

Tele-Assessment Guidance for Psychological, Psychoeducational and Neuropsychological Assessment

ETS is committed to serving test takers with disabilities. We recognize that multiple situations may make it difficult for test takers to participate in an in-person evaluation and that tele-assessment may provide a reasonable and more accessible alternative. This tele-assessment guidance is intended to help test takers and evaluators in instances when tele-assessment may be appropriate. It should be used in conjunction with ETS Disability Documentation Guidelines for the particular disability(ies) for which the test taker is seeking accommodations.

Tele-assessment is a relatively new assessment approach that requires special considerations. Most tests and other evaluation measures have been developed for in-person administration, and the scoring norms are based on the examinee taking the test in person with the evaluator. Preliminary research suggests that many evaluation measures provide similar results when they are administered by tele-assessment with the evaluator in a different location as they do when the evaluator administers them in person. However, the equivalence of different types of measures varies (e.g., verbal vs. visual) and research is inconclusive. Therefore, it may be hard to know whether measures administered by tele-assessment are valid (i.e., measure what they are supposed to measure). Also, tele-assessment requires access to technology which not everyone has, and which is subject to disruptions. The following guidance points are based on emerging standards in this new area of assessment. For ease of incorporating the recommended information in evaluation reports, evaluators are encouraged to develop a template addendum that includes tele-assessment information relevant to all tele-assessments and to adapt it as appropriate for individual test takers.





EVALUATIONS CONDUCTED BY TELE-ASSESSMENT SHOULD:

1. Be conducted in alignment with the ethical principles and standards of the evaluator's profession.

Tele-assessment is an assessment approach that requires specific ethical considerations. However, assessments of any type should be guided by the ethical principles and standards of the evaluator's profession (e.g., Ethical Principles of Psychologists and Code of Conduct, APA 2002, 2010, 2016; Standards for Educational and Psychological Testing, AERA, 2014).

2. Be administered by a qualified evaluator.

Conducting a tele-assessment requires specific knowledge and skills, in addition to the basic assessment competencies of evaluators who conduct in-person evaluations. Since tele-assessment is a relatively new assessment approach, most evaluators were not trained in tele-assessment during their formal education; they require additional training in order to be proficient. Evaluators conducting tele-assessments should have specific training in domains of telehealth, tele-assessment, and tele-assessment ethics. An evaluator conducting a tele-assessment should include a statement of specific evaluator tele-assessment qualifications in the evaluation report.

3. Emphasize informed consent.

An assessment is typically considered a health care service. Like any other health care service, it requires that the individual receiving the service sign a consent form. Consent forms usually include detailed information about what the service will be (i.e., including whether the service will be provided entirely via telehealth or whether it will be a "hybrid" of in person and tele-assessment), who will be providing it, the cost and payment arrangements, any potential risks and benefits, laws that protect client/patient confidentiality and laws that require confidentiality to be broken. A tele-assessment informed consent should additionally include information about the overall reliability and validity of tele-assessment, limitations to tele-assessment and under what conditions it might have to be discontinued, situational factors associated with tele-assessment (internet problems, disruptions such as noise or interruptions at the test taker's location, etc.), and the availability of in-person services in the test taker's geographical location.

4. Consider intersectionality and honor the experience of disability, including emphasis on universal design.

According to the American Psychological Association (2022, 2019; Disability Act 2005), intersectionality means that each of us has multiple identities (culture/ethnicity, age, religion, disability, gender identity, socioeconomic status, etc.) that interact and contribute to the amount of privilege and/or power we have as individuals in society. Universal design relates to designing an environment, including technology, so that it is accessible, understandable and can be used to the greatest extent possible, and in the most independent manner by all people, regardless of age, size, ability/disability status, etc. In the development of many assessment instruments, the needs of people with a range of disabilities have been overlooked. Evaluators conducting tele-assessment should be mindful



of the needs of people with disabilities and should make a concerted effort to offer tele-assessment that is accessible. Evaluators should also avoid using tele-assessment measures and methods that are contraindicated in the context of the test taker's disability-related functional limitations (providing a tele-assessment weighted with auditory measures for a test taker with auditory processing deficits, providing a tele-assessment that requires fine motor proficiency with setting up technology for a test taker with motor impairment and for whom this might be burdensome, etc.).

5. Take documented steps to protect test security.

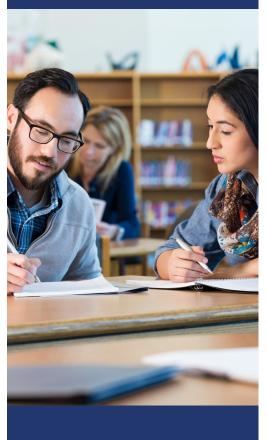
Most assessment measures and materials are restricted-use instruments that require specific qualifications (i.e., professional license, certification) in order to own and to administer them. They are also protected by copyright law, which makes it illegal to reproduce materials in any way. Additionally, it is against the law to distribute such measures to the public or to anyone other than another qualified professional or to a client/patient who is participating in an assessment. It is the responsibility of evaluators conducting tele-assessments to take steps to protect test security. The steps taken should be documented and stated in the evaluation report.

6. Verify that validity and reliability issues associated with tele-assessment have been explained to the test taker.

As stated earlier, the general reliability and validity issues associated with tele-assessment should be addressed in the informed consent. Additionally, the evaluator should ensure that the validity and reliability of the specific measures used with the individual test taker in the actual assessment are explained to the test taker.

7. Verify that the test taker was oriented to the evaluation process and use of technology for the assessment, including the recommended use of a two-camera approach.

Many test takers find assessment to be a stressful situation, whether in person or via tele-assessment. With tele-assessment, the stress may be increased due to the added demands of technology. For this reason, the evaluator should hold a separate orientation session with the test taker prior to the start of the actual assessment (and preferably on a different day). The purpose of this session is to ensure that the test taker understands how to use the technology needed for the assessment. For assessment security and behavioral observations during the actual assessment, a two-camera approach should be used whenever possible. With a two-camera approach, one of the test taker's devices can be used for screen sharing as needed and the other device can be positioned to give a wide-angle view of the room and also allows the evaluator better viewing of the test taker for behavioral observations. Along with practicing the general use of technology, the positioning of devices should also be determined and practiced at the orientation session. This way, these decisions are made and can be enacted as smoothly as possible at the time of the actual assessment session.





8. Address the following specific information:

- a. Evaluator license and/or certification number and state(s) where they are licensed:
- b. Location(s) of where the assessment was conducted (i.e., the location of the evaluator, as well as the test taker);
- c. Telehealth platform used (i.e., HIPAA compliant telehealth platforms are essential for test security and test-taker confidentiality);
- d. Method used to verify test-taker identity;
- e. If the assessment was a hybrid of in-person and tele-assessment services, the report should address which aspects of the assessment were conducted in person and which were conducted via tele-assessment;
- f. Any technology disruptions or other situational factors, which may have impacted the test taker's task performance; and
- g. Any test taker or evaluator factors, which may have impacted the test taker's task performance

9. Include a statement of evaluator confidence in assessment validity and findings.

Many evaluators typically include a statement of how confident they feel that the assessment gathered accurate information which can be used to answer the question the assessment was meant to explore. Evaluators also commonly provide a brief rationale to support their impression of confidence. Given the special considerations associated with tele-assessment, this type of statement and a supporting rationale should be provided in any tele-assessment report.

For more information, contact us:

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