



Overview of the Feifer Family **Questions & Answers**

Presented by Steven Feifer, DEd, and Terri Sisson, EdS

December 17, 2020

PAR • 16204 N. Florida Ave. • Lutz, FL 33549 • 1.800.331.8378 • www.parinc.com

Copyright © 2020 by PAR. All rights reserved. May not be reproduced in whole or in part in any form or by any means without written permission of PAR.



The following are some of the frequently asked questions (and answers) that followed the presentation.

Q: Who is qualified to administer the Feifer family of products?

A: The qualification level for all products in the Feifer family is B. For more information about requirements for qualification levels, see our [Qualification Level page](#).

Q: I am a school psychologist. Can we can say that a student has dyslexia after giving the test?

A: Yes, you can, as long as the test is given as part of a complete battery to rule out other learning or emotional factors (i.e., intellectual disability, anxiety, ADHD). Most states allow students with dyslexia to qualify for special education under the SLD code.

Q: Do the screening subtests give you enough evidence to determine whether you should follow up with the entire index or test?

A: Yes, they do. For instance, the correlation between the FAM Screening score and the FAM Total score is .83. Remember, screeners can identify who is at risk for learning issues but cannot diagnose anyone with anything. Most school psychologists work under the MTSS model of delivery, so screeners are super important in a tiered service delivery model.



Q: When were norms obtained for each of the three tests? Are there plans to renorm any of them?

A: The FAR was released in 2015, the FAM in 2016, and the FAW in 2020. In general, the normative data were collected about 2 years prior to the release date. The lifespan of a test is usually about 10 years, so there's no discussion just yet about renorming.

Q: What is the reason for using grade-based norms and not splitting them similar to trimesters, as other traditional achievement tests do? Do a child's skills not progress throughout the grade level? Are they expected to perform in the same range no matter what time of the school year they are in?

A: Since all these tests are achievement measures, we wanted to control for the amount of the curriculum the child has been exposed to. In all fairness, using age-based norms can be penalizing for achievement tests because an 8-year-old may be in 2nd, 3rd, or 4th grade and may not have been exposed to skills that other 8-year-olds have learned.

I think Fall, Winter, and Spring norms would be ideal, but it can be very costly to norm a measure this way. Instead, we made the decision to include a Reliable Change Index (see page 4 of the Examiner Record Form) as a more cost-effective way to measure growth in the skill.

Q: Is it appropriate to score college-age students (over age 21)? Will adult norms be coming?

A: There are no plans at this point for an adult version. However, we do offer norms through senior year of college independent of age.



Q: How does this work internationally given that the norms are U.S.-based?

A: The test is used quite frequently in Canada, and I do many speaking engagements there. Ideally, it would be great if the test were normed in each host country. However, that is not feasible, so as long as it used in an English-speaking country, there is merit and value in these measures. Remember, these tests are diagnostic achievement tests and more interested in processing, rather than identifying where someone is on a specific curriculum.

Q: Do you have recommendations for how to accurately assess whether a student has a true academic or processing deficit versus not having had enough exposure or practice during the past 8 months of virtual instruction?

A: Great question. I think using a traditional achievement test alone would make it difficult to distinguish a COVID learning gap from a learning disability. However, a diagnostic achievement test looks at processing, which is more resistant to the disruption in learning. So if a student scores poorly on a reading achievement test, for example, and you administer a FAR and the student does ok...this is probably a COVID learning gap. However, if the student also does poorly on the FAR, I would go with SLD.

Q: On the FAR, why are the Isolated Word Fluency and Oral Reading Fluency subtests included in the Phonological Index?

A: We are trying to identify decoding skills under timed conditions as well. This is consistent with a more expanded definition of decoding (see [de Oliveira et al., 2014](#); [Kirby & Savage, 2008](#)). I agree, the term fluency is a bit misleading here, and I will take the blame for that one.



Q: If student has concerns with reading, writing, and math, how do you prioritize tests/subtests? Administering all measures in full is very time-consuming in a school setting.

A: Good question and thanks for asking. My goal is to save time, not add to it when assessing children. Since these tests measure BOTH achievement AND processing, you do not have to administer separate tests of achievement or separate tests of processing because you are measuring both at the same time.

Q: Why aren't the instruments broken into diagnostic components and achievement components if those are the two driving goals? They seem mixed together.

A: That is the entire point of the instrument. Mixing these components together allows a processing measure to be more ecologically valid. For instance, some clinicians may choose an executive function measure that takes hours to administer and score that has little to do with academic functioning. Instead, we proposed the Word Recall test on the FAR, which takes 3 minutes and can tell you precisely how executive functioning impacts reading skills only. This, after all, is most directly aligned with the referral question.



Q: How do these instruments work in states that require separate index scores for processing disorders and academic performance (for special education eligibility)? Are other processing tests still needed if using the Feifer tests with a cognitive assessment?

A: You may need to give a reading or math measure to satisfy the state requirement, or simply use the CBM data from the classroom. Then give the FAR to determine how to intervene. I am a clinician as well, and know that there are some tests we give to check a box at a meeting and others that tell us how to truly help children.

Q: Say a child is given traditional math subtests and scores in the below average range. If, however, all scores are within normal limits on the FAM, would this suggest the child does not have a learning disability?

A: It very well could...especially in today's climate. For instance, I would expect this to be the profile of a student who lost continuity in their learning due to COVID. Traditional math tests show gaps in learning, but since there are no real processing issues with the FAM, probably not LD.



Q: I have administered the FAR several times and often find variations within each of the indices, rather than distinct differences in one particular section. What do you recommend in terms of further evaluation or interpretation?

A: Chapter 3 of the manual discusses high subtests in one index vs. a low subtest in the same index. We expected this variability because the subtests were arranged in a bit of a hierarchical fashion within each index.

Q: If it is somewhat expected for the first task on the FAR Verbal Fluency task to be "easier" (when compared to the second task), and if the examinee does follow the pattern of a poorer performance on the second task, how does the scoring account for that difference? For example, the two parts of the task are combined to make a Total raw score, which could be misleading regarding their overall skill ability with this concept.

A: For the Verbal Fluency, as well as other subtests, the FAR allows you to perform an optional skills analysis (See Table I.11, p. 237 of the FAR Professional Manual). This will allow you to compare scores from the first trial to the second. Yes, better scores on the Semantic Fluency task are expected, but students with SLD really struggle when using a letter cue to retrieve words. If the opposite is true, we tend to question consistency of effort and other non-neuropsychological factors that may have influenced performance.

Chapter 3 of the manual discusses high subtests in one index vs. a low subtest in the same index. We expected this variability because the subtests were arranged in a bit of a hierarchical fashion within each index.



Q: How does an inherent struggle with sequencing appear across these three assessment tools for a child who shows indications of NVLD?

A: Jack Naglieri and myself have published numerous articles on the impact of Sequencing or what he calls “Successive Processing” and how this hinders decoding (stitching sounds together), longer math problems involving numerous steps or procedures (i.e., long division), and syntactically arranging our thoughts and ideas when writing. You can check out some of our work at www.jacknaglieri.com.

Q: Where can I find interventions that are specific to the deficits found on the Feifer products? Is that available only through PARiConnect, or is it included in the manual? Can I find interventions anywhere else?

A: [PARiConnect](http://www.parinc.com) interpretive reports include TONS of interventions, websites, strategies, apps, etc. Also, I have written books on the neuropsychology of [reading](#), [math](#), and writing. These books really go into detail on the brain-behavioral basis of academic learning and have scores of interventions as well. Check them out on www.parinc.com or www.schoolneuropsychpress.com.

Q: Are you allowed to administer the instruments in pieces (e.g., only one subtest or index) or must you do the whole thing? Would I need to administer all subtests in order to receive a Standard Score for each Index?

A: You can administer selected sections from any of the measures. For instance, perhaps you want to determine the Fluency Index only from the FAR. You would need to administer all five subtests to derive the Fluency Index score. Try to go in the appropriate order to best coincide with norming practices.



Q: Can you give the Feifer assessments remotely? Are there digital options?

A: There have not been equivalency studies done between in-person and remote administration on the Feifer products; therefore, it is not recommended that they are given remotely. However, In-Person eStimulus books are available for download on a tablet. If you purchased the [FAR](#), the [FAM](#), or the [FAW](#) before August 28, 2020, you may receive the digital download at no cost. Call your PAR representative or Customer support at 800-331-8378.

Q: Where can I access a recording of the webinar?

A: You can find a recording of the webinar on PAR's free [Training Portal](#). If this is your first time visiting the Training Portal, you will have to register as a verified user by pressing the "Register" button. Once you receive an e-mail from PAR that you have access to the portal, you can find the recording by going to "Achievement/Development" and scrolling down to "Recorded Webinar: Overview of the Feifer Family of Products." Handouts are also available under "Supplemental Materials."

Q: I had a student take the FAR Screening form. She performed in the low average range for PA and RAN but scored above average in Semantic Concepts. I kept checking the directions, and I read the words to her because she couldn't read them herself. Was I correct in reading them to her? What does this mean for providing interventions?

A: Yes, you are allowed to read the Semantic Concepts questions and response items. Remember, screeners are designed to determine who is at risk. So a good score on Semantic Concepts suggests good vocabulary development. However, given that PA and RAN were low, you may want to move forward with administering the rest of the battery before settling on a particular intervention.



Q: I had a case where the child performed in the low average range on Orthographic Processing and Visual Perception the FAR. The overall index score fell within the average range. However, when that same student took the FAW, they bombed the Dyslexic Index. How do we explain that the FAR said they did not show orthographic dyslexia but the FAW shows orthographic dyslexia?

A: Good question. The FAR identified orthographic processing problems for sure, but not dyslexia. This suggests that the student was able to use good compensatory strategies when reading. However, the orthographic issues are problematic and expressed themselves more robustly by poor performance on Homophone Spelling on the FAW. Poor spelling alone is probably not enough for SLD, but interventions and accommodations may be needed.

Q: How should we go about interpreting an index with significant scatter? For instance, I've had numerous cases where the Phonological Index of the FAR results in an average or low average standard score, but the Phonemic Awareness subtest is average, the Positioning of Sounds is average, and all reading tests are very low. Does this student have dysphonetic dyslexia if the cognitive processes are average?

A: We designed each index in a bit of a hierarchical manner, so in this case, the phonemic awareness is pretty good, but the phonological processing or decoding is not good. Therefore, poor word identification is evidenced. Chapter 3 of the manual details what differences in scores generally mean, as does PARiConnect.



Q: If a 3rd grade child only writes two sentences for the Expository Writing subtest, but mentions the topic and one good reason, is it reasonable that they would score in the average range (based on the rubric)? I was having difficulty resolving such low production with being on point with their idea?

A: I do not think they would score average given the complexity of the rubric. Refer to the FAW Administration and Scoring Guide for specific examples. For instance, it would be hard to earn 4 points on attributes such as Sentence Fluency, Elaboration, Word Choice, etc., if only two sentences were written in 5 minutes.

Q: Why even bother with offering a Total index if it's not relevant to identification of LD?

A: It allows you to do an ipsative comparison of relative strengths and weaknesses by comparing a student's index score to their Total Index score.

Q: I notice that the test uses both the D'Nealian style as well as the "a" with the scrolling bit on top (the way it is written in this chat box). I have noticed that some of the earliest readers have difficulty understanding that they are the same letter. Is that addressed in your test at all?

A: I am not aware of this issue.



Q: I recently administered the FAR to a Kindergarten student and found the FAR Total, CI, and PI to be average. His FI was low average (SS=82). I'm struggling to say surface dyslexia because the student has only been in school for a short period of time, plus our district is only in-person two days per week due to COVID and are currently 100% virtual. Is it inappropriate to expect a student to be fluent with so little formal schooling?

A: Good question. Test scores do not diagnose, clinicians do. Thankfully, you are a good clinician and recognize other factors, such as reading experience, anxiety surrounding COVID, or continuity of learning, may hinder reading speed and fluency. Trust your instincts and refrain from making a diagnosis.

For more information, please visit parinc.com or call 1.800.331.8378