"Guidelines for Referral and Test Evaluation for Montessori Schools"
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More and more questions about students with learning or behavioral challenges are being asked by Montessori schools and their staff. In my experience Montessori schools often have more students who are At Risk for or have Learning Disabilities. The reason for this is usually that parents of these children are looking for schools with individualized programs and the Montessori philosophy. Teachers trained as Montessorians have more knowledge of child development and developmental stages than most teachers do and they have the reputation of being able to offer services to children with a wide spectrum of learning abilities and weaknesses. Montessorians know that students do not all learn in the same ways and at the same rate of speed. They do not expect to be able to use one plan with all students. They have the training, curriculum and scientifically created materials to be more able to match the level of their instruction to the specific developmental level of a student in their presentations across the curriculum. The ability to make this match leads to learning success for students in a Montessori school.

Even though more highly trained to understand human development, Montessorians can be even more precise in their educational plan for a student if they have information about Learning Disabilities such as Dyslexia and Related Disorders including oral language disabilities, attentional deficits, math disorders, written expression disorders, motor skill disorders, and social skill disorders. The students who have these disorders have a different brain anatomy or biochemistry; not abnormal just different. These differences result in a student who often has significant strengths in some areas of the curriculum and obvious weaknesses in others, which usually are unexpected for age and/or intellectual ability.

Other students may read (decode) well but show marked difficulty in comprehension. These students often have some difficulty with math concepts. In both comprehension and math they are indicating difficulties with abstraction.

Some have difficulty only in Math, not because they are a slow learner but because they have a specific processing disorder in which their differently wired brain is not perceiving information correctly.

For example, a teacher may observe a child in her classroom who is verbal and obviously intelligent, very strong in math and very weak in the language skills of reading, writing and spelling. This is the profile seen in students who indicate the learning difference of Dyslexia. (If this bright student is referred as early as possible for evaluation, and specific remediation is begun, years of frustration can be avoided. The emotional overlay of an undiagnosed learning difference takes a toll on the self-concept of the person.)

It is a different concept for parents and many teachers to understand that a person can be average or above in intellectual ability and have a specific learning disability in which the brain of the person is processing the information incorrectly and erratically. Sometimes the person can do a task and sometimes he cannot. His brain is not damaged it is dysfunctioning.

To help students with these challenges the teacher benefits from specific information on when students should be referred for evaluation and to whom. With the results of a comprehensive evaluation the teacher can better help the student.

What do I look for in considering **making a referral for a test evaluation** to determine if the student who is not doing as well as I expect has a learning disability or some other condition is impairing progress.

Observing the student's Classroom Behavior:
Is the student normalized? Does he demonstrate appropriate self-control for his age?
Does he have a cycle of work established?
Is concentration in individual and group activities average for age?
Does he demonstrate a sense of order?
Can he follow directions?
Is his activity level within average limits, overly active, or hypoactive?
Is he easily distracted visually?   Is he easily distracted by sound?
Work behavior is average, mature, immature?
Does he avoid certain types of work?   What does he avoid?
Behavior with activities is directed toward usage as presented, exploration with a purpose, or play.
Does he need guidance by the teacher an average amount of time, rarely, or frequently.

Observing Classroom Performance:
In each area of the curriculum,
Does he work with a sense of order?
Does he sequence appropriately?
Are his gross motor skills coordinated?
Are his fine motor skills coordinated?
Is his perception within normal limits for age? (Examples: in practical life activities does he judge space accurately, in sensorial and math activities does he perceive pattern and gradation.)
Is his oral language development within normal limits for age?(Listening, Vocabulary, Verbal Ability)
Are his language and math concept understandings commensurate with his age?
Does he have articulation difficulties or stammer?
 Are his pre-writing or writing skills appropriate for age?
Are his pre-reading or reading skills proficient for age?
If reading, is he reading with fluency and understanding?
What is his strongest academic area? What is the weakest?
What are his talents?

Observing Social Behavior:
Does he have many friends? Few friends?
Are his friends older?   Younger?
Is he immature in social situations?
Does he display poor judgement in a group?

Does he overreact to most situations?
Does he difficulty relating to adults?   To peers?
Does he dislike being touched?
Does he have clowning behavior? Withdrawn (shy) behavior?   Confrontational behavior?
Manipulative behavior? Hostile/aggressive behavior?

If a teacher uses this checklist and **finds a number of problematic areas**, five or more, it is **advisable for her to talk with the parents** about the areas of concern. Depending on the age of the child and the degree of concern of the teacher and the head of the school a recommendation for a test evaluation may be made.

It is not the job of the teacher or administrator to make a diagnosis or a guess at a diagnosis. Unless you have given a battery of tests and are trained to interpret them you should not say, I think he is a student with Dyslexia or ADHD or any other diagnosis.

A Montessori educator should report to the parent describing the strengths and weaknesses of the student in the educational program and in their relationships with adults and peers. The recommendation for an evaluation is to ask the parent to obtain more information from the appropriate professional to help the child in school.

To whom do I refer the parent for testing?
For the diagnosis of a **Learning Disability** the parent should seek an **Educational Diagnostician or Psychologist** who is qualified to give a group of tests called Psychoeducational Tests. These diagnosticians do a differential diagnosis evaluating the child for all possibilities as to the cause of their school problems, not just LD. Every school should survey their parents and other professionals in the community to find out who the effective diagnosticians are and prepare a list of these people to give to the parent.

For an evaluation of **ADHD**, which is a medical diagnosis, consult a **Psychiatrist, Neurologist, or Developmental Pediatrician.** These are the medical doctors in any community with the most experience in the diagnosis of attention disorders and medications, if a trial on medication is advised. These doctors can also evaluate for other neurological or emotional components of the child's profile. The school should prepare a suggested list of trusted professionals in this category also.

Evaluations as described above are not done just to label a student, as some people fear, but when done well, clearly show a profile of the learner, so that the knowledgeable educator can plan an effective educational program for the student and most of all to help the student to feel successful.

Note:

There is a checklist that could be of assistance for the Montessori primary teacher and it is titled "The MATCH Teacher Checklist". Also, a second referral form for older students seven and up is titled "Referral Form/Older Students." Both forms were created by Joyce S. Pickering, Hum.D., and can be downloaded from Shelton's web site – www.shelton.org