Part 1

Where Do I Begin?

One

How Do I Know My Child Needs Testing?

For the third night in a row, nine-year-old Philip was in tears. Two months into the fourth grade, he was complaining about homework and, even worse, starting to say such things as, "I'm stupid" and "I hate school!" When his parents asked him what was wrong, Philip told them that the work was too hard and that he couldn't understand the assignments. It was true: When his mother tried to help him with his reading work for the week, she saw that he could not read the larger words that had begun to show up in his fourth-grade work. Because of this, he couldn't always understand the material and wasn't able to answer the questions correctly. His parents were confused. Philip seemed very bright. He had learned to read more slowly than his brothers, but he hadn't had any real problems with schoolwork until now. What was going on?

Zach's mother wasn't surprised when she got a call from his first-grade teacher. After all, he had had trouble in preschool with Circle Time, and now Zach was being asked to sit down and learn for most of the school day. Before kindergarten, his pediatrician had said that he would grow out of it and that he was simply immature and rather active. Evidently, Zach's first-grade teacher felt that something more was wrong; she was concerned that he wasn't learning as much as the other students because he wasn't able to pay attention for very long. She also said that Zach had begun to be a distraction in class and was having trouble switching from one activity to another. Zach's parents had already seen the pediatrician about these concerns. Now what were they supposed to do?

Nicole had been looking forward to high school for a long time, but now, in ninth grade, she seemed miserable. The first few months had gone smoothly, and Nicole had become busy with school activities and social events. Now, after the winter break, she was irritable and had stopped going to games and hanging out with friends as she used to do. Furthermore, her grades had started to decline; when her parents asked her about this, she said she didn't care and added, "What's the point of going to school anyway?" The family had a history of depression, and Nicole's mother wondered if she was depressed. Nicole's father chalked it all up to "typical adolescent behavior" and said not to worry. The school guidance counselor wondered whether Nicole might have a learning disability that hadn't been noted before and recommended a testing evaluation. What was the right thing to do? Who could help?

As an only child, Alexandria hadn't had much practice socializing with other kids. At least that's how her parents had always understood her preference for playing by herself. But when she entered preschool, her lack of interest in other children began to worry both her parents and the teachers. Was she just shy, or could there be something wrong? How could they find out?

Perhaps like these parents, you've found that there's something "not quite right" with your child. Although it's true that parents *do* tend to worry about their kids more than they need to, it is also true that parents' intuition is often right about concerns that others, including pediatricians and teachers, do not always pick up on till later, if at all. Our culture tends to underestimate parents' ability to figure out what their child needs, even though, ironically, it's the parent who knows the child best. What we hear frequently is that Mom or Dad knew that their child needed some help *but didn't know how or where to get it*. So this chapter and the rest of this book are intended to give you the information you need to find your child the help he deserves.

The tool or method for figuring out specifically what your child needs and why isn't new, but we find that parents do not generally know about its existence. We're talking about a *testing evaluation*—developmental, psychological, neuropsychological, speech and language, occupational therapy, physical therapy, and other assessments. These terms may not make complete sense to you right now, but the various types of evaluations just mentioned can tell you the nature and severity

Common Types of Testing Evaluations: What They Include

Terminology used for types of evaluation can vary, and the names of specific tests are diverse. What follows are the most common terms, those you're most likely to hear. Details that will explain more fully what the evaluations are intended to produce, how the individual tests are administered, and what you can expect are presented in Chapter Four.

Neuropsychological Evaluation: A test battery designed to measure a child's cognitive skills and brain functioning in areas such as intelligence, attention, memory, learning, and visual perceptual skills. Tests typically given include an intelligence measure, such as the WISC-III; achievement/academic tests, such as the WIAT-II or the Woodcock–Johnson to look for learning disabilities; language tests, such as the Boston Naming Test or the PPVT-III; visual–motor tests, such as the VMI or Rey–Osterrieth Complex Figure Test; tests of memory and executive functions, such as the NEPSY, WRAML, and CMS, and neuromotor tests such as Finger Tapping or Grooved Pegboard.

Educational/Achievement Evaluation: A test battery specifically for measuring a child's academic skills in decoding, reading comprehension, spelling, math, and writing. An intelligence measure should also be given to compare the child's potential (intelligence level) with her achievement scores. Common tests used include the Woodcock–Johnson, the WIAT-II, and WRAT3.

Psychological Evaluation: A test battery for assessing a child's emotional, social, and behavioral functioning and personality traits. Tests often include the Rorschach, TAT, drawings, sentence completion tests, self-report measures such as the Children's Depression Inventory and the MMPI for adolescents, and parent-completed measures such as the Child Behavior Checklist or the BASC.

Developmental Evaluation: A test battery such as the Bayley Scales of Infant Development, administered before age four, that gives information about a young child's level of development in language skills, motor skills, cognitive skills, and social skills.

of and appropriate treatment for your child's particular area of weakness or difficulty. Testing helps to diagnose a certain problem such as a learning disability, to clarify what is wrong (is it ADHD or depression?), and to provide strategies for school and home geared to help the child function better.

Each type of testing evaluation requires a fully trained, specialized professional who takes a full history of your child and the problems the child is having, which you provide in an interview or on intake forms. The evaluator then uses clinical observation, a combination of tests, and consultation with other providers, such as teachers and therapists, to gather a wealth of information about your child and the child's functioning. Next the evaluator compares your child's behavior, test scores, and history with those of same-age peers to figure out if the child is substantially stronger or weaker in any given area. Usually some type of diagnosis, or formal label, is given to account for the concerns that brought you to the evaluation in the first place. Terms such as *autism, dyslexia, hypotonia,* and *major depression* are clinical diagnoses that different evaluators may provide, depending on whether or not your child meets the criteria for the particular diagnosis.

When can testing help? We've broken concerns up into various categories, though many of them overlap. See if you have any of the concerns listed in the following section about your child. If so, we take you through the process of getting the right kind of testing evaluation, in the right place, and with the right professional. We also help you understand the reports better by explaining what the tests do, and we give you resources and strategies for helping your child once you get the testing evaluation done. We even help you talk with your child about the results—after all, the more she understands about herself, the more accepting she will be of the interventions.

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When Testing Can Help

Testing is often used to help provide an explanation for a problem your child has. Testing is not always necessary for understanding what is wrong, but in many cases it proves essential for an accurate diagnosis and an appropriate treatment plan. Difficulty with writing, for example, could be attributable to a number of problems, such as fine-motor

muscle weakness, visual–motor integration delays, problems generating ideas, organization difficulties, or inattention. Without the right kind of testing, you won't know what the cause of the problem is nor whether it's possible to eradicate the cause and thereby eliminate the problem or, if not, what kind of intervention will improve your child's success with writing. If the child does not receive a formal diagnosis of a learning disability or emotional disorder, he may not be eligible for services through the school system. It's important to remember that a diagnosis doesn't necessarily guarantee that your child will receive special education services or accommodations, because he may not need them. For example, Todd was diagnosed with bipolar disorder, which was managed effectively with medication and therapy; therefore, no school-based services were warranted.

Even if a child has already been diagnosed with a certain disorder, such as Asperger syndrome, the results of a good testing evaluation will almost always yield more specific information that can enhance the potential for a prescribed treatment to help your child. When a child has a constellation of problems, a testing evaluation can shed light on their relative severity and possible connections among them, helping to reveal any co-occurring disorders (such as the presence of a learning disability in a child who has already been diagnosed with ADHD) or assisting a practitioner in determining which problems should be addressed in treatment. It can also be helpful in highlighting cognitive and emotional strengths that can further augment or guide interventions.

Though we may be biased—because we have seen so many examples of how testing can assist in diagnosis and treatment of children—we believe that testing evaluations are useful in assessing and understanding the majority of the concerns described in the following paragraphs. Check them over and then consult with your pediatrician about any that apply to your child. Although you may not be referred for testing right away, it will be important for your pediatrician to make a note of the observed problem(s) and to figure out what intervention, if any, is needed.

Language and Speech Skills

Speech refers to the production of sounds that make up words and sentences, whereas *language* means the use of words and sentences to communicate needs, ideas, and feelings. Although there can be a lot of variability in exactly when each child begins to babble, say single words, or

put together a few words, you are right to be concerned if you have noticed the following:

Infant/Toddler

- Has trouble sucking or swallowing
- "Overstuffs" his or her mouth
- Isn't babbling by around 10 months
- Isn't using single words by age 15–18 months
- Is using only one or two words at a time by age three
- Is not understandable to others outside the family by age three
- Doesn't seem to understand what you are saying by age two and a half
- Seems to "tune out" or fails to listen consistently by age three
- Does not start conversations but only responds to others by age three
- Repeats what is heard from others, from TV, and so forth, rather than responding
- Drools or slurps saliva often at age three
- Has trouble drinking properly from cups, uncapped water bottles, and the like by age three

Preschooler

- Words come out jumbled or in poor order by age four
- Gives only brief responses to open-ended questions by age four
- Replies do not relate to the questions asked by age four
- Can't tell you what a story was about by age four
- Has difficulty answering questions such as "what?" and "when?" and "where?" at four
- Can't articulate (make sounds accurately) clearly by age five
- Still talks a lot about irrelevant topics or strays from the subject often at age five
- Can't answer "how" questions by age five
- Can't follow a two-step direction such as "Go upstairs; get your shoes, please" at age five

School Age and Up

- Seems frustrated by problems finding words or communicating
- Often mishears what is said

- Has trouble getting the gist of jokes or idioms such as "You're pulling my leg!" by age six
- Has a continually scratchy or rough, nasal, or squeaky voice

Though this is a long list, it is not complete. You may have other speech or language concerns about your child that are not included here. We strongly encourage you to talk to your friends, pediatrician, and teachers. We also recommend that you do some of your own research on-line or at the library.

If you and/or someone else in your child's life decides that a speech or language concern deserves professional attention, see a *speech and language pathologist*, a trained professional who will use testing to evaluate your child's speech and language development as compared with that of same-age peers and provide the necessary treatment.

Motor Skills

There are many types of motor skills, but the ones that tend to be talked about the most with respect to children's development are fine-motor skills and gross-motor skills. *Fine-motor skills* refer to the tasks carried out mainly by your fingers and hands—picking up small objects, holding a spoon or fork, grasping a pencil, using scissors, writing and drawing, tying shoelaces. *Gross-motor skills* include large-muscle-related abilities, such as walking, running, jumping, balancing, eye–hand coordination, and riding a bike.

As with most other things, no two kids will probably achieve the same fine- or gross-motor skill at the same time. However, some guidelines can help you determine at about what point on the developmental trajectory your child's motor skills should be. You should talk to your pediatrician if you notice any of the following concerns:

Infant/Toddler

- Does not attempt to reach for objects by three to six months
- Cannot hold his head upright by four months
- Does not grasp objects with her whole hand by six to eight months
- Is not sitting up by ten months
- Cannot use a pincer grip (thumb and forefinger to pick up small objects) by about one year
- Is not walking by eighteen months

- Can't hold a pencil or crayon well enough to scribble by eighteen months
- Can't throw a toy or ball by age two
- Is not running by age two and a half
- Isn't going up stairs by age two and a half
- Has problems with balance at any age over two years
- Can't jump with two feet off the ground at age three
- Has trouble holding his fork or spoon by age two and a half to three
- Is excessively clumsy at any age over three
- Walks or runs awkwardly at any age over three

Preschooler/School Age and Up

- Doesn't alternate feet on the stairs by age four
- Has trouble holding a seated position at a table without slouching or shifting a lot
- Isn't riding a tricycle or bike with training wheels by age five
- Has trouble with the scissors at age five or older
- Has excessive difficulty writing her name or can't write it legibly by age five
- Writes letters or numbers illegibly at age five to six
- Has difficulty with playing sports (e.g., kicking the ball, catching)
- Has weak muscle tone or low stamina at any age

We certainly haven't covered all the possible delays or problems here, so you should really discuss any concerns you have with respect to your child's motor skills with her doctor. There are a few different kinds of professionals who may evaluate and treat your child for potential weaknesses, including *orthopedists*, *occupational therapists*, or *physical therapists*. Your child may also need to see a *neurologist* to determine if there is anything more pervasive or broad affecting your child's development.

Social Skills

Social skills have received less attention than other developmental abilities, but they are essential to your child's functioning and well-being. With some children, social difficulties are obvious, such as the seven-

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Q: I am in a toddler play group with my son, who is now two years old. We have met with the other children and their mothers for about a year now, and I have started to worry that my child isn't doing a lot of the things that the other kids his age can do. He started walking a few months after all the others, and now many of the two-year-olds are putting together a few words to make sentences while my son still babbles. My pediatrician said she is not too concerned but that she would support a testing referral if I wanted to make sure everything was all right. Could testing really tell me much? Would it be stressful for my little boy?

A: It's hard not to make comparisons between our children and others. Because you are clearly concerned, even though your son's doctor is not, we suggest you follow up on your maternal instincts. Up until your child is three years old, he is eligible to be evaluated by your town's Early Intervention (EI) program (for more information on this, see Chapter Two). Your child may receive a general developmental screen, such as the Bayley Scales of Infant Development or the Denver Developmental Screening Test. Because motor and language skills have been a worry, he may also get more specific tests to look at his gross-motor skills, fine-motor skills, and early language skills. The testing process is often fun for toddlers, as toys are used to help the evaluators learn about their skills. You should also be allowed to be present for the testing, as this will help your son feel more comfortable. Your input will be critical in figuring out if there is a problem; if so, you will be glad you did not wait any longer, because research shows that the earlier you intervene, the better the child does.

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year-old boy who tries to engage other kids by banging them over the head with his plastic baseball bat or the ten-year-old girl who will play only by herself. But with others, social skill problems may be more subtle, such as the child who can't make eye contact with people when interacting or the kid who can't seem to figure out what's going on when he's in a group.

Parents are usually the first to pick up on social skill delays because they're the ones who see their kids interacting with others during free play. Sometimes it's hard to convince others that something's not quite right in this area, mainly because there are few hard and fast rules about social development. For the most part, though, we expect children to become interested in others during the first few months of life,

and this interest should keep growing if all goes well. During the toddler years kids will typically start to play with other toddlers, often doing a similar task side by side rather than together; this is usually referred to as "parallel play." By age four and older, children usually shift to cooperative or shared play, in which they have a common play theme and carry out the activity together. It is typical for kids over four to move between parallel and cooperative play, at times even choosing to play by themselves. As a culture, though, we need to be very careful not to let the advances of technology cause widespread isolation among our children, given their common interest in computers and video games. We have seen a real surge of children who think they are being "social" by talking on-line with friends or playing video games next to a buddy for hours; however, these kids often eventually find that they are less physically active, lonely, and generally unhappy as a result of this loss of real human contact.

The same effect occurs for children who have social skill impairments for one reason or another. They are often less active, feel alienated, and become depressed as a result of their difficulties forming relationships with their peers. We strongly encourage you to trust your instincts when it comes to social problems in your child, because these weaknesses are as important to address as others—sometimes more so. Though the possibilities are vast, we've listed a few of the more common social skill difficulties that we see:

Toddler and Up

- Has problems making and keeping eye contact with you or others
- Seems to be uninterested in playing with others, especially by age three
- Doesn't engage in pretend play by age three to four
- Engages only in "play" that involves repeating a story or video theme
- Has problems figuring out how to join in with other kids
- Tends to miss or misunderstand what is meant by others' behavior (often called "problems reading social cues")
- Engages in aggressive or violent play at three and up
- Has an obsessive interest in one topic but a lack of creative playing (e.g., loves dinosaurs and knows every fact about them but can't enact a play scene with them)

- Frequently avoids or shows outright fear of social situations (birthday parties, play dates, the park, school)
- Has difficulty carrying on the natural rhythm of conversation or play
- Shows a lack of social responsiveness to you or others (e.g., does not respond when her name is called; does not acknowledge a child who comes into the room)
- Has a rigid or bossy style with peers that affects his social acceptance

If you should become concerned about any of these issues or one that we haven't covered, again we encourage you to start by talking with your pediatrician. The doctor may refer you to one of several types of professionals, including *child psychologists*, *developmental pediatricians*, or *speech and language therapists*. When Alexandria's doctor learned about the parents' and teachers' concerns regarding her social skills, he referred them to a child psychologist, who then completed a full evaluation that included some testing. The evaluation first helped the psychologist to figure out the specific nature or cause of Alexandria's social impairment and then to give strategies or recommendations for ways to help.

Learning

For school-age children, learning is probably the most common type of concern. Sometimes parents or teachers catch a learning problem, or *disability,* early, such as in kindergarten or first grade. But because some kids are able to compensate for a while, often these problems are not diagnosed until much later. Philip, for example, didn't show major signs of a problem until fourth grade. Looking back, his mom could recall that he had learned to read with more difficulty than his siblings had, but otherwise he had been doing pretty well. He was a bright child and was able to use other skills to make up for his weaker ones until the material simply became too tough. That's the reason that, even though he was likely born with the problem that caused his learning disability, it wasn't diagnosed until age nine or so.

Although there are many different types of learning disabilities (we've covered the most common ones in Part III of this book), in general you are wise to pursue a testing evaluation if you notice any of the following:

Preschool and Up

- Has problems with rhyming and trouble learning letters and their sounds by age six
- Has difficulty paying attention or following directions
- Experiences frustration doing grade-level work at any age
- Has gaps in skills or inconsistent grades
- Has memory and organization problems
- Experiences a decline in grades or school performance
- Has consistent problems getting homework done
- Routinely runs out of time on tests
- Tells you he hates school or refuses to go

These are very general concerns, but fundamentally they apply to the different kinds of learning problems a child may have. After talking with your child's pediatrician and teachers, you will probably be referred to a *child psychologist*, a *neuropsychologist*, or the school's special education department for an evaluation.

Q: *Our son turns five in August, but we aren't sure whether he is ready to start kindergarten. He passed the public school's readiness screening, but he seems to have more difficulty than other kids his age staying focused on games and other activities. Would a testing evaluation help us make this decision?*

A: Many parents struggle with the decision about when to have their child start kindergarten, especially if he has a birthday near the entrance age cutoff date (e.g., he must be five by September 1). To some extent these entrance dates are arbitrary, considering that many children have the cognitive skills and social readiness to begin kindergarten by age five whereas others need an extra year to develop these abilities. Although the school's screening test gives you some information about your child's basic skills, you as the parent know your child best and are the most equipped to make the decision about when your child should start school.

Many other factors are important to consider besides your son's knowledge of shapes and colors. For example, can he sit for up to fifteen minutes to do a quiet activity such as listening to a story or coloring? Is he able to get along with other children in cooperative play, or

does he prefer to play by himself? Does he tend to get aggressive with peers? How well does he deal with frustration—does he have tantrums, or can he use his words to tell how he is feeling? Does he seem to be emotionally young for his age (does he cling to you or become clearly distressed when you leave)? Is he more dependent on you than other kids his age seem to be on their parents? Does he have trouble recognizing or remembering things that you would expect him to know by now?

Although many children who have been successful in kindergarten have had one or two of the preceding concerns, you may want to give some serious thought to keeping your son in preschool for one more year if he has a few cognitive, social, and/or emotional "red flags" that indicate a lack of readiness right now. Remember, although kindergarten does not require kids to do a lot of sitting and thinking, first grade is right around the corner. Talk to your child's preschool teacher about it. Then, if you are still "on the fence" about whether or not to start your son in kindergarten this year, a testing evaluation that includes a look at his cognitive skills, attention level, fine-motor skills, language skills, social abilities, and emotional maturity will likely give you helpful information about his readiness. Although the final decision is yours to make, the evaluator can assist you in weighing the pros and cons of starting now versus waiting another year.

Q: My daughter's third-grade teacher told me that he has recommended that she get a team evaluation. He said he is concerned about her math skills and wants to see if she has a learning problem. Should I go through with this?

A: It is a good sign that your daughter's teacher is paying attention to her learning and skill level. His recommendation for a team evaluation, which is described in detail in the next chapter, suggests that she is lagging behind her peers in her ability to understand or retain the math concepts he is teaching in class or in her ability to perform mental calculations. It is your legal right to accept or refuse his recommendation, but we suggest that you follow up on his concerns one way or another. That is, either have your daughter undergo the team evaluation at school or seek outside testing with a private clinician qualified to do to the testing (see Chapter Three). The next chapter reviews the advantages and disadvantages of both types of evaluations to help you make an informed choice.

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Behavior

Perhaps there is no broader category than behavior, but in this section we focus on the main issues that we see in a clinical setting. That is, the concerns that are included here are significant enough to warrant seeking "professional help" and are typically not part of normal development. Though many kids will show these behaviors at various times, it's usually the severity and duration that make the behavior a true problem.

It is important to note that usually a problematic behavior is a sign that *something else is wrong*. Zach, our first grader who couldn't sit still for Circle Time in preschool and now is having trouble staying seated long enough to learn, is not simply a brat who has decided he'd rather move around than participate in class. Indeed, the "something else wrong" turned out to be attention-deficit/hyperactivity disorder (ADHD), a neurologically based learning disability that causes some children to be excessively active. Nicole, the teenager whose grades and mood went downhill during her freshman year of high school, might be clinically depressed, have an undiagnosed learning disability, or both; as her mother intuited, Nicole was *not* simply "being a teenager," as her behavior might have suggested to someone less savvy. So, with these things in mind, take a look at the following list and consider whether or not any of these concerns apply to your child:

Preschool and Up

- Has frequent explosive tantrums beyond age three
- Exhibits overly aggressive or destructive behavior
- Is excessively moody or irritable (yes, even in your teenager, this is not necessarily normal)
- Performs repetitive behaviors such as handwashing or checking
- Insists on having things a certain way or strictly following a routine
- Uses fantasy play excessively or daydreams

- Has frequent nightmares or sleeping difficulties
- Reacts strongly or not strongly enough to touch, pain, sound, and other types of stimulation
- Displays general fearfulness and frequent worrying
- Loses interest in friends or activities
- Suffers self-inflicted cuts, usually on arms and legs
- Is overly preoccupied with weight/dieting/exercising
- Loses or gains 10 percent or more of her original body weight
- Demonstrates impulsive or unsafe behavior
- Chooses friends who are "high risk" (e.g., may smoke, break the law, do drugs)
- Has odd ideas or preoccupations
- Reports seeing or hearing things that are not there (usually in a child over age six)
- Hoards food or steals compulsively
- Lies or cheats excessively
- Plays with fire or sets fires
- Demonstrates frequent sexualized play or talk
- Is socially isolated or withdrawn from others
- Skips school or refuses to attend
- Has poor hygiene/grooming habits at school age or adolescence
- Verbalizes a wish to die or kill himself

Though there is great variability in the kinds of problems described here, as well as in their root causes—such as depression, sensory integration dysfunction, trauma or abuse, or autism—typically your child will be referred by the pediatrician to a mental health professional such as a *child psychologist*, *child psychiatrist*, or *licensed social worker*. If it is determined that psychological testing is needed, only psychologists who have specialized training are capable of performing the appropriate testing evaluations for these concerns. At times the psychologist will determine whether a follow-up evaluation is needed, perhaps with a neurologist if a developmental disorder such as autism is diagnosed or with an occupational therapist if sensory integration dysfunction is suspected. In Chapter Three we discuss the different types of professionals whom you may come across in the process of getting your child the right kind of help, so you'll understand all this lingo in no time.

Q: My husband and I are going through a divorce, and I'm concerned about the effect this might be having on my children. My twelve-year-old daughter won't talk about it and acts as if nothing is wrong, but I hear her crying at night. She is also suddenly afraid to play outside with friends and has started to turn down invitations to parties and other activities. Even though I keep trying, she refuses to open up to me. What should I do?

A: It sounds as if you're right to be concerned. Divorce affects many children each year, but they often deal with it in different ways. Because your daughter isn't talking to you about her feelings and appears to be pulling back from her friends, it would probably be a good idea to seek professional assistance in providing support and intervention for her. If she still has trouble opening up to a child mental health professional, a psychological testing evaluation that includes projective testing may be helpful. These kinds of tests allow a sort of window into your child's inner world and may shed some light on how she is feeling. Is she feeling guilty? Angry? Confused? Why? Is she depressed or suffering from anxiety? If so, what kind of intervention would be best for her? These questions may be answered with the help of a good testing evaluation.

Making the Decision

We assume that if you've picked up this book you have some sense that your child is experiencing difficulty in some aspect of life and that you want to help. Without making it seem as though testing evaluations can answer every question about your child's development and well-being, we want to emphasize its many uses and roles.

The different types of testing evaluations, which are described in more detail later in the book, can tell you your child's general developmental level in language, motor, social, behavioral, and emotional functioning. Testing can provide an estimate of your child's innate ability, often referred to as *intelligence level*, and assess her cognitive strengths and weaknesses. A comprehensive evaluation with the right evaluator should give you information about your child's academic skills, too, such as the grade level of his reading skills or where she is relative to her peers in math or writing. Testing may also give you information about your child's various processing skills—how she takes in information from the world through her different senses and how she is

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able to use that information. For the purposes of making diagnoses, documenting the need for therapies or services, and figuring out the potential basis of an emotional or behavioral problem, testing evaluations are typically essential.

When is testing not useful? There are certainly some questions that a testing evaluation can't answer. For example, no evaluation, even with the most experienced clinician, should predict your child's future long-term functioning. We have worked with families who were told by professionals that their children would never talk or could not learn to read (and they were wrong). No human being is capable of knowing the full potential of another person or the extent to which that person may benefit from interventions. These evaluations can give you a sense of what your child's current limitations may be and may estimate what kinds of problems your child could encounter down the road. However, the main purpose of a testing evaluation is to come up with solutions to the problems by recommending the right kinds of supports and interventions.

Factors to Consider

The decision to seek a testing evaluation of any kind is important for a few reasons. First, the process is a rather time-consuming and potentially expensive (see Chapter Two for more information on this). Second, because testing evaluations should not be repeated too often, you want to make sure that you are having your child evaluated at the right time with the right professional for the job. You also need to be open to what the evaluation may find with respect to your child's level of need. If you are having trouble accepting the findings, you are not very likely to pursue the recommended treatments or services with much enthusiasm—and, often, it's the parents' level of investment and motivation that is key to getting their children the help they need.

Is It Just Me?

Sometimes only the parents are concerned enough about their child's problem to seek a testing evaluation. Zach's mom, despite the pediatrician's initial conclusion that his difficulties were simply due to immatu-

rity, felt strongly that he needed to be evaluated. You should know that, regardless of who agrees with you about your concerns, *it is your right to seek an evaluation at any time*. If your child's pediatrician won't give you a referral or make a formal request for a testing evaluation to your insurance company, you may be stuck with more expense than if the doctor had supported your decision to pursue an evaluation. However, there are alternatives to having the testing evaluations done *privately*, or through insurance or self-payment. Chapter Two discusses every child's right to state and federal funding for almost all types of testing evaluations, in which case you pay nothing.

Q: I have suspected that there has been something a little "off" with my son for years now, and I have to say it has caused me a great deal of stress, mainly because I haven't known how to help him. Do a lot of parents go through this?

A: Yes! We've focused mainly on your child so far—what it is that may be different about your son or daughter that is causing you concern. But it's critical to acknowledge what it's like for you to start out with a lingering doubt or worry about your child and to end up with what might be full-fledged distress at times. This is one of the reasons we have written this book: We want you to know that tuning in to your child's needs and knowing that something should be done makes you an outstanding parent, and we want to give you the tools and knowledge you need to follow up on that instinct. Like the parents we introduced you to at the beginning of this chapter, you may feel quite worried about your child, fearing that he won't be able to finish school or hold down a job, wondering if these problems are occurring because you didn't read to him enough when he was little or because he was born prematurely. It's also common for people to mistakenly believe that smart kids can't have learning disabilities or that a happy family can't have a child with emotional or behavioral problems. Because they can and do, by the millions each year, it is important to learn about this often critical intervention in your child's life. The fears and confusion that often accompany having your child tested are the other main reasons for this book. We hope that in the chapters ahead you will find the answers that will help you understand your child's needs better and allow you to get him the help that every child deserves.

Even if you're not sure whether or not to seek a testing evaluation for your child, we encourage you to read ahead to see what the process is like and to get a few tips on how to make it go as well as possible for you and your child. In our many years of experience, it is a rare case in which a testing evaluation has not provided critical information about the child that in turn makes a major difference in his life.

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