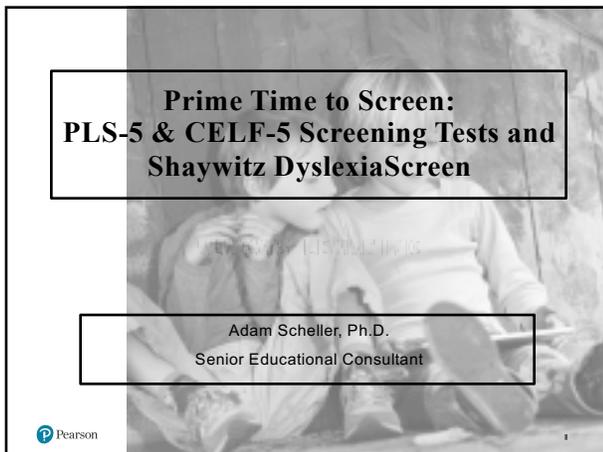


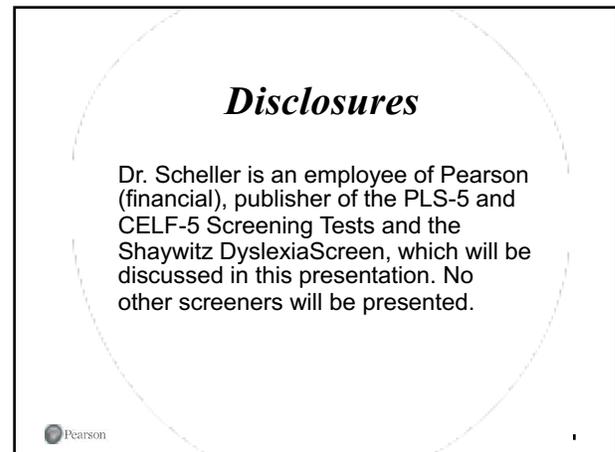
Prime Time to Screen:
PLS-5 & CELF-5 Screening Tests and Shaywitz DyslexiaScreen



**Prime Time to Screen:
PLS-5 & CELF-5 Screening Tests and
Shaywitz DyslexiaScreen**

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Pearson



Disclosures

Dr. Scheller is an employee of Pearson (financial), publisher of the PLS-5 and CELF-5 Screening Tests and the Shaywitz DyslexiaScreen, which will be discussed in this presentation. No other screeners will be presented.

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Agenda

1. Screening: Important Points for Consideration
2. PLS-5 Screening Tests
3. CELF-5 Screening Test
4. Shaywitz DyslexiaScreen
5. Interpreting screening results and next steps
6. Question and Answer

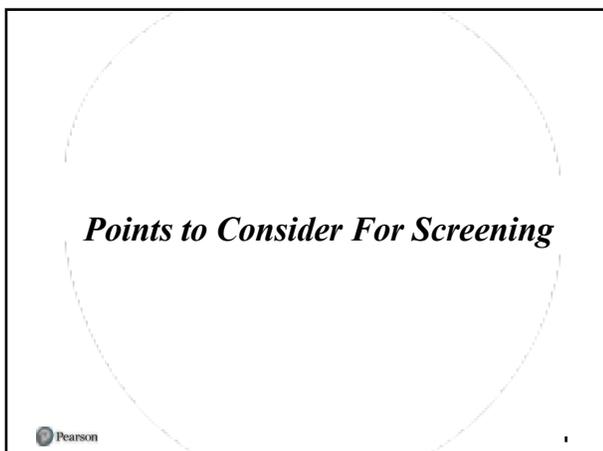
• NOTE: Sample items/tables will be viewed during this webinar. Please remember professional guidelines for test security of copyrighted materials.

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Following this presentation, participants will be able to:

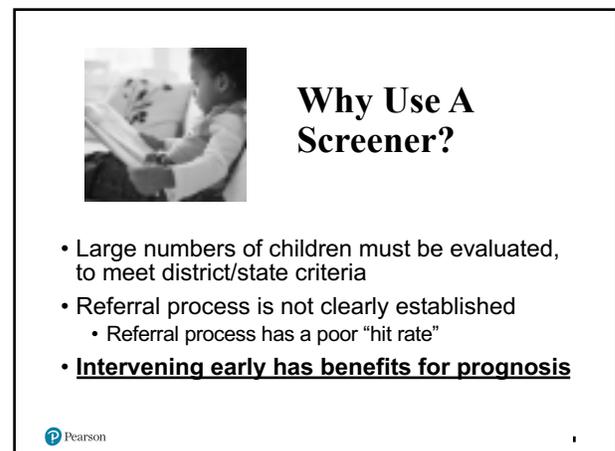
1. ...name one benefit of early screening.
2. ...name one limitation of screening.
3. ...describe the interpretation of test results for the PLS-5 and CELF-5 Screening Tests and the Shaywitz DyslexiaScreen.

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Points to Consider For Screening

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Why Use A Screener?

- Large numbers of children must be evaluated, to meet district/state criteria
- Referral process is not clearly established
 - Referral process has a poor "hit rate"
- **Intervening early has benefits for prognosis**

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Language and Literacy

Language  Literacy

Early development of reading depends critically on whether the receptive phonological component of the aural system and the expressive phonological component of the oral system are developing in an age-appropriate manner.

(Berninger 2007)



Developing Language Competence

- What is the connection between oral and written language?
 - a. Oral language provides the foundation for the development of reading and writing;
 - b. the relationship between oral language and literacy development is reciprocal in nature, with interconnections originating in early childhood;

ASHA, 2001



Developing Language Competence

- What is the connection between oral and written language?
 - c. children with speech and language impairments are at increased risk for difficulties with early and conventional literacy development; and
 - d. intervention for oral language can positively influence literacy development, and vice versa.

ASHA, 2001



Importance of Early Screening

- Many children do not successfully acquire speech and language skills prior to school (King et al., 2005; McLeod & Harrison, 2009; McLeod & McKinnon, 2007),
 - Therefore: screening tests may be used as the first step in the assessment process.
- Allows educators to “close the language gap”



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Limitations of a Screener



- Should not be used to provide a diagnosis
- Are not designed to identify the degree of impairment
- Should not be used to identify pattern of strengths or weaknesses
- What question are you trying to answer? Does this level of data suffice?



Using a Screener: Points to consider...

1. Practical: Resources?

VS.

2. Outcome: How many to identify?



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Practical

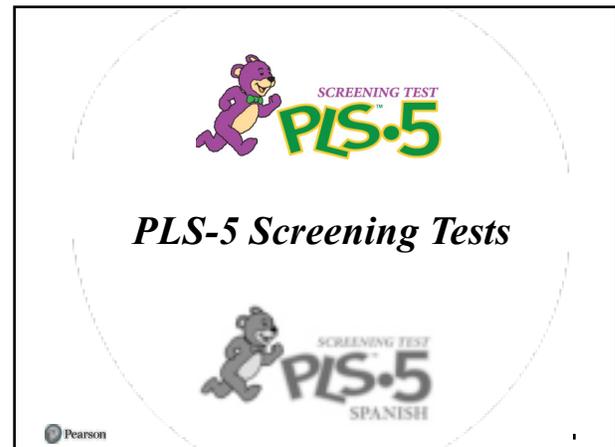
1. TIME and RESOURCES!!!
2. How much time/money and how many people will you require to "catch" what you're looking for?
 1. The larger the holes the **less** time/resources
 2. The smaller the holes the **more** time/resources

Outcomes

- What are the implications for missing someone?
 1. Impact on student
 2. Impact on organization
- False Positive vs False Negative

How do you chose a screener to fit your system?

- What are you currently using?
- How many resources (time and money) can you devote to a screener?
- How specific does the screener need to be?
- At what level do you wish to implement the screener (Universal or Tier 2)?
- What question are you trying to answer? What level of data will suffice?



Purpose

1. To identify children who may need an in-depth assessment of their speech or language abilities
2. Can also be used to monitor children who have been dismissed from therapy



Ages and Admin Time

- Screen children birth through age 7:11
 - 8 separate record forms for each year of age
 - Color-coded to correspond with manual
 - Ages 0:0 – 2:11 and 7:0 – 7:11 are **NEW** to the fifth edition
- Administration time: 5-10 minutes

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PLS-5 & CELF-5 Screening Tests and Shaywitz DyslexiaScreen



Important Points

- Separate English & Spanish editions
- Criterion scores based on the performance of children in the United States (English edition) or the U.S. and Puerto Rico (Spanish edition)
 - Pass criteria provided separately for each domain assessed
- If you use PLS-5 for diagnostic testing, transfer scores to the PLS-5 protocol—no need to re-administer test items
 - Language items are the most discriminating items from PLS-5 and PLS-5 Spanish



What are you measuring for Infants and Toddlers?

- Emerging communication skills
 - Infants: auditory attention & vocalizations
 - Toddlers: language comprehension and expression
- Feeding (infants only)
 - Describes atypical behaviors
- Social/interpersonal skills
 - Describes atypical behaviors
- *No picture stimuli*



What are you measuring for children 3:0 to 7:11?

- Screen six areas
 1. Language
 2. Articulation
 3. Connected Speech
 4. Social/interpersonal communication
 - From 3 to 7, describes **typical** behaviors
 5. Fluency
 - Describes both typical & atypical
 6. Voice
 - Describes both typical & atypical



PLS-5 Screening Test Results

- Screening Summary
- Pass column or Obtain additional information column for
 - Language
 - Articulation
 - Connected speech
 - Social/interpersonal
 - Fluency
 - Voice
- Refer for additional assessment for any *Obtain additional information* checkmark



Purpose

- Purpose
 - To identify *monolingual Spanish or bilingual Spanish-English-speaking* children who may need an in-depth assessment of their speech or language abilities
 - Can also be used to monitor children who have been dismissed from therapy



Evaluators: PLS-5 Spanish

- Evaluator should have fluent or near-fluent Spanish for administration to monolingual Spanish speakers
- Bilingual to test bilingual Spanish-English speakers
- OR administer with a trained & qualified interpreter



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Administration for Monolingual and Bilingual Children

- Monolingual Spanish speaking children
 - Administer Language items in Spanish **only**
- For bilingual children
 - Administer Language items in Spanish first
 - If child does not meet the pass criterion, check the box labeled *Administer in English*
 - Administer in English the sub-items that the child did not pass in Spanish
- You should score items by considering **both** English & Spanish responses

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What is it?



The CELF-5 Screening Test

- Used to determine if a student needs further testing to identify a language disorder.
- Appropriate for students ages 5:0 through 21:11
 - The only standardized screening measure available for older school-aged students!

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Important points about the CELF-5 Screener



- Administration and scoring: approx. 15 minutes.
- Screening items are a subset of the diagnostic CELF-5
 - Transfer many of the screening test responses to the CELF-5 protocol.
 - Don't re-administer the test items
- Includes a pragmatics screening (in addition to items for morphology, syntax, and semantics skills).
- Provides the only screening measure with research-based criterion scores for **older school-age students**.
 - Research-based cut scores presented by age
- Based on a standardization sample of more than 2,300 students throughout the United States.
 - The test items were subjected to rigorous analysis of bias.
 - Scoring rules are sensitive to many dialects use in the U.S. and diverse cultures.

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Referral questions that CAN be answered using the CELF-5 Screening Test:



1. Do the student's language abilities appear adequate for his or her age?
2. Should this student be referred for a comprehensive language assessment?

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CELF-5 Screening would NOT be appropriate for questions such as...



1. Does this student have a language disorder?
2. What type of language disorder does this student have?
3. What are this student's language strengths and weaknesses?
4. Do this student's language deficits affect his or her academic performance?

- These specific questions should be answered through in-depth language assessment.

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5:0 – 8:11 yrs.



- Items 1 through 26 are administered to students ages 5:0–8:11 years
- Including items from:
 1. Word Structure
 2. Word Classes
 3. Following Directions
 4. Recalling Sentences

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9:0 – 21:11 yrs.



- Items 15–45 are administered to students ages 9:0–21:11 years
- Including items from:
 1. Following Directions
 2. Recalling Sentences
 3. Sentence Assembly
 4. Semantic Relationships
 5. Word Classes

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**Shaywitz
DyslexiaScreen**

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Shaywitz DyslexiaScreen (SDS)

- Brief teacher survey for identifying students **at-risk for dyslexia**.
- Intended for use with students experiencing academic difficulties, but can also be used to screen all students.
 - Universal or Tier 2 capable
- 5 minutes using an online form
- Digital administration and scoring
- The classification accuracy data indicate moderately high sensitivity and specificity

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What does the SDS measure?

- Emphasis on:
 1. Phonological,
 2. Linguistic, and
 3. Academic performance
- Ratings based on classroom teacher observations

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Forms

- All materials needed to administer the Shaywitz DyslexiaScreen are available in one location on Q-global®
 - www.helloQ.com for more information on Q-global
- The Shaywitz DyslexiaScreen offers two forms:
 - **Form 1:** Students ages 5:0 through 6:11 in kindergarten and consists of 10 items.
 - **Form 2:** Students ages 6:0 through 7:11 in Grade 1 and consists of 12 items.

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Reports

- Two report options:
 1. An **Individual Report** that includes student's standard demographic information, risk level, and an interpretive statement.
 2. A **Group Report** that includes all students' raw scores and risk levels listed by examinee ID.
- Results include a simple classification:
 - **At Risk for Dyslexia** or **Not At Risk for Dyslexia**

Implications for Performance on Screeners

- Not significant?
- Borderline?
- What happens if the rating comes up as significant?
 - Refer for additional testing
 - Refer for more rigorous intervention
 - Monitor
 - Re-screen



Questions?

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