

Health and Safety Guidance for Assessments Conducted by School- and CSE-based IEP Teams

As of October 15, 2020

Please note all content in this guidance can be amended, edited, or supplemented at any time.

Assessment Overview

This guidance outlines the health measures for special education assessments during the COVID-19 pandemic. Sites must ensure a safe environment for both children and staff by having health and safety and security policies and procedures in place. This guidance applies to school psychologists and social workers (together, “clinicians”), as well as the family workers, clerical workers, and assigned teachers supporting assessments (together with clinicians, “assessment team staff”) and governs in-person assessments and observations for preschool and school-age students.

The NYC Department of Education, in collaboration with NYC Department of Health and Mental Hygiene, has developed health and safety protocols to limit the spread of COVID-19, for example, related to building access procedures and enhanced disinfecting and cleaning protocols. These protocols are reflected in the following guidance and procedures to be implemented at the Assessment Sites. These requirements will be in place for the 2020-2021 school year, or until further notice.

Visit the [NYC Health Department](#)(Open external link) website and [Centers for Disease Control and Prevention \(CDC\)](#)(Open external link) website for more information. The general guidance below around health services and management are provided for reference.

The New York State Department of Health has issued an [Interim Guidance for In-Person Instruction at Pre-K to Grade 12 Schools During the COVID-19 Public Health Emergency](#)(Open external link). This should be referenced for additional guidance regarding health and safety.

We value your input and feedback and want this to be an effective resource. If you have any questions or feedback, please contact specialeducation@schools.nyc.gov.

Overview of Activities

To minimize risk, remote comprehensive data-driven assessments must be the primary mode of assessment. If the school psychologist – in consultation with the parent and supervisor of school psychologists – determines that face-to-face assessment(s) are necessary to answer the referral question, the school psychologist should seek to conduct the assessments in accordance with the health and safety guidelines set out in this document. Before conducting the assessment, the parent must be contacted by a member of the IEP team regarding the proposed in-person assessments, and the extent to which social distancing and PPE will be used should be explained. No additional consent form is required beyond the original consent that was sent to the parent.

The health and safety guidelines below apply to any in-person assessment (including psychoeducational, educational, psychological, educational, functional behavior assessment, specialized evaluation and classroom observation) that is conducted by school psychologists or school social workers. This guidance supplements but does not supersede any general health and safety requirements and guidance and/or custodial guidance.

At this time, the following activities will continue to take place remotely:

- Comprehensive data-driven assessments
- Individualized Education Program (IEP) meetings
- Social History Interviews
- Manifestation Determination Reviews (MDRs)

If the parent is seeking a remote (virtual administration of a traditional standardized battery) assessment, the IEP team should first conduct a comprehensive data-driven assessment (conducted remotely) and review this in consultation with the Supervisor of School Psychologists. All remote assessments will be addressed via the Request for Assistance process.

Please note: Clinicians must:

- Stay home if they are sick
- Follow [handwashing protocol](#) and [face covering protocols](#) at all times
- Follow the [assessment practice guidance](#) set out in this document
- Wipe down all surfaces and materials to be used during the assessment before and after the assessment with disinfectants/wipes provided
- Follow applicable school health and safety guidelines, in addition to these guidelines

Please also note: If an in-person assessment is being conducted, and, in the clinician's judgment, the student's discomfort with or distraction by PPE is impacting the ability to conduct the assessment such that it should be stopped, the clinician should end the assessment for that day. The clinician must contact the parent to inform them that it was clinically inadvisable to proceed with the assessment under these testing conditions. The clinician should then discuss with the teacher and the parent whether there is sufficient other information to support making an eligibility and program/services recommendation. If the in-person assessment, in the judgment of the clinician in consultation with the parent and supervisor, continues to be necessary to address the referral question, the clinician should

request a plexiglass barrier from the school/CSE. If a plexiglass barrier cannot be made available, the clinician should use the Request for Assistance (RFA) process.

Advance Preparation

Space Needs

Schools must ensure the following spaces are designated:

- One assessment room for each school social worker and school psychologist (any of whom are referred to herein as “clinicians”), subject to the ***Arranging Assessment Space*** section below.
- A ventilated office space (with a window, if possible) that allows for 6 feet of distance between workstations for the school psychologist, social worker, family worker or clerical worker and assigned teacher (school-based IEP teams only). Together, the clinicians and family worker, clerical worker, and assigned teachers are called “assessment team staff” here. Workstations will be designated for report writing, case management, and clerical duties.

A family waiting area to allow one parent and additional accompanying children to wait for a student (if the student is not in the school building attending classes on that day). These areas must be set up to ensure that at least 6 feet of space can be maintained between each individual or family unit.

Arranging Assessment Space

Each clinician conducting face-to-face assessments must be assigned a testing space that is not to be utilized by any other (non-custodial) staff during the time of testing, and which will be disinfected prior to use. After each session, any surfaces used (desktops and chairs) and any materials/equipment used during the session must be cleaned/disinfected (using the disinfectant or wipes provided by the school) by the clinician currently using the space.

Each assessment space must be:

- Supplied with all required personal protective equipment (PPE) including:
 - Plain face coverings
 - KN95 masks
 - Clear face coverings (to the extent needed to support an individual student)
 - Clear face shields (for both the student and clinician)
 - Gloves
- Supplied with CDC-approved cleaning supplies (disinfecting wipes/spray)
- Organized, with the necessary assessment tools and materials, including the following:
 - Plastic, transparent sheet for the stimulus booklet
 - Unsharpened pencils for pointing
 - NOTE: Subtests that require the use of manipulatives by either the examiner or the examinee should follow the guidance found in the [Safe Assessment Practices](#) section of this document. The examiner must use gloves when using manipulatives.
- Appropriately ventilated
- Large enough to ensure that 6 feet distance can be maintained between each student and clinician whenever the testing administration does not require a proximity of less than 6 feet.
- A plexiglass barrier may be made available by the school/CSE administration in instances in which the test cannot be administered due to the student's discomfort with other PPE.

Scheduling Students' Assessments

Assessment team staff should stagger assessment start times as much as possible across clinicians to ensure that start times of each student's assessment will allow for appropriate distancing during arrival and waiting for students and/or families.

Contacting Families Regarding In-Person Assessments

The standard consent for initial evaluation or consent for additional assessments must be received from the parent prior to conducting any assessment. When appropriate, the clinician will conduct a comprehensive data-driven assessment rather than an in-person assessment.

If the school-based members of the IEP team – in consultation with the parent and supervisor of psychologists – have determined that face-to-face assessments are necessary to determine eligibility, the student’s parent must be contacted and informed that the team has made this determination. The face-to-face assessment process must be reviewed with the parent, including the extent to which social distancing and PPE will be used, as well as any concerns about reliability of the results based on the testing environment. The clinician must also address any parent concerns. While no additional consent form is required beyond the consent for initial evaluation or additional assessments, the clinician should seek the parent’s agreement for this mode of assessment to take place. To the greatest extent possible, the social history meeting or the social history update meeting should be utilized to inform parents of the assessment options.

For in-person assessments, parents must be informed of the following:

- [Health and Safety Guidelines, including face covering requirements for students](#)
- That we will be using Safe Assessment Practices, which include physical distancing and the use of PPE.

This conversation and parent agreement must be documented in the SESIS Events Log and linked to the Consent for Assessment document in SESIS. Any parent objection to face-to-face assessments should also be documented in SESIS.

Safe Assessment Practices

General Guidelines

- If the student is not learning in-school on that day, the student and parent will be admitted to the school building or CSE after a daily health screening has been conducted in line with the [COVID-19 School Health Policy](#)([Open external link](#)).
- All students must wear face coverings unless the student has a medical exemption or can minimally tolerate the face covering due to a documented social-emotional or developmental impairment (see [Guidance on Face Coverings](#) [link]).
- School staff will engage the student in the handwashing protocol before proceeding to the designated assessment location or touching any common surfaces, and at the end of the assessment. This applies if the student is learning in-school on that day or has come to the school or CSE only for the assessment.
- The clinician must also wash or sanitize hands before and after each assessment.
- All staff, clinicians, and students must maintain at least 6 feet distance between individuals or family units as much as possible in the assessment space and waiting area.
 - If at least 6 feet distance will not be able to be maintained during the assessment, the clinician and student should wear a clear face shield, in addition to face covering. In lieu of the face shield, a plexiglass barrier may be made available by the school/CSE administration in instances in which the test cannot be administered due to the student's discomfort with other PPE.
 - There should only be one student and one clinician in the assessment room at a time.
- Students should be picked up and returned to class by school staff during periods to minimize traffic during transitions.
 - If student is not attending school in-person, the student must be returned to the adult waiting to pick them up, during which time physical distancing protocols must be followed.

- Clinicians must use gloves when using testing manipulatives and when sharing the testing manual with the student. Gloves must also be worn whenever the clinician has to be within 6 feet of the student. Students must be encouraged to wear gloves while using manipulatives. If students are going to wear latex ensure there is no latex allergy.
- Testing manipulatives and any surfaces (desk-tops and chairs) and/or any other materials/equipment used must be cleaned after each assessment is complete using the disinfectant wipes or spray provided. This must be completed prior to returning materials to their boxes/cases.

Assessment-specific practices

- The clinician may print a disposable dotted line that can be placed between the stimulus book and the student and ask that they do not cross the line with any body part.
- Only the clinician should turn the pages of the stimulus book. The clinician must wear gloves while touching the stimulus book. A clear sheet must be placed over the open pages of the stimulus book and be cleaned after each use.
- School staff must engage the student in the handwashing protocol prior to and after each assessment.
- Clinicians should remind the student to avoid touching their face during testing, as needed.

Classroom Observations

- Classroom observations should only be completed when necessary and appropriate (e.g., initial referral, functional behavior assessment (FBA)).
- All classroom observations – including observations for FBA data collection – should be scheduled with the classroom teacher or designated staff member at least 24 hours prior to the observation.
- The clinician should request that a chair be designated for the observation that is 6 feet from all students, but within visual range of the student to be observed. The chair should not be used by

anyone prior to the observation or after it, unless it has been disinfected.

- Clinicians should schedule observations in a limited number of classrooms each day. The clinician may observe multiple students in one class per day, but it is best practice to refrain from observing in more than 2-3 classrooms in a single day.
- Clinicians must wash or disinfect hands prior to entering the classroom and after leaving the classroom.
- Clinicians must wear, at minimum, a face covering throughout the observation.
- Clinicians should bring their own supplies (e.g., pens, paper, computer) to the observation and take all these items out of the room once the observation is complete.
- Observations may not be conducted during lunchtime, when students are not wearing face coverings.

Health and Safety Guidelines

Assessment team staff must follow the guidance below. In addition, staff must ensure they:

- Stay home if they are sick
- Cover their coughs and sneezes with their elbows
- Maintain social distancing of at least six feet whenever possible

Handwashing and Hand Sanitizing

Please see the NYC DOHMH handwashing protocol [here](#)(Open external link).

Assessment team staff should ensure there is sufficient signage in their rooms promoting handwashing.

School staff will ensure each student engages in handwashing or hand sanitizing protocol prior to and after each assessment. Students must wash hands and/or apply hand sanitizer before proceeding to the designated assessment location or touching any common surfaces

and at the end of the assessment. If the student needs to use the restroom, the clinician or other staff member must accompany the student to the restroom, stand outside in the hallway, and instruct the student in the use of handwashing protocol. Students who are still working towards full mastery of toileting skills should be assisted with any toileting needs by their IEP-assigned toileting paraprofessional during the assessment.

Staff must wash hands often with soap and water for at least 20 seconds in compliance with the [NYCDOHMH handwashing protocol](#)([Open external link](#)). At minimum, this must happen between each assessment, any time the clinician uses the restroom, any time the clinician coughs or sneezes, and after eating. If soap and water is not immediately available, hand sanitizer may be used.

Gloves

Gloves must be worn by the clinician any time they may be within 6 feet of the student, may touch the student, may help remove a student's face covering, or may come into contact with any bodily fluids. Gloves must also be worn by the clinician whenever they are using testing manipulatives and sharing the testing manual with the student. Students should also be encouraged to wear gloves while using manipulatives. If students will be wearing latex gloves, ensure there is no latex allergy. Gloves must be disposed of and replaced when contaminated, and prior to the clinician working with a new student.

Face Coverings

Note: This guidance is subject to change, pending additional State and City guidance. Please review the NYCDOHMH [COVID-19 Face Coverings: Frequently Asked Questions](#)([Open external link](#)). Staff and students must follow the Face Coverings Guidance During COVID-19. IEP team staff must use a face covering that covers both their nose and mouth in school and working with students at all times. During assessments, clinicians should monitor students' ability to properly

wear the face covering. Please be mindful of younger children with face coverings if they are around small items that could be choking hazards. Providers should have access to a readily available supply of additional face coverings.

Additional Health and Safety Guidelines for Use of Face Coverings

If the student needs to view the clinician's mouth during the assessment (e.g., due to hearing impairment), the clinician must wear a clear face covering.

If at any time, based on a visual check, a student's face covering shows moisture or is wet, the student must be offered a dry replacement face covering. If a student's face covering is removed by someone other than the student, it must be removed with gloved hands. Gloves and proper sanitation must always be used when touching a used or contaminated face covering. Follow handwashing/sanitizing protocol after touching a used or contaminated face covering. Replace gloves after touching a used or contaminated face covering.

If the face covering is a distraction to the student or is developmentally inappropriate, the clinician may allow the student to take the face covering off for a quick break. In such a case, the clinician must then ensure that at least 6 feet of distance are maintained between the clinician and student.

Clear face shields must be worn by both the clinician and the student **in addition to the face covering** when the assessment cannot be administered with at least 6 feet distance between the student and clinician. A clear face shield may be utilized only by the person to whom it was assigned and may not be shared with another staff member. A clear face shield should only be worn in combination with a face covering (including a clear face covering); it should not be worn as a substitute for a face covering. The clear face shield must be

cleaned after each session using the disinfectant wipes/spray provided. The clinician may also require a KN95 mask to be available if working with a student who is unable to wear a face covering or if it is not possible to maintain at least 6 feet of distance from the student.

The use of a face covering by either the clinician or the student may impact student performance, as this deviates from the standardized normed testing procedure. The clinician must consider the impact of this in the analysis of the assessment results and indicate a statement in their final written report. A description of all modified environment testing conditions must be documented including the use of social distancing and other modification. Additionally, any observation of suspected behavior impacting performance due to the modification must be documented.

If the clear face shield (in addition to the face covering) is too distracting for the student, the clinician should request a plexiglass barrier from the school/CSE administration as a substitute for the face shield. The student and clinician must still follow the face covering policy when the plexiglass barrier is in use.

Please note: If an in-person assessment is being conducted, and, in the clinician's judgment, the student's discomfort with or distraction by PPE is impacting the ability to conduct the assessment such that it should be stopped, the clinician should end the assessment for that day. The clinician must contact the parent to inform them that it was clinically inadvisable to proceed with the assessment under these testing conditions. The clinician must then discuss with the teacher and the parent whether there is sufficient other information to support making an eligibility and program/services recommendation. If the in-person assessment, in the judgment of the clinician in consultation with the parent and supervisor, continues to be necessary to address the referral question, the clinician should use the Request for Assistance (RFA) process.

Communicating with Students and Meeting Students' Social-Emotional Needs While Wearing Face Coverings

Children and teenagers rely in part on adults' body language and expressive tones to interpret adult messages. When staff are wearing face coverings, students will not be able to see their facial expressions, so eye contact and voice inflection is especially important.

Children and adults also may use lip reading and facial expressions to understand each other's language, therefore it is imperative that adults speak clearly and that they monitor students' frustration levels when communicating.

Some young students may find face coverings scary. It is important that adults remain attuned to how the students are feeling and provide a lot of comfort, positive reinforcement and space for their students to express their feelings.

Be mindful of students who are sensory-sensitive or struggle with change. Be patient and responsive to their needs. (Please note that these sensitivity/tolerance issues with face covering-wearing or the provider wearing a face covering are different from a need for an exemption due to inability to medically tolerate the face covering.)

Clinicians should consider the impact that face coverings may have on behavior during the assessment session(s) and must indicate this as part of the qualitative information shared in the written assessment report.

Student Supervision

- Students must never be left unattended.
- Students must be escorted by the clinician or other staff member to and from class (or to and from the student's accompanying adult

waiting for the assessment to be completed), maintaining at least 6 feet of physical distance.

- Closely monitor room doors if left open for any reason. Students should only be allowed access to classrooms in which their evaluations are scheduled to be conducted.

Assessment Space and Material Cleaning

Each clinician will be assigned a room for assessment. After each assessment, any surfaces used (desk-tops and chairs) and any materials/equipment used during the assessment must be cleaned/disinfected by the clinician using the disinfectant wipes/spray provided. If the windows are not already open, air out the space before the next scheduled assessment begins by opening the windows.

Clinicians and all staff must be aware of and adhere to all cleaning and safety protocols and must monitor the inventory of supplies needed.