

How to administer the WIAT-III^{UK} via telepractice and remote administration



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Introduction

The BPS has recognised Telepractice and remote assessment administration as a viable practice for many psychologists in some circumstances, particularly during physical distancing. The role of psychologists is even more important during these times, as people are required to adopt new behaviours to limit the spread of the COVID-19 (Coronavirus). There is also growing concern about people's psychological, social and emotional wellbeing, as a result of issues such as trauma for COVID-19 survivors or those who have experienced a loss in the family. Anxiety and depression caused by loneliness and lack of social contact or isolation from friends and family are challenges that more people will require additional support to overcome.

What is telepractice?

A Telepractice session (also known as 'telehealth' or 'telemedicine') includes an examiner in one geographical location and an examinee at a different location. Using a high-speed internet connection and a secure software platform designed for web-based meetings (i.e. teleconference platform), an examiner and examinee join a shared web-based meeting via computers with audio and video capability. A facilitator may be required to join in the examinee location. The examiner and examinee can see and hear one another throughout the session. Text, pictures, and video can be shared through the teleconference platform.

Digital Options

The Wechsler Individual Achievement Test – Third UK Edition (WIAT®-III^{UK}) is the latest version of the most reliable and comprehensive assessment of reading, language and numerical attainment. Two efficient and easy-to-use digital options are available for test administration, scoring and reporting: Q-global and Q-interactive.

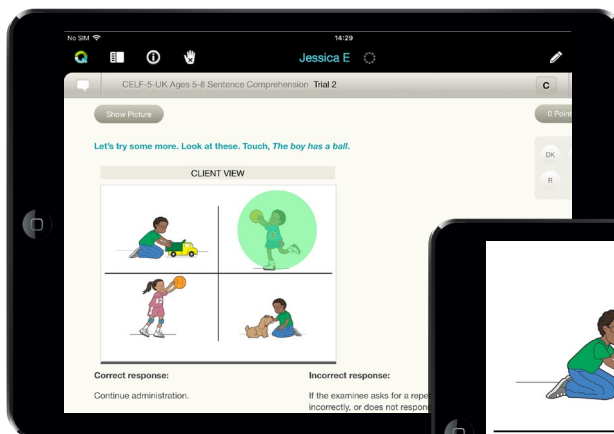
Q-global™

Q-global™ is Pearson’s secure and affordable web-based platform for test administration, scoring and reporting. It houses the industry’s gold standard in assessment tools and is accessible from any computer connected to the Internet. Q-global™ helps you quickly and efficiently organise examinee information, generate scores, and produce accurate comprehensive reports.

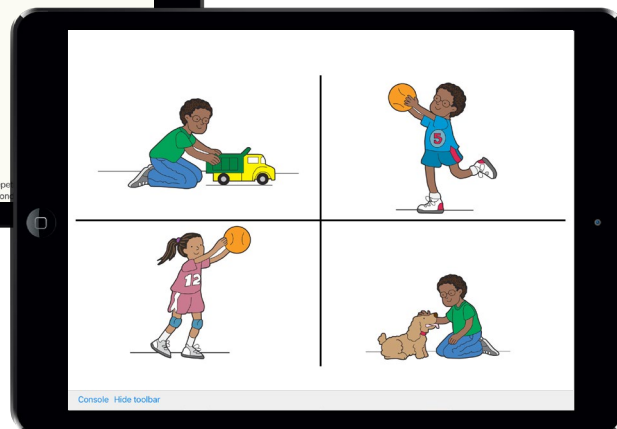


Q-interactive®

Another digital option for test administration, scoring and reporting is **Q-interactive®**, Pearson’s revolutionary iPad-based system that delivers the world’s most advanced assessment tools that you can take anywhere. Administer interactive assessments with an intuitive, portable system that uses two iPads connected to each other via Bluetooth.



Clinician's iPad



Client's iPad

Delivering WIAT-III^{UK} via telepractice

The Telepractice information in this document is intended to support psychologists in making informed, well-reasoned decisions around remote assessment. This information is not intended to be comprehensive regarding all considerations for assessment via Telepractice. It should not be interpreted as a requirement or recommendation to conduct assessment via Telepractice.

Psychologists should remain mindful to:

- follow professional best practice recommendations and respective ethical codes
- follow Telepractice regulations and legal requirements from local authorities, licensing boards, professional liability insurance providers, and payors
- develop competence with assessment via Telepractice through activities such as practicing, studying, consulting with other professionals, and engaging in professional development.

Psychologists should use their clinical judgment to determine if assessment via Telepractice is appropriate for a particular examinee, referral question, and situation. There are circumstances where assessment via Telepractice is not feasible and/or is contraindicated. Documentation of all considerations, procedures, and conclusions remains a professional responsibility.

Several professional organisations and experts have provided guidance on Telepractice assessment ([British Psychological Society Effective Therapy via Video](#)) to assist psychologists in decision making and ethical and legal practice issues.

Various options are available for administering the WIAT-IIIUK via Telepractice; however, it is important to keep in mind that the normative data were collected via face-to-face assessment. Telepractice is a deviation from the standardised administration, and the methods and approaches to administering the WIAT-IIIUK via Telepractice should be supported by research and practice guidelines when appropriate.

Providers engaging in Telepractice assessment may train facilitators to work with them in order to provide greater coverage to under-served populations. If such a facilitator is well trained and in a professional role (i.e. a professional facilitator), they can help present the entire WIAT-IIIUK as would be expected in a face-to-face mode. If a professional facilitator is not used, it impacts the workflow of the session, subtest selection, and the approach to deriving composite scores.

In times when social distancing is necessary (such as the COVID-19 pandemic), using a professional facilitator may not be safe or feasible. If testing must occur under these conditions, the examinee may participate without the help of an onsite facilitator. If the examiner determines that no facilitator is required, the examinee can assist with technological and administrative tasks during testing and should be oriented to these responsibilities prior to, and again at the beginning of the session. An initial virtual meeting should occur in advance of the testing session to address numerous issues specific to testing via Telepractice. This initial virtual meeting is described in the administrative and technological tasks portion of the Examiner Considerations section and referred to in various sections below. The examiner

should consider best practice guidelines, the referral question, and the examinee's condition, as well as Telepractice equivalence study conditions to determine if this is possible and appropriate. Independent examinee participation may not be possible or appropriate, for example, for examinees with low cognitive ability or with low levels of technological literacy and experience.

If the examiner determines that the examinee cannot participate independently, and testing must occur under social distancing constraints, the only facilitator available may be someone in the examinee's home (e.g. a parent, guardian, or caretaker). If the onsite facilitator is not in a professional role (i.e. non-professional facilitator), they can assist with technological and administrative tasks during testing and should be oriented to these responsibilities in the initial virtual meeting and again at the beginning of the session.

Facilitators typically do not remain in the room with the examinee throughout the testing session. The examiner should plan to minimise (as much as possible) the need for the facilitator to remain in the room. In rare cases when the facilitator must remain in the room, they should do so passively and unobtrusively, and merely to monitor and address the examinee's practical needs, as well as any technological or administrative issues as necessary. The facilitator's role should be defined clearly by the examiner, and the facilitator should only perform those functions the examiner approves and deems necessary. In any case, if a facilitator is necessary it is preferred that the facilitator remain accessible.



Theme specific information

Conducting a valid assessment in a Telepractice service delivery model requires an understanding of the interplay of a number of complex issues. In addition to the general information on [Pearson's Telepractice page](#), examiners should address five factors (adapted from Eichstadt et al., 2013) when planning to administer and score assessments via Telepractice.

1. Telepractice Environment and Equipment

Computers and connectivity

Two computers with audio and video capability and stable internet connectivity – one for the examiner and one for the examinee – are required. A stationary web camera, microphone, and speakers or headphones are required for both the examiner and the examinee. A second computer screen or split-screen format on a large computer monitor for the examiner is helpful to allow a view of the digital administration and scoring manual, but the examiner can also use the paper format manual or the Q-interactive® platform. The second computer or large screen also makes sharing test content more straightforward for the examiner.

Image/screen size

When items with visual stimuli are presented, the digital image of the visual stimuli on the examinee's screen should be at least 25 cm (9.7") measured diagonally, similar to an iPad (although an iPad is not required). Some teleconferencing platforms shrink the size of images, so the facilitator should verify the image size prior to the testing session.

Typically, computer screens used for teleconference assessment are a minimum of 38 cm (15") measured diagonally. Smaller screens, such as those of iPad minis and smartphones, are not allowed for examinee-facing content as these have not been examined empirically and may affect stimulus presentation, examinee response, and validity of the test results. Similarly, presenting stimuli on extremely large screens has not been examined, so the same precaution applies.



Prior to testing, ask the onsite facilitator to aim a peripheral camera or device (as described in the next paragraph) at the examinee's screen to ensure that the examinee's screen is displaying images in the correct aspect ratio and not stretching or obscuring the stimuli image.

Teleconference platform

A secure teleconference platform with screensharing capability is required, if anything other than items with verbal stimuli and responses are administered.

Video

High-quality video (HD preferred) is required during the administration. Make sure the full faces of the examiner and the examinee are seen using each respective web camera. The teleconference platform should allow all relevant visual stimuli to be fully visible to the examinee when providing instruction or completing items; the video of the examiner should not impede the examinee's view of visual stimuli.

Screensharing digital components

Digital components are shared within the teleconference platform as specified in [Table 1 \(PDF | 139 KB\)](#). There are two ways to view digital components in the Q-global Resource Library: through the pdf viewer in the browser window or full screen in presentation mode. Always use full screen (presentation) mode for digital components viewed by the examinee. This provides the cleanest presentation of test content without onscreen distractions (e.g. extra toolbars). Refer to Using Your Digital Assets on Q-global in the Q-global Resource Library for complete directions on how to enter presentation mode.

Test item security in the audiovisual environment

The examiner is responsible for ensuring test item security is maintained, as outlined in the Terms and Conditions for test use. The examiner should address test security requirements with the examinee (and facilitator, if applicable) during the informed consent process. The examiner should make it clear that the video should not be captured, photos should not be taken, and stimuli should not be copied or recorded, as this is a copyright violation.

The examinee must agree that they will not record (audio or visual) or take photos or screenshots of any portion of the test materials or testing session, and not permit anyone to observe the testing session or be in the testing room (except for a facilitator, when necessary). Any response booklet used in the testing session must be returned to the examiner (see Assessment Procedures and Materials for more information).

Peripheral camera or device

A stand-alone peripheral camera that can be positioned to provide a view of the session from another angle or a live view of the examinee's progress is helpful. Alternately, the onsite facilitator may join the teleconference from a separate device (e.g. a smartphone with a camera or another peripheral device) and set it in a stable position to show the examinee's pointing or written responses.

The device's audio should be silenced and microphone should be muted to prevent feedback. The examiner should guide positioning of the peripheral camera/device before administering written response tasks (e.g. Alphabet Writing Fluency), and subtests that elicit pointing or gestured responses (refer to [Table 1 \(PDF | 139 KB\)](#)) so that the examiner can see the examinee's real-time responses are captured.

In a typical Telepractice session, it is more feasible to make a document or moveable camera available in the examinee's location. However, while social distancing is necessary, the only camera available may be a stationary camera integrated into the examinee's laptop or computer screen. It is unrealistic to expect examinees to have document cameras within their homes. It may be necessary for examiners to think creatively about

how to use a smartphone in the examinee's location to gain a view of the examinee's progress in a response booklet or when pointing at a screen. Prior to attempting this with an examinee, the examiner should work to become fluid and competent at directing examinees in these methods, which can require extensive practice with varied individuals and types of smartphones. In addition, this requires planning and practice in the initial virtual meeting to prevent technical difficulties, and so the examinee feels confident doing this when it is time. Many online instructional videos demonstrate how a smartphone may be used with common household objects (e.g. a stack of books, paper weight, ruler, and elastic band or tape) to create an improvised document camera for use during tasks involving the response booklet.

Similarly, for multiple choice tasks, some examinees tend to point to responses rather than say the number or letter corresponding to their response, and other tasks (e.g. Maths Problem Solving) require the examinee to point at the stimuli. In this situation, other everyday household objects (e.g. books) could be used to form an improvised stand upon which to position the device to provide a second-angle view of the examinee pointing at the screen. Typically, devices provide the best view of the examinee's screen and pointing responses when positioned in landscape format. While using a smartphone as the peripheral camera is not an optimal solution for Telepractice, it can be functional if executed well.

Gesturing

When gesturing to the stimulus book or the response booklet is necessary, display them as digital assets onscreen and point using the mouse. It may on occasion be necessary for the examiner to gesture to areas of a paper copy of a response booklet or to show how to respond to demonstration items (e.g. Sentence Composition) on the examiner's camera. Refer to [Table 1 \(PDF | 139 KB\)](#) for specific instructions by subtest.

Audio considerations

High-quality audio capabilities are required during the administration. An over-the-head, two-ear, stereo headset with attached boom microphone is recommended for both the examiner and examinee. Headphones with a microphone may be used if a headset is not available.



The examiner should test the audio for both the examiner and examinee in the initial virtual meeting and at the beginning of the testing session to ensure a high-quality audio environment is present. This is especially critical for Oral Discourse Comprehension, Word Reading, and similar subtests. Testing the audio should include an informal conversation prior to the administration where the examiner is listening for any clicks, pops, or breaks in the audio signal that distorts or interrupts the voice of the examinee. The examiner should also ask if there are any interruptions or distortions in the audio signal on the examinee's end. Any connectivity lapses, distractions, or intrusions that occurred during testing should be reported.

Manage audiovisual distractions

As with any testing session, make sure the examinee's environment is free from audio and visual distractions. If you are unfamiliar with the examinee's planned physical location, meet virtually with the facilitator in advance of the testing session. Ask the facilitator to show the intended testing room and provide a list of issues to address to transform the environment into an environment suitable for testing. For example, remove distracting items, silence all electronics, and close doors. Ask the examinee and facilitator to close all other applications on the computer, laptop, or other device, and to silence alerts and notifications on the peripheral device. Ensure radios, televisions, other mobile phones, fax machines, smart speakers, and equipment that emit noise are silenced and removed from the room.

Lighting

Establish good overhead and facial lighting for the examiner and examinee. Close blinds or curtains to reduce sun glare on faces and the computer screens.

Disruptions

The examiner should record any and all atypical events that occur during the testing session. This may include delayed audio or video, disruptions to connectivity, the examinee being distracted by external stimuli, and any other anomalies. These can be noted on the record form or in the Q-interactive notes and should be considered during interpretation and described in the written report.

2. Assessment Procedures & Materials

Copyright

Obtain permission for access to copyrighted materials (e.g. stimulus book, response booklet) as appropriate. Pearson has provided a [letter of No Objection \(PDF | 77.5 KB\)](#) to permit use of copyrighted materials for Telepractice via non-public-facing teleconference platforms and tools to assist in remote administration of assessment content during the COVID-19 pandemic.

Response booklet

Provide the response booklet to the facilitator in advance of the testing session and communicate the plan for securing and forwarding/returning materials, real-time and after testing. For example, seal the response booklet that is clearly labelled and have the facilitator open the envelope on camera only after requested to do so, and return the

original response booklet to the examiner in prepaid envelopes to ensure test security is not compromised and test records can be maintained. The examinee or facilitator may sign the seal, tape up the provided envelope so that it cannot be opened without tearing, and show the envelope to the examiner on camera. They should be instructed to immediately post it. It is acceptable to ask the examinee or facilitator to show pages of the response booklet immediately, if necessary to facilitate scoring, but the response booklet must be returned.



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Digital assets

Practice using the digital assets until the use of the materials is as smooth as a face-to-face administration. Do not display items from the paper stimulus book on a camera.

Considerations

Review [Table 1 \(PDF | 139 KB\)](#) for the specific Telepractice considerations for each subtest to be administered.

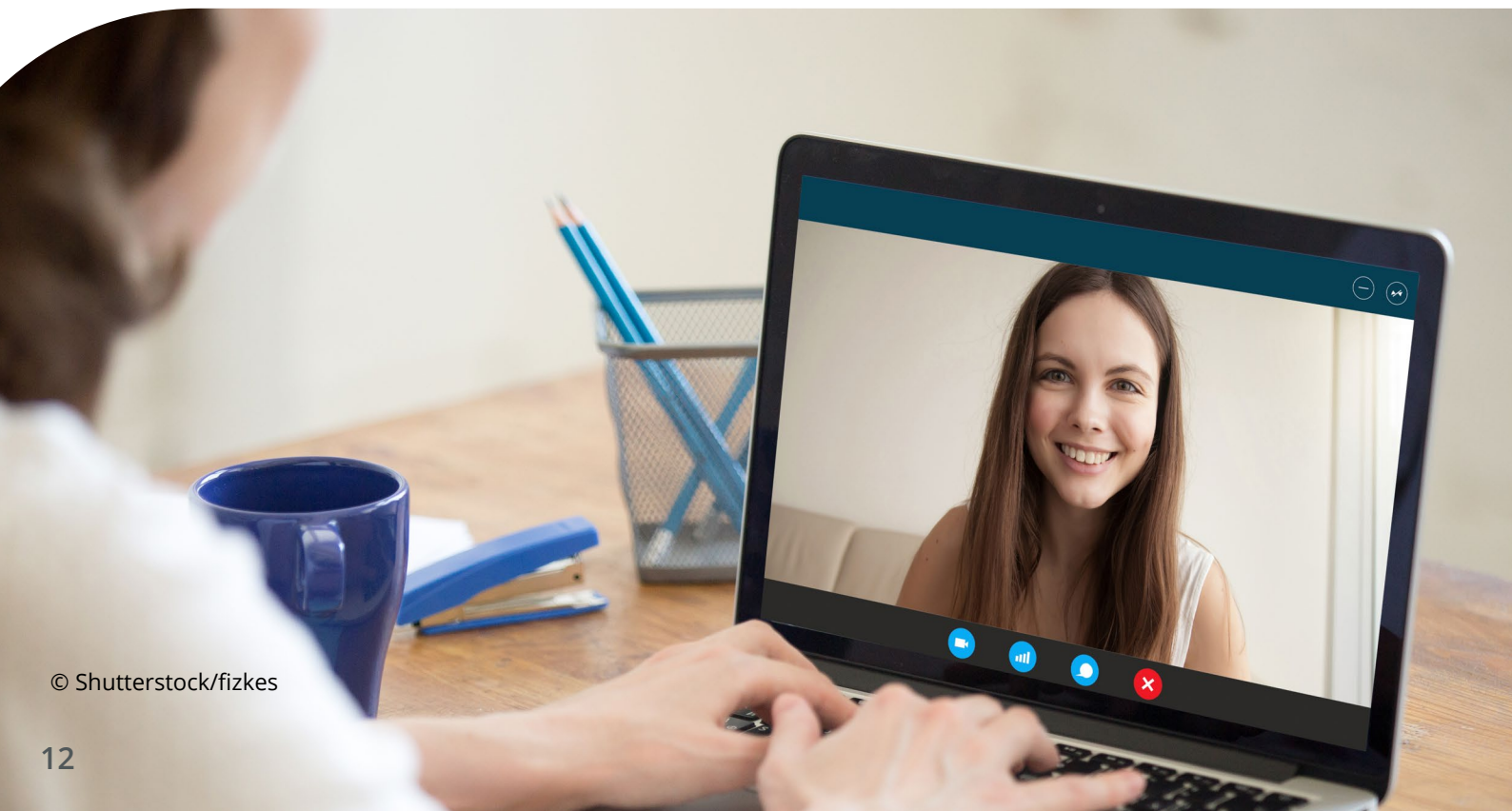
Input and output requirements and equivalence evidence

Consider the input and output requirements for each task, and the evidence available for Telepractice equivalence for the specific task type.

Telepractice Versus Face-to-Face Administration

Although there are no published studies that examine the equivalence of Telepractice and face-to-face administration, and scoring of the WIAT-IIIUK specifically, a number of studies support equivalence of tasks that are highly similar to the WIAT-IIIUK subtests with respect to constructs assessed and input/output demands. These studies include nonclinical examinees (Galusha-Glasscock et al., 2016; Sutherland et al., 2017; Wright, 2018a, 2018b), as well as examinees with specific learning disabilities, (Hodge et al., 2019), intellectual disability (Temple et al., 2010), and other clinical conditions (Cullum et al., 2006; Galusha-Glasscock et al., 2016; Grosch, Weiner, Hynan, Shore, & Cullum, 2015; Hildebrand, Chow, Williams, Nelson, & Wass, 2004; Ragbeer et al., 2016; Stain et al., 2011; Temple et al., 2010; Wadsworth, Dhima, et al., 2016; Wadsworth, Galusha-Glasscock, et al., 2018).

It is important to consider the conditions under which equivalence studies of Telepractice and face-to-face assessment modes are conducted and attempt to reproduce these as closely as possible if testing via Telepractice. Typical Telepractice studies that support Telepractice and face-to-face equivalence involve the examiner becoming very familiar with the teleconference platform by using it for its intended purpose for several hours, and administering tests, even those that are familiar in face-to-face mode, multiple times to practice examinees. Most studies that have established Telepractice and face-to-face mode equivalence involve an onsite facilitator who is in a professional role. However, preliminary research conducted with parents serving as an in-home facilitator who managed audiovisual needs and response booklets found no significant differences across modes (International Neuropsychological Society [INS], 2020). Finally, the examinee is typically in an office- or school-based setting (with the exception of the study described in INS, 2020). Therefore, if in-home assessment is taking place, it is advisable to prepare a similar environment as much as possible as described in Audio/Visual Environment section.



Digital Versus Traditional Format

Telepractice involves the use of technology in assessment as well as viewing onscreen stimuli. For these reasons, studies that investigate assessment in digital versus traditional formats are also relevant.

Investigations of the US version of WIAT-III tasks and tasks with similar input/output demands – Wechsler Intelligence Scale for Children – Fourth Edition (WISC-IV; Wechsler, 2003), the Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV; Wechsler, 2008), and the Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V; Wechsler, 2014) – have produced evidence of equivalence when administered and scored via digital or traditional formats to examinees without clinical conditions (Daniel, 2012; Daniel, 2013; Daniel et al., 2014; Raiford, Zhang, et al., 2016). In addition, equivalence has been demonstrated for tasks with similar input/output demands with examinees with clinical conditions, such as intellectual giftedness or intellectual disability (Raiford et al., 2014, Raiford, Zhang, et al., 2016), attention-deficit/hyperactivity disorder or autism spectrum disorder (Raiford, et al., 2015; Raiford, Zhang, et al., 2016), or specific learning disorders in reading or mathematics (Raiford, Drozdick, et al., 2016; Raiford, Zhang, et al., 2016).

Evidence by Subtest

Table 2 (PDF | 140 KB) lists each WIAT-III subtest, the input and output requirements, and the evidence of subtest equivalence in Telepractice–face-to-face and digital–traditional investigations for similar tasks. The abbreviations in the Input and Output column correspond to the various input and output requirements of each subtest, and a key appears at the bottom of the table. For example, brief spoken directions as an input requirement is abbreviated as BSD. The numbers in the evidence columns correspond to the studies in the reference list, which is organised alphabetically in Telepractice and digital sections. For clarity, each study is denoted either T or D, with T indicating the study investigated Telepractice–face-to-face mode, and D indicating the study addressed digital–traditional format.



3. Examinee Considerations

Appropriateness

The examiner should first ensure that a Telepractice administration is appropriate for the examinee and for the purpose of the assessment. Clinical judgment, best practice guidance for Telepractice (e.g. BPS, 2020), information from professional organisations and other professional entities (e.g. licensing boards, legal resources, professional liability insurance providers, payors), consultation with other knowledgeable psychologists, existing research, and any available government regulations should be considered in the decision-making process. Consideration should be given to whether the necessary administrative and technological tasks involved in a Telepractice session can be accomplished without influencing results.

Preparedness

Before initiating test administration, ensure that the examinee is well-rested, able, prepared, and ready to appropriately and fully participate in the testing session.

Facilitator role

Explain the role of the facilitator to the examinee so participation and actions are understood.

Headset

It may not be appropriate or feasible for some examinees to use a headset due to behaviour, positioning, physical needs, or tactile sensitivities. Use clinical judgment on the appropriate use of a headset in these situations. If a headset is not utilised, ensure your microphone and the examinee's speakers are turned up to a comfortable volume.

Mouse

On some teleconference platforms, you can pass control of the mouse to allow the examinee to point to indicate responses; this is acceptable if it is within the capabilities of the examinee. Be aware that best practice guidelines advise caution.⁴

4. Examiner Considerations

Practice

During the Telepractice setup, and before administering to an examinee, practice the mechanics and workflow of every item in the test using the selected teleconference platform so that you are familiar with the administration procedures. For example, use a colleague as a "practice examinee."

Standardised procedures

Follow the procedures of face-to-face administration as much as possible. For example, if a spoken stimulus cannot be said more than once in face-to-face administration, do not say it more than once in a Telepractice administration unless a technical difficulty precluded the examinee from hearing the stimulus.



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Administrative and technological tasks

In order to conduct a smooth Telepractice session, audiovisual needs and materials must be managed appropriately. The initial virtual meeting involves the examiner, examinee, and/or the facilitator (if used), and is the opportunity for the examiner to provide information about the audiovisual needs and materials. During the initial virtual meeting, the examiner should provide training in troubleshooting audiovisual needs that arise during the testing session, including camera angle, lighting, and audio checks. The examiner should provide verbal feedback to guide camera adjustment, checking the onscreen video shown by the peripheral camera/device to provide information about how to reposition it until the proper view is shown. The examiner should emphasize that no materials should be opened until the examiner provides instructions to do so, if applicable. The examiner should also expect to provide verbal guidance about these issues during the testing session. Refer to the Telepractice Environment & Equipment section and to [Table 1 \(PDF | 139 KB\)](#) for specific subtest Telepractice considerations.

If used, the facilitator is to assist with administrative and technological tasks and not to manage rapport, engagement, or attention during the testing session. The examiner should direct them not to interfere with the examinee's performance or responses. Any other roles and responsibilities for which an examiner needs support, such as behaviour management, should be outlined and trained prior to the beginning of the testing session. The examiner is responsible for documenting all behaviours of the facilitator during test administration and taking these into consideration when reporting scores and performance.

5. Other Considerations

There are special considerations for written reports describing testing that takes place via Telepractice. The professional completing the written report should state in the report that the test was administered via Telepractice, and briefly describe the method of Telepractice used.

For example: “The WIAT-III^{UK} was administered via remote Telepractice using digital stimulus materials on Pearson’s Q-global system, and a facilitator monitored the administration onsite using a printed response booklet during the live video connection using the [name of Telepractice system, e.g., Zoom] platform.”

The professional should also make a clinical judgment, similar to a face-to-face session, about whether or not the examiner was able to obtain the examinee’s best performance. Clinical decisions should be explained in the report, including comments on the factors that led to the decision to conduct testing via Telepractice and to report all (or not to report suspect) scores. In addition, it is recommended that the report include a record of any and all atypical events during the testing session (e.g. delayed video or audio, disruptions to connectivity, extraneous noises such as phone ringing or loud dog barking, person or animal unexpectedly walking into room, the examinee responding to other external stimuli). Notes may be recorded about these issues on the record form or in the notes section on Q-interactive. List and describe these anomalies, as is typical for reporting behavioural observations in the written report, as well as any observed or perceived impact on the testing sessions and/or results, and consider these in the interpretation of results.

For example: “The remote testing environment appeared free of distractions, adequate rapport was established with the examinee via video/audio, and the examinee appeared appropriately engaged in the task throughout the session. No significant technological problems or distractions were noted during administration. Modifications to the standardisation procedure included: [list]. The WIAT subtests, or similar tasks, have received initial validation in several samples for remote Telepractice and digital format administration, and the results are considered a valid description of the examinee’s skills and abilities.”

Conclusion

The WIAT-III^{UK} was not standardised in a Telepractice mode, and this should be taken into consideration when utilising this test via Telepractice and interpreting results. For example, the examiner should consider relying on convergence of multiple data sources and/or being tentative about conclusions. Provided that the examiner has thoroughly considered and addressed the factors and the specific considerations as listed above, the examiner should be prepared to observe and comment about the reliable and valid delivery of the test via Telepractice. Materials may be used via Telepractice without additional permission from Pearson in the following published contexts:

- **WIAT-III^{UK}** manuals, stimulus book, word cards, or Oral Reading Fluency booklet, and associated administration materials via **Q-globalTM**
- **WIAT-III^{UK}** via **Q-interactive[®]** (requires advanced technology skills and mirroring software)

Any other use of the WIAT-III^{UK} via Telepractice is **not** currently recommended. This includes, but is not limited to, scanning the paper stimulus book, word cards, or Oral Reading Fluency booklet; digitising the paper record forms; holding the materials physically up in the camera's viewing area; or uploading a manual onto a shared drive or site.

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Telepractice–Face-to-Face Mode

(See Table 1 (PDF | 139 KB))

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(See Table 2 (PDF | 140 KB))

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