: Analysis and warning. <i>Scientific American</i> , February. In Willis, J.O. & Dumont, R.P. (2000). <i>Guide to identification of learning disabilities, third edition</i> . Available from authors: http://alpha.fdu.edu/psychology
There is no evidence of a processing disorder on this WISC that affects reading.	The (insert name of IQ test) here does not measure the underlying skills (phonological awareness and rapid naming) that support the development of reading and spelling.	http://www.houstonida.org/Dr.%20Joshi%20Article.pdf
We have to use the Full Scale IQ as a measure of this child's potential to learn.	A total test score (Full Scale IQ) is not likely to be a valid measure of the "intellectual ability" for a student with a specific learning disability. According to page six of the WISC-IV manual, "Children with special needs, such as physical, language, or sensory limitations are frequently referred for evaluation, With such children, it is important not to attribute low performance on a cognitive test to low intellectual ability when, in fact, it may be attributable to physical, language, or sensory difficulty. Depending on the nature of the difficulty and the test administered, the child's performance may result in scores that underestimate intellectual capacity if the test is administered in	Wechsler, David. <i>WISC-IV administration and scoring manual</i> . San Antonio, TX: The Psychological Corporation.

<i>If a school official says....</i>	<i>An advocate might respond.....</i>	<i>Resources</i>
	<p>the standard fashion.”</p> <p>This child’s Full Scale IQ reflects the impact of the Mark Penalty. We must consider whether the child’s disorder is also affecting his or her IQ, resulting in an underestimate of this child’s ability to learn.</p>	<p>Willis, J.O. & Dumont, R.P. (2000). <i>Guide to identification of learning disabilities, third edition</i>. Available from authors: http://alpha.fdu.edu/psychology p. 174.</p>
<p>Readministration of the WISC-IV has shown that this child’s IQ has dropped, and he/she is no longer eligible for services.</p>	<p>The WISC-IV does not measure the same skills as the WISC-III, and, as a result, the IQs for children with learning disabilities may vary. This is particularly true of children with learning disabilities who have greater variation in their skill levels.</p>	<p>http://alpha.fdu.edu/psychology/melissa_farrall_WISCIV.htm</p>
<p>This child has a slow processing speed. This just means that he/she will require additional time.</p>	<p>A weakness in processing speed is a processing deficit that often requires specialized instruction and assistive technology.</p>	<p>Levine, M.D. (1999). <i>Developmental variation and learning disorders, second edition</i>. Cambridge, MA: Educators Publishing Service. See the chapter on Motor Implementation.</p>
<p>This child has a visual style of learning. He will require a visual method (sight word) for learning how to read.</p>	<p>All struggling readers require well-designed, explicit, phonics-based instruction that incorporates the five core elements of reading instruction.</p>	<p>Fletcher, J.M., and G.R, Lyon. 1998. “Reading: A Research Based Approach,” in <i>What’s Gone Wrong in America’s Classrooms</i>. Edited by W. Evers. Stanford: Hoover Institution Press, Stanford University, California.</p>

The Advocate Academy is a project of The Advocacy Institute

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