ASSESSMENT OF ADULT LEARNING
DISABILITIES: MULTIPLE PERSPECTIVES

Jovita M. Ross-Gordon, Cynthia A. Plotts,
Julie Noble Joesel & Robert Wells

ABSTRACT
Quantitative and qualitative data were collected and analyzed by a team of
four researchers to discover how different stakeholders experienced and made
meaning of the evaluation process for adults thought to have learning disabili-
ties. Perspectives of adult education providers, students enrolled in adult edu-
cation programs, and students enrolled in a local college are discussed.

Purpose
Definitions of learning disabilities (LD) and eligibility criteria
for accommodations and services vary considerably within and across
state agencies serving adolescents and adults with LD (Gregg, Scott,
McPeek, & Ferri, 1999). Concomitantly, wide variation exists in de-
termination of LD among individuals in public secondary schools,
adult education programs, colleges and universities, and in the private
sector (Carlton & Walkenshaw, 1991; Gregg, et al., 1999; White &
Polson, 1999). For example, special education guidelines for exiting
high school students allow for very limited re-evaluation for eligibility
for services, resulting in documentation that may not meet criteria
of postsecondary institutions (Clark, 1996; Gregg & Scott, 2000; Mull,
Sitlington, & Alper, 2001). Many evaluators, most of whom are school
psychologists or clinical psychologists, have had minimal training in
adult LD and have little knowledge of the 1990 Americans with

JOVITA M. ROSS-GORDON is a Professor at Texas State University, San Marcos, TX.
CYNTHIA A. PLOTT is an Assistant Professor at Texas State University, San Marcos,
TX. JULIE NOBLE JOESEL is a Licensed Specialist in School Psychology for the Del
Valle School District, Austin, TX. ROBERT WELLS is a Statewide Intake Specialist for
Protective and Regulatory Services, Austin, TX.

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Disabilities Act and Section 504 of the 1973 Rehabilitation Act, which have major implications for accommodating the needs of postsecondary and adult students with LD. Previous research with adult educators has suggested that numerous barriers may prevent the formal evaluation of adult literacy students perceived by teachers to have learning disabilities (White & Polson, 1999). As a result, adult learners seeking appropriate assessment for LD may face a frustrating and/or expensive process.

This study was part of a larger project conducted in Central Texas during 1999-2000. The project was intended to investigate the range of experiences related to assessment of adults for LD from multiple perspectives, including those of college students, students in adult basic education (ABE) programs, ABE providers, secondary school assessment team members, providers of private assessment services, and vocational rehabilitation officers. We believed that the use of multiple sources of data and multiple methods of data collection would provide a window to better understand the adult LD assessment experience, and suggest direction for improved assessment services for adults suspected or known to have LD. The purpose of the segment of the research reported here was to understand the nature of the assessment experience for college students and adults enrolled in ABE programs. Adult education providers were included both as a direct source of data and for their role as intermediaries in the identification of students with learning disabilities.

Perspectives or Theoretical Frameworks

The literature on assessment of adults with LD is limited in scope and does not reflect a common theoretical perspective. One influence contributing to the wide range of the perspectives is diversity of disciplines taking interest in this topic. K-12 education is required under IDEA to develop individual transition plans to address postsecondary and vocational goals for high school students, however, follow-up on these plans is not in the domain of the public schools (IDEA, 1997). Neuropsychologists focus on indicators of differences in brain anatomy or function presumed to underlie cognitive processing difficulties (Riccio & Hynd, 1996). Specialists in vocational re-
habilitation are concerned with criteria related to severity of the dis-
ability and its impact on areas of job-related functioning (Koller &
Holliday, 1998). LD researchers are concerned with the identifica-
tion of assessment procedures that are valid for diagnosing LD during
adulthood and how those differ from procedures and discrepancy for-
mulas used with younger students (Brackett & McPherson, 1996).
Adult educators are likely to be concerned with identifying appropri-
ate screening techniques and translating evaluation reports into ap-
propriate educational strategies (Kerka, 1998; Polson & White, 2000;
Each of these perspectives is limited, however, when it comes to giv-
ing voice to the challenges faced by adults and their professional ad-
vocates as they seek appropriate and affordable evaluation services.
The ways in which these individuals make sense of the evaluation ex-
perience are also not addressed in the literature described above.
This research was intended to address that deficit, using a phenomen-
onological perspective to uncover how different players involved in
education programs serving adult learners located in central Texas
encountered and made meaning of the evaluation experience.

Anecdotal information suggested that differences might exist be-
tween the assessment experiences of those in ABE programs and those
enrolled in higher education. Similarly, prior information suggested
that a relatively small proportion of adults perceived by their ABE or
General Education Development (GED) teachers as having LD have
been evaluated as adults. Hence, this project was designed to elicit
information from three perspectives—those of students formally eval-
uated for LD and enrolled in ABE programs, teachers or administrators
in ABE or GED programs, and college students registered as having
LD with the university Office of Disability Services.

Methods
In keeping with the phenomenological research tradition (Hol-
stein & Gubrium, 1994), a key component of the research involved
individual interviews, transcribed and analyzed inductively to allow
both a description of the phenomenon—the experience of the evalua-
tion process or obstacles preventing its implementation—and analy-
sis of the meanings attributed to this phenomenon by participants. Interviews averaging one hour were conducted with 7 college students, 3 adults participating in ABE or GED programs, and 8 teachers in ABE/GED programs. Transcripts from these interviews were analyzed inductively to identify categories and relationships among these categories (Strauss & Corbin, 1998). Each interview transcript was independently coded by at least 2 members of a 4-member research team before the two coders met to arrive at coding consistency.

In addition to the triangulation of perspectives provided by using three different groups of informants for interviews and a team of researchers to analyze data, methodological triangulation of data collection methods provided another means of enhancing the trustworthiness of the study’s findings. Surveys were initially administered to groups of college students (42) and adult education providers (59) from whom the interview participants were selected. The surveys were analyzed using descriptive statistics for quantitative items and inductive analysis for open-ended items. All of the student surveys and most of the adult education provider surveys were obtained anonymously; confidentiality of results was assured in all cases. In the case of the student surveys, they were mailed directly to students by the university Office of Disability Services. Our research team learned the identities of only those students who volunteered for follow-up interviews. In the case of the adult education provider survey, teachers were accessed through local program administrators, who were given a choice of distributing the surveys themselves or providing us a list of names and addresses of teachers.

As with the college student survey, the adult education provider survey included an option to volunteer to participate in an interview. An effort was made to schedule interviews with all college students and adult educators who were available for interviews during the 3-month time period during which interviews were conducted. The adult education provider survey also included a response form allowing the respondent to share the name and contact information of a student who had been evaluated for LD as an adult. Providers checked with students regarding their willingness to participate before sharing their
contact information with us. All respondents completed a written consent form as part of the institutional review process governing involvement of human subjects. This form was read orally for each ABE student to minimize the effect that reading disabilities might have on their ability to provide informed consent.

Findings

Perspectives of Adult Education Providers

Most survey respondents worked in programs serving more than one type of adult education student, including GED (69%), English as a Second Language (ESL) (51%), and ABE (47%) students. The 8 interviewees represented a wide range of experience, ranging from less than one year to more than 25 years.

Adult education providers’ estimates of the proportion of students having LD ranged from 0% to 80%, with an average estimate of 22%. This compares to estimates in the adult literacy literature ranging from 10% to 80% (Ryan & Rice, 1993). National Adult Literacy Survey (NALS) self-report data indicate that 3% of adults overall and 15-20% of those with less than eighth grade education identify themselves as having LD (Vogel, 1998). When survey participants were asked to identify the number of students in their programs formally diagnosed with LD, a very different picture emerged. Thirty-six percent of survey respondents gave no response to this item. Of those who did respond, 45% indicated they knew of no such students. The remaining 55% gave figures ranging from 1 to 40, with a modal response of one.

The remaining questionnaire items and interview questions focused on the heart of the project—identifying current practices with regard to LD evaluation of adults in their programs. Only 15 of the 59 respondents surveyed reported making referrals for LD diagnosis. Those providers who had made referrals were asked to describe their level of satisfaction with the evaluation process and to estimate the satisfaction level of the students involved. Just over half of the 13 respondents with students who completed an evaluation reported a moderate level of satisfaction; only 2 indicated a high level of satisfaction. The reason for dissatisfaction ranked highest was inadequate
feedback following the evaluation process. Data from a provider interview corroborated the survey in this area.

J.R. So nobody’s told her yet?
Janet And I’m in an awkward position, you know. Well, you really need to call [the local rehabilitation service provider]. You don’t have a copy? Some of them don’t have a copy of it.

J.R. You’ve gotten one and they haven’t?
Janet Yes, and boy, do I feel funny. And I’m not qualified. I mean I can barely understand it.

More common was the situation in which obstacles prevented evaluation. Inductive analysis of an open-ended questionnaire item asking the biggest challenge to getting students evaluated for LD revealed several key challenges including lack of:

- awareness regarding indicators of LD
- access to screening tools and training in their use
- access to diagnostic services
- funds for evaluation.

Similarly, those interviewed described numerous barriers that made them less likely to refer students for evaluation, including uncertainty regarding when and how to raise the question of evaluation with students, where to refer adult students for an age-appropriate evaluation, and limited options for students of limited financial means.

Sally Plus, I’m not sure exactly . . . . You know, if you asked me to name some person or some place where they did [evaluate] adults, I don’t even know.

Joyce Most of the students that come here, since they are undereducated or have lower reading levels and stuff like that, don’t usually have higher paying jobs and don’t usually have the money to be able to afford to go get any sort of testing or anything like that. And so, they’re ignored. They ignore these problems because they don’t feel they can do anything about it at this point in time.
Perspectives of College Students

Two hundred thirty students documented as having LD by the university Office of Disability Services (ODS) were mailed anonymous surveys through that office. Forty-two responses were received; from these respondents, seven volunteers were interviewed. Respondents ranged in age from 18 to 50 with a mean age of 28. Seventy-six percent were female; 55% were diagnosed after age 18. Our questions about a number of students identifying Attention Deficit Disorder (ADD) as the type of learning disability they exhibited led to the clarification that the campus Office for Disability Services categorizes ADD as a type of LD. Twenty-one percent of the respondents reported ADD without mentioning any other problem area, 11% mentioned ADD or ADHD along with cognitive processing problems more universally agreed upon as characterizing learning disabilities.

Seven students were interviewed, including 2 males and 5 females. Five were older than 25 years of age; all were White. Significant themes surfacing in the interviews related to (a) frustration with the evaluation process, (b) a lack of understandable feedback from the evaluator, and (c) the emotional impact of being diagnosed.

Frustration. Frustration with the process sprang from difficulties in finding evaluators, long waits for evaluation appointments and results, and the inability to obtain desired instructional accommodations until the process was completed. Tabitha reported: “That was probably February of 1994, and it was probably December of 1994 before I actually did get my diagnosis.” Bob described his experience:

So I called a couple of places and, you know, they wanted to get you and test you, but first they wanted a lot of counseling and stuff like that, and it was just a bunch of hoops again to jump and try to get my insurance to pay for it. Well, finally, after making, without exaggeration, probably 10-15 phone calls, finally somebody gave me a referral to GT. I called her up and she said, “Yes, I do test adults”
Lack of understandable feedback. Several of the students interviewed described their frustrations with the quality of feedback, including Tanya as reported below:

Tanya: I got a written report and my written report went to ODS [Office of Disability Services]. I’m sure I’ve got it somewhere.

J. R.: Did you find it was understandable when you went back and read it?

Tanya: No, I didn’t understand it hardly at all, so, once again I went up there and had it deciphered for me.

Yet, Tanya was more successful than some in getting an explanation. Harriet was not so fortunate.

C. P.: But, did anyone talk with you personally and tell you about the test results and how you performed?

Harriet: No.

C. P.: Okay. Was that in any way bothersome to you?

Harriet: No, cause I’m used to that.

Emotional impact of being evaluated. The students interviewed expressed varying feelings following the evaluation process. A common reaction was that of relief at finally having an explanation for his or her learning problems. As Tabitha put it, “It was very helpful because it was the first time that I felt normal, but it helped me understand a lot of problems that I had had for years. . . .” But, the reaction was not always purely positive, as expressed by Yolanda:

And that was really hard, as an older student, to be able to accept that, within my own heart and soul, and to acknowledge that I had some different styles than other people. It was very humbling. Very humbling!

Unlike the concerns expressed by adult education program providers and one of the three ABE/GED learners, issues of evaluation cost were not generally a concern for the college learners. The lack of concern for evaluation cost can probably best be explained by data indicating that college students generally did not bear the direct cost
of their assessment. Costs were variably covered by insurance, parents, and the state’s rehabilitation service agency.

C. P.  Do you know who paid for it?
Harriet I’m really not sure. ODS said it went through them.
C. P.  And, did you take on any of the cost of the testing.
Trisha No, [State] Rehab paid for it.

In one case services were donated by a psychologist who had been paid by the student to evaluate her child.

*Perspectives of Students Enrolled in Adult Basic Education Programs*

Three students enrolled in local ABE and GED programs were interviewed. The difficulty of locating students for this segment of the study was in itself informative. Adult education providers were requested to indicate on their survey if they knew of students who had recently been evaluated who would be willing to be interviewed. Only three students with whom interviews could be scheduled were identified through this process. A 33-year-old Mexican-American female was the only one with a history evidencing both a school-age diagnosis of LD and recent reevaluation as an adult. The other two students, a Native American female and a White male, both in their mid-to-late 40s, described histories and current learning problems indicative of possible LD, but reported no formal evaluation for LD either as an adult or child. Other possible explanations for their history of learning difficulties were also present. The man reported a history of visual impairment discovered only after struggling through high school, while the woman reported a history of limited formal schooling. The stories of the undiagnosed adults, while not on track with the purposes of the study to investigate experiences with the evaluation process itself, became informative nonetheless about the numerous cases among students in basic education programs where LD is suspected but remains undiagnosed.

The experience of Jackie, who presented a history including formal diagnosis, was consistent with findings from college students and adult education providers who expressed dissatisfaction with limited
or uninterpretable information coming from the evaluation process. She referred herself for evaluation, because as she put it, "she wanted to know what was wrong" after more than 10 years in her ABE program with limited progress. Of her evaluation experience she said: "They just sent me some papers. They didn't really go over it. They just gave it to me and I showed it to her [teacher in ABE/GED program] and that was it."

Brenda expressed her suspicion that she must have some sort of problem, given the continuing problem she had retaining what she was taught as she prepared for some sections of the GED test, especially mathematics.

I tell Donald, I say, 'I bet you get tired of me asking the same question.' But, if I go home and try do it by myself, I don't get nowhere because I don't understand how it was done, even though he showed me three or four times, maybe more. It just won't stay.

At the same time she reported having had no particular difficulty with certain content-oriented sections of the GED, like the history and science sections. When asked about previous testing for her apparent learning problems, she became emotional, and noted there were always other responsibilities that seemed to get in the way of being evaluated.

Hal, also undiagnosed, described similar difficulties with math, but was most troubled by his difficulties in reading and listening comprehension. Although his program allows him to use large-print materials to compensate for his visual impairment, he reported frequent difficulty understanding words he encounters while reading and driving, and similar difficulty with spoken language in the context of daily living. Hal comments:

Well, let's say I'm watching something on TV or a tape or something like that, and this particular word gets there that I don't know what it is or what it means, then the rest of it don't mean anything until I find out what that word means.

Most troubling for him was the slowness with which things seemed to sink in, although, as he put it, "If somebody can show me some-
thing long enough to get it through my head, then I know it and I'll argue with the next guy.”

Conclusions and Discussion

As anticipated, findings from each of the 3 groups combined to reveal different dimensions of the broad picture of assessment of learning disabilities among adults involved in two different educational environments.

*Adult Education Providers*

Both quantitative and qualitative data collected in the adult education provider component of the study indicate that many teachers and administrators working in ABE, GED, and ESL programs suspect there are a number of undiagnosed cases of LD in their classrooms. These findings are consistent with the work of White and Polson (1999), who reported that while the ABE providers they surveyed from 9 different states estimated 32% of their students had some sort of disability, they only reported 19% of the students had a verified disability. Participants in this study estimated that 22% of their students had LD, remarkably similar to White and Polson’s participant’s estimates that 23% of students in their classes had learning disabilities. At the same time, there appear to be a number of barriers to obtaining age-appropriate, affordable, and interpretable diagnostic evaluations.

Those interviewed described a sincere interest in helping students they perceived as having LD, but were frustrated by a lack of information regarding the assessment process. These findings concur with those of Polson and White (2000), whose participants described barriers related to assessment as among the most frequently encountered obstacles to providing appropriate accommodations for adults with LD. Ineffective assessment tools and an inadequate number of agencies to which to refer students for formal assessment were each cited as obstacles by 36%. Furthermore, these authors noted that “Even when referral agencies are available, most clients served by adult education providers cannot afford the required fees” (Polson & White, 2000, p. 95). The gap between the cost of evaluation services and available financial resources probably goes a long way toward explaining both the reluctance of adult education providers to recom-
mend formal evaluation and the low rate of follow-through on such recommendations reported by interview participants in this study. The experience of one of our study participants who taught part-time for two different adult education programs supports such a hypothesis. She had made several referrals for evaluation of students at the one center, where the referral process entailed simply filling out a form and directing the student to a nearby university that provided free assessment. She had made no referrals at the other center, where when she asked about the appropriate mechanism for referral, she was told “Those things cost money, and we don’t exactly have a center we send them to. We give them a list of places.”

In those relatively rare cases when adult education providers reported actually referring students for evaluation, they were at best moderately satisfied with the outcomes, citing a lack of interpretable feedback from evaluators as a primary reason for dissatisfaction. In the case of the one provider who made more frequent referrals of students in the program with a nearby university, she also noted that she usually did not know what happened to students after evaluation led to a diagnosis of LD, since they then shifted into services provided by that institution. So even in that case, where a relationship existed between the local adult education program and an evaluation provider, referrals did not culminate in the sharing of useful practice-based recommendations for students who would continue to be served by the adult education program.

Adult Education Students

The difficulty faced in identifying and interviewing ABE students appropriate for participation in the study (by virtue of having a recent formal evaluation experience) was in itself telling. Very few students from ABE/GED adult education programs who had recently completed an evaluation process were referred for interviews. Several either could not be reached by telephone or were unavailable throughout the period during which the interviews were scheduled. Of the 3 students ultimately interviewed, only one actually described an experience with formal evaluation for learning disabilities. This student nearly missed
her interview because her tutor was unavailable to give her a ride to the site of the adult education program as planned.

**College Students**

College students documented as learning disabled by their university Office of Disability Services provided the third source of both quantitative and qualitative data. A surprisingly large proportion (55%) reported initial diagnosis during adulthood. Although they did not as a group seem to have encountered the extent of barriers to access to affordable evaluation services reported by staff and students in ABE/GED, they did in several cases encounter frustrations with the nature of the evaluation process: finding age-appropriate assessment services; waiting long periods of time for evaluation appointments, results, and consequently the accommodations that hinged on diagnosis; and interpreting information provided in the evaluation report.

**Implications for Practice**

The information obtained from adult education providers and undiagnosed ABE/GED students suggests several recommendations aimed at improving both access to and quality of evaluation experiences in the context of surveyed ABE and GED programs: (a) additional staff development on LD in adults for ABE providers, particularly with regard to indicators that warrant screening and possible formal evaluation; (b) coordinated referral systems, linking ABE programs with local assessment providers and agencies which may provide financial support for evaluation; and (c) training for assessment providers regarding the kind of evaluation feedback useful in assisting teachers to make appropriate instructional and GED testing accommodations.

Results from interviews of college students and the one GED student formally diagnosed as LD lead to recommendations aimed at improved quality of the evaluation experience. The importance of providing clear explanations of evaluation findings directly to adult students was underscored. The capacity of students to develop effective learning strategies and act as their own advocates will be enhanced
by providing them with explanations of their learning strengths and weaknesses that are understandable, whether they are enrolled in college or ABE settings.

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