

Insights from AGS Publishing Development

Tests Don't Diagnose . . . You Do! The Difference Between Testing and Assessment

September 2002 Clinical Café by Tina Radichel, M.S., CCC-SLP

It appears that fall is upon us again. Welcome back to a new season and/or a new school year! After taking a month off from the Clinical Café, this month's topic addresses a very specific issue—terminology—to reawaken your desire to use the right words with the right people at the right place and in the right time. What exactly do *test*, *assessment*, and *diagnosis* mean? And what impact do the use and understanding of these terms have on clinical decision-making?



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Sitting around the AGS Publishing National Speech-Language Advisory Board discussion table in early August, the message was clear—you give a *test*; you complete an *assessment*. Who cares, you say? According to our team of colleagues from around the country, we all should! Imprecision in the use of testing language muddies clear communication. The concepts of testing, assessment, and diagnosis continue to be considered interchangeable by many, although they have incredibly different definitions and educational values attached to each of them (Mitchell, 1993). If we are to promote the clarity of performance in our client's speech-language intervention, then we likely want to consider being clear in our own word choices.

A Test is a thing.

Most people are clear on what a test is—it is the "thing" or "product" that measures a particular behavior or set of objectives. The Standards for Educational and Psychological Testing (1999) define *test* as "an evaluative device or procedure in which a sample of an examinee's behavior in a specified domain is obtained and subsequently evaluated and scored using a standardized process." When you give a test, you are taking a "snapshot in time" and making an observation of an individual's or group's performance. Usually, a test gives only scores; however, when the test is considered *diagnostic*, it offers information related to the examinee's strengths and weaknesses based on the test performance. For example, the [PPVT-III](#) is an example of a receptive vocabulary test, while the [CASL](#) and the [GRADE](#) are diagnostic tests that offer an analysis/profile of the examinee's strengths and weaknesses in oral language and literacy, respectively.

The problem with the word *test* is that it has somewhat of a negative connotation in the public arena. No parents want their children to have to be "tested," and many of us may remember negative or stressful experiences with tests in the past. Based on the definition above, taking a test is simply gathering information in a standard way, and we certainly want to gather the best and most accurate information available. The testing experience is an important consideration, however, especially in this high-stakes arena, which continues to escalate for educational accountability. Tests are key players in this arena.

An Assessment is a process.

An *assessment* is a more general process of gathering data to evaluate an examinee. You take the information from test data, interviews, and other measures, and pull it all together. An assessment process begins to shape the answer to the question "why did the person/people perform this way?" The Standards (1999) define *assessment* as "any systematic method of obtaining information from tests and other sources, used to draw inferences about characteristics of people, objects, or programs." *Assessment* can also refer to

the outcome of that process (e.g., "What is your assessment of Susie's difficulty?"). You can't point to, or hold, an assessment (just a report from an assessment process). For example, you might use the GFTA-2 and the KLPA-2 as tests in your assessment process. You might also interview the parent(s) and the teacher. Then you make some overall intelligibility judgments. You watch the student in class or at play. These are all important steps in the *assessment* process.

The practical problem is that out in the world, *test* and *assessment* are sometimes used as synonyms. During a focus group we conducted a few years ago, the moderator asked the question "What assessments do you use?" The attendees were puzzled at first and then responded with the overall assessment processes they use. Had the moderator asked "What tests do you use?" or even "What assessment instruments do you use?" the confusion may have been less. Precision lowers confusion!

A Diagnosis is a decision.

After all the testing is done and you've gathered all the information you need and uncovered all the available data, compared it, held it up to the light, put it under a microscope and considered it in context, it is time to make a clinical judgment. "In my professional opinion, based on all the data, the history, and my clinical experience, I believe that the issue is X." You've made a diagnosis—a statement or conclusion about the testing and other information-gathering that you've done in the overall assessment process. For example, after you complete the assessment using the GFTA-2 and KLPA-2 tests and other assessment instruments and procedures, you may conclude that the child has a phonological process disorder. You support that diagnosis with test scores, medical history data, interviews, observation, and the like. But the diagnosis is your decision, for which you must use your clinical judgment—and no test or assessment can do that for you.

Why all the fuss over terminology? Are we just splitting semantic hairs? Maybe not. Again, while the word *test* may not have a great reputation, it is simply one piece of the larger assessment process. A test cannot make a diagnosis; humans do that. Likewise, an assessment is not a diagnosis either. A diagnosis is the result of the assessment process; it explains and defines the "why" of performance data. Both testing and diagnosis are really steps in the larger general assessment process: gathering background information, planning, testing, interviewing, observing, analyzing, interpreting, diagnosing, and recommending. The overarching umbrella to this process is clearly our clinical minds!

Clear terminology in any setting!

It is important to be clear in our communication not only among professionals in the same field, but across fields and, most importantly, with consumers and clients that we serve. We all tend to be guilty of the entropy of smaller, more general vocabularies and imprecise or nonspecific words—the very thing that we are critical of in our students and clients. Good modeling is key, and the opportunity to use clear communication to educate others about who we are and what we do is always there to be seized!

As always, we'd like to thank you for your ongoing service to people with communication needs and remind you that we at AGS Publishing are here to support you with that effort. If you'd like to discuss this topic further, please feel free to use the [SLPForum](#) as the vehicle for an ongoing discussion with your colleagues. Should you have questions regarding these or other AGS Publishing Speech and Language products, we welcome your phone calls at 800-328-2560, or through our website <http://www.agsnet.com>

Have a good month!

References

Mitchell, R. (1993). Verbal confusion. *The Council Chronicle*, 2(3).

American Educational Research Association, American Psychological Association, & National Council on Measurement in Education (1999). *Standards for educational and psychological testing*. Washington, D.C.: American Educational Research Association.