

Test Selection for Comprehensive Assessment Purposes

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**Smart Speech
Therapy LLC**

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Overview

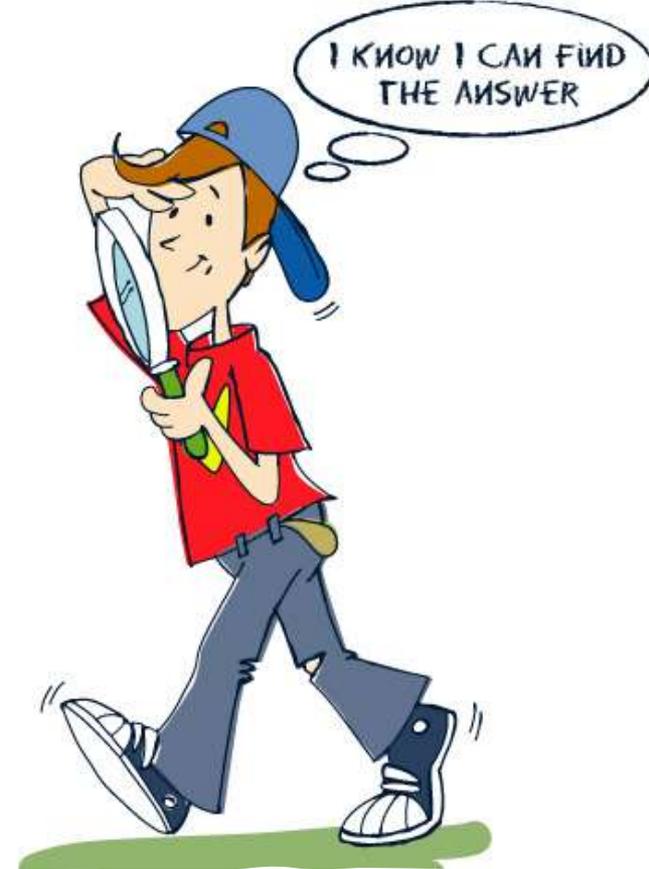
- This webinar discusses the importance of selecting targeted test instruments for the purpose of language and literacy disorder identification

Learner Outcomes

Be	By the end of this presentation participants will be able to:
Identify	Identify the most psychometrically sensitive assessment instruments for students 6-18 years of age
Describe	Describe the importance of clinical language and literacy assessment procedures that can be used to supplement formal testing in order to ensure diagnostic accuracy
Identify	Identify Components of a Psychometrically Solid Test

Assessment Preparation: Where do we begin?

- Thoughtful data collection and records review
- Referral Forms
 - [Preschool](#)
 - [School-Age](#)
 - [Adolescents](#)
 - Give it to the teacher
 - Send it home
- Can't/unnecessary to assess everything
- Don't waste TIME!
- Target Deficit Areas ONLY!



Checklists

- <https://www.smartspeechtherapy.com/product-category/assessment-checklists/>

Social Pragmatic Deficits Checklist for School-Aged Children

STUDENT INFORMATION

Date: _____ Child's Name: _____ Sex: _____ Child's Age: _____ DOB: _____
 Referred by: _____ Educational Classification: _____
 Language(s) spoken/understood by student (please list): _____
 Current Medical Diagnoses: _____
 Current Psychiatric Diagnoses: _____
 Current Language Diagnoses: _____
 Previous Speech and Language Services: _____ No _____ Yes If Yes, when? _____

PLEASE CHECK ALL APPLICABLE AREAS OF DIFFICULTY (place 'x' next to particular areas of difficulty)

A. Listening/Processing

- Difficulty understanding main ideas of presented passages/stories
- Difficulty with verbal processing (doesn't see the big picture in messages/stories)
- Limited attention span for presented tasks
- Easily distractible/frequent loss of focus
- Misinterprets questions
- Often appears as if ignoring the speaker
- Difficulty with orientation to time (remembering 8-day, days of the week, months of the year, etc.)

B. Verbal Expression

- Disorganized story-telling skills (produces vague rambling stories which lack details and are difficult to follow)
- Lacks out critical information in messages (e.g., relevant details and references to people)
- Difficulty verbally organizing information (steps of a problem, order of recipes, sequencing events in a story)
- Often uses non-specific words (flang, stuff)
- Difficulty comprehending and using figurative language (e.g., idioms, metaphors, similes, personification, hyperbole, etc.)
- Word-oriented difficulties characterized by misspelling, word filler (e.g., um, ah), word and phrase omissions, and repetitions, word substitutions, and word distortions

C. Prosody

- Inappropriate word stress
- Inappropriate sentence stress
- Monotone (equal stress on words)
- Jerky speech
- Raped and pressured speech
- Multisyllabic word stress
- Excessive and misplaced stress
- Slow and halting speech
- Rising intonation at the end of sentences (as though asking a question)
- Lack of rising intonation at the end of questions (flat when asking a question)
- "Sing-song" intonation

SPEECH LANGUAGE ASSESSMENT CHECKLIST FOR SCHOOL-AGED CHILDREN

PURPOSE: To determine primary areas of weaknesses to be targeted for assessment

I. STUDENT INFORMATION:

Date: _____ Student's Name: _____ Sex: _____ Student's Age: _____ DOB: _____
 Referred by: _____ Educational Classification: _____
 Language(s) spoken/understood by student (please list): _____
 Current Medical Diagnoses: _____
 Current Language Diagnoses: _____
 Previous Speech and Language Services: _____ No _____ Yes If Yes, when? _____

II. PLEASE CHECK ALL APPLICABLE AREAS (place 'x' next to most significant areas of difficulty)

A. Receptive Language (Listening)

- Difficulty following MOST directions without repetition or simplification
- Difficulty following MOST directions containing concepts of time or location (before/after/on top/to the left)
- Difficulty understanding concepts taught in the classroom
- Difficulty responding appropriately to simple questions (who/what/when/where)
- Difficulty responding appropriately to concrete questions about routine events ("What did you do on the weekend?" "Where did you go on your vacation?" "What are your favorite books to read at home?")
- Difficulty understanding main ideas of presented passages/stories
- Difficulty remembering details from books or conversations
- Difficulty understanding verbal messages

B. Memory, Attention and Sequencing

- Difficulty remembering directions and instructions
- Difficulty remembering assignment details
- Difficulty with orientation to time (remembering 8-day, days of the week, months of the year, etc.)
- Difficulty remembering names of people/places
- Difficulty with recalling previously learned familiar words
- Requires frequent repetition of directions
- Requires increased processing time to respond to questions
- Easily distracted
- Difficulty maintaining attention (focuses only the short periods or only first/last part of a sentence/direction)
- Manual rigidity (characterized by difficulty understanding issues from multiple points of view)
- Difficulty recalling story events
- Difficulty sequencing events in order ("how to make a ___", "how to build a ___", etc.)
- Difficulty recalling steps/order of instructions and tasks

C. Expressive Language (Speaking)

- Difficulty formulating simple sentences

COMPREHENSIVE LITERACY CHECKLIST FOR PRESCHOOL & KINDERGARTEN-AGED CHILDREN

PURPOSE: To determine primary areas of literacy-based weaknesses to be targeted for assessment

I. STUDENT INFORMATION:

Date: _____ Student's Name: _____ Sex: _____ Student's Age: _____ DOB: _____
 Referred by: _____ Educational Classification: _____
 Language(s) spoken/understood by student (please list): _____
 Current Language Diagnoses: _____
 Current Medical/Neuropsychological Diagnoses: _____
 Previous Therapies/Tutoring: _____ No _____ Yes, If Yes, what type (e.g., SLP, OT, reading, etc.), when, & how for long?

II. AT RISK FAMILY HISTORY (place 'x' next to applicable areas)

If answered 'Yes' to any of the below, please specify details (family member's and diagnoses)

- Family history of speech-language delay
- Family history of learning deficits (e.g., reading problems, dyslexia, etc.)
- Family history of special education placements
- Family history of psychiatric impairments (e.g., ASD, ADHD, anxiety, depression, etc.)
- Family history of drug and/or alcohol abuse
- Family history of intellectual disability
- Other noteworthy family history (e.g., adverse birth circumstances)
- Unknown family history

III. AT RISK DEVELOPMENTAL HISTORY (place 'x' next to applicable areas as pertaining to child)

- Child is internationally adopted
- Child is domestically adopted
- Intellectual disability
- Early Intervention (EI) service provision
- Preschool Disabled Program services provision
- Late language development¹
- Language delay/ disorder (child may or may not be classified in school setting)
- Language comprehension and expression difficulties
- Speech impairment (mispronunciation of several or numerous sounds)
- Gross and fine motor delays (e.g., clumsiness, lack of coordination, inability to tie shoelaces, poor handwriting)
- Early onset difficulties recognizing letters and numbers
- Requires/ed extensive time to learn to recognize/write letters in own name
- Displays organizational difficulties (observed socially and/or academically)

¹ Please note that if there's a reported history of past/present language difficulties it is strongly recommended that caregivers and teachers fill out the [Speech Language Assessment Checklist for Preschool Children](#) to determine the need for supplemental language testing.

COMPREHENSIVE LITERACY CHECKLIST FOR SCHOOL-AGED CHILDREN

PURPOSE: To determine primary areas of literacy-based weaknesses to be targeted for assessment

I. STUDENT INFORMATION:

Date: _____ Student's Name: _____ Sex: _____ Student's Age: _____ DOB: _____
 Referred by: _____ Educational Classification: _____
 Language(s) spoken/understood by student (please list): _____
 Current Language Diagnoses: _____
 Current Medical/Neuropsychological Diagnoses: _____
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- Family history of special education placements
- Family history of psychiatric impairments (e.g., ASD, ADHD, anxiety, depression, etc.)
- Family history of drug and/or alcohol abuse
- Family history of intellectual disability
- Other noteworthy family history
- Unknown family history

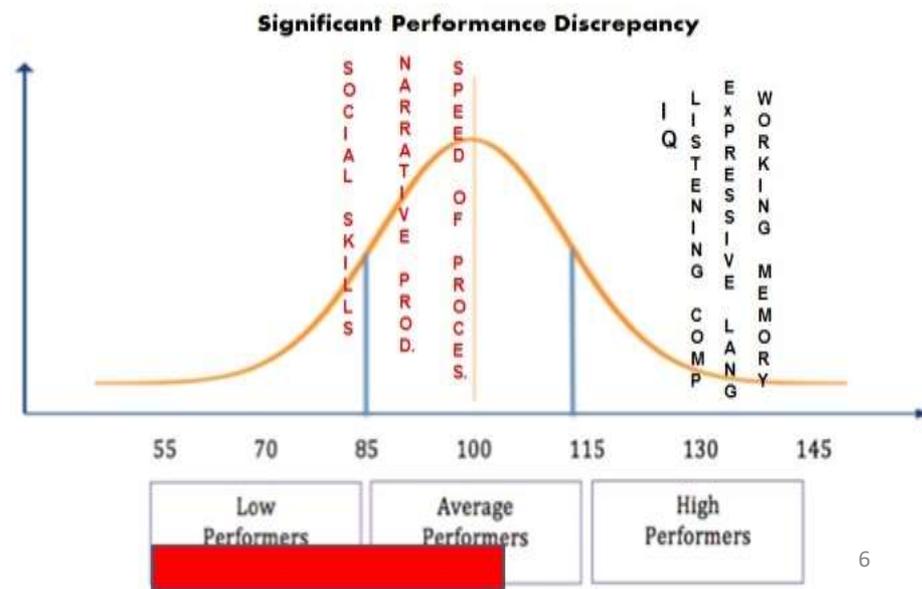
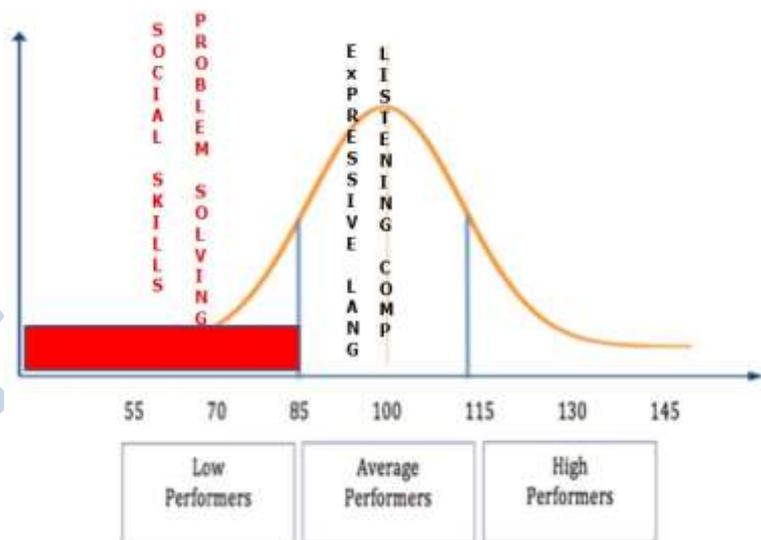
III. AT RISK DEVELOPMENTAL HISTORY (place 'x' next to applicable areas as pertaining to child)

- Child is internationally adopted
- Child is domestically adopted
- Intellectual disability
- Early Intervention (EI) service provision
- Preschool Disabled Program services provision
- Late language development¹
- Language delay/ disorder (child may or may not be classified in school setting)
- Language comprehension and expression difficulties
- Speech impairment (mispronunciation of several or numerous sounds)
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- Early onset difficulties recognizing letters and numbers
- Requires/ed extensive time to learn to recognize/write letters in own name
- Displays organizational difficulties (observed socially and/or academically)

¹ Please note that if there's a reported history of past/present language difficulties it is strongly recommended that caregivers and teachers fill out the [Speech Language Assessment Checklist for School-Aged Children](#) to determine the need for supplemental language testing.

Review other Assessments and Score Discrepancies

- Review the results of learning (WJ-IV) and psychological evaluations (WISC-IV) in order to
 - See the whole child and not just their limited functioning in select areas
 - Determine areas of academic weaknesses
- Testing score breakdowns can also reveal significant discrepancies in functioning which may need to be addressed



How to evaluate standardized tests?

- Standardization/Normative Sample - # participants arranged by age, sex, ethnicity, geographic region, and parent education level.
 - Were students with disability included in the sample? If so, what percentage?
- Reliability -the degree to which an assessment tool produces stable and consistent results
 - Test-Retest –administration of the same test twice over a period of time (e.g., 3 weeks) to a group of individuals to see score stability (McCauley & Swisher, 1984)
 - Inter-rater –scores remain stable if different examiners administer the test (McCauley & Swisher, 1984)
 - Inter-item - assesses whether parts of an assessment are in fact measuring something similar to what the whole assessment claims to measure (Paul, 2007)
- Validity -how well a test measures what it is purported to measure
 - Content -how representative the test items are of the content that is being assessed (Paul, 2007). Determined by literature review, expert feedback, polls, studies, etc.
 - Construct -assesses the extent to which a test can be used for as a specific purpose, such as to identify children with a reading disorder
 - Concurrent - the extent to which a test agrees with other valid tests of the same measure (Paul, 2007)
- Standard Error of Measurement (SEM) -“the degree of confidence that the child’s ‘true’ score on a test is represented by the actual score the child received.” (Betz, Eickhoff, and Sullivan, 2013, p.135) Provides an estimate of the amount of error in a student’s observed test scores
- Bias –linguistic, cultural, past experience, socio-economic, etc.

Discriminant Accuracy

- Sensitivity and Specificity (Dollaghan, 2007)
 - Sensitivity – does the assessment accurately identify those students who truly have a language/reading disorder as having a reading disorder
 - Specificity - does the assessment accurately identify those students who truly do not have any disorders as typical
 - Sensitivity and specificity determine the test’s degree of discriminant accuracy, or the ability to distinguish the presence of a disorder
- Vance and Plante (1994) established a criteria for accurate identification of a disorder (discriminant accuracy)
 - 90% should be considered good discriminant accuracy
 - 80% to 89% should be considered fair
 - Below 80%, misidentifications occur at unacceptably high rates” and lead to “serious social consequences” of misidentified children. (p. 21)”
- Most important information about the assessment
 - If the test has low sensitivity and specificity or if that information is missing; NONE of the other psychometric properties matter

Cut scores

- Numerical boundary between what is considered typical and disordered
 - *The formula requires the mean and standard deviation of both a clinical and non-clinical sample, and estimates the score at which a subject has a greater probability of belonging to a clinical sample rather than a non-clinical sample.
- Test Specific –vary from test to test
- Age specific –differ depending on the child’s age
- Problem: Often applied arbitrarily without reference to how children actually score on the tests selected for use (Spaulding, Plante, & Farinella, 2006)

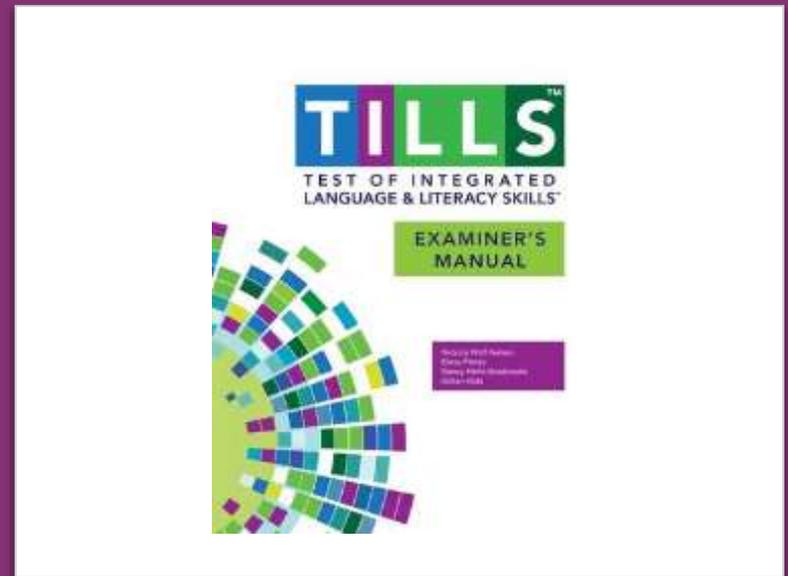
On the inclusion of students with disabilities in the normative samples

(Pena & Plante, 2020 [Facebook Group Discussion](#))

- Test developers tend to use the same process as they do for psychological and educational tests. Namely to rank people to represent the full population. For the purpose of ranking, disordered children are used in the sample because it widens the normative range, allowing for more fine-grained divisions and better rank estimates of students who fall -1 SD. However, such tests are not meant for diagnostic purposes, or the determination if a child has a disorder.
- Myth: If a child with a disabling condition is represented in the normative sample than the test is appropriate for usage with that population (e.g., ADHD, ASD, DLD, etc.)
- Reality: For diagnostic purposes there should be no students with disorders included in the normative sample, since our goal is to diagnose impairment for intervention purposes.
- Compromise: During the test development stage it is important to identify items that TD students pass and impaired kids fail for diagnostic accuracy purposes. But disordered students should not be included in the standardization norms because it lowers the mean, increases SD, thereby shifts the cut scores, which results in less likely identification of impaired students (“normalizes the disorder”). The overlap between disordered and typical becomes too great and its much harder to reliably identify those with an impairment.

Comprehensive Assessment: Language and Literacy

- The [Test of Integrated Language & Literacy Skills \(TILLS\)](#) (2016) is an assessment of oral and written language abilities in students 6–18 years of age composed of 15 subtests.
- Assesses literacy skills such as reading fluency, reading comprehension, phonological awareness, spelling, as well as writing in monolingual as well as simultaneously bilingual school age children.



Language Modality	Language Dimension	
	Sound/Word Level	Sentence/Discourse Level
Listening	1. Vocabulary Awareness 2. Phonemic Awareness	6. Listening Comprehension 8. Following Directions
Speaking	4. Nonword Repetition	3. Story Retelling 13. Social Communication
Reading	10. Nonword Reading 11. Reading Fluency	7. Reading Comprehension
Writing	5. Nonword Spelling 12a. Written Expression – Word Score	12b. Written Expression – Discourse Score 12c. Written Expression – Sentence Combining Score
Memory	14. Digit Span Forward 15. Digit Span Backward	9. Delayed Story Retelling

TILLS (cont.)

Table 3.4. Sensitivity and specificity levels by age for all ages tested by the TILLS

Age groups	Sensitivity	Specificity
6-year-olds	84%	82%
7-year-olds	84%	86%
8-year-olds	97%	100%
9-year-olds	83%	81%
10-year-olds	81%	81%
11-year-olds	86%	82%
12-year-olds	83%	100%
13-year-olds	84%	86%
14- to 18-year-olds	87%	87%

- Standardized to identify language and literacy disorders
- Excellent psychometric properties

Table 2.2. TILLS subtests that support diagnosis of language and literacy disorders at different ages

Age range (years)	Identification Core ^a	Sensitivity	Specificity	Cut score ^b
6;0–7;11	1. Vocabulary Awareness (VA) 2. Phonemic Awareness (PA) 4. Nonword Repetition (NWRrep)	84	84	24
8;0–11;11	1. Vocabulary Awareness (VA) 5. Nonword Spelling (NWSpell) 10. Nonword Reading (NWRead) 12. Written Expression–Discourse Score (WE-Disc)	88	85	34
12;0–18;11	2. Phonemic Awareness (PA) 5. Nonword Spelling (NWSpell) 7. Reading Comprehension (RC) ^c 11. Reading Fluency (RF) 12. Written Expression–Word Score (WE-Word)	86	90	42

TILLS (cont.)

Subtests Sensitivity to
Language and Literacy
Impairments Based on
Age Groups

GORT-5

- Rate - the amount of time in seconds taken by a student to read a story aloud
- Accuracy - the number of words the student pronounces correctly when reading the passage
- Fluency - a combination of the student's Rate and Accuracy Scores
- Comprehension - the number of open-ended questions about the stories that the student answers correctly
- Oral Reading Index - formed by combining students' Fluency and Comprehension scaled scores

GORT-5 (cont.)

- Sensitivity .82 and Specificity .86
- Cut score = 90
- However, 15% of children in the normative sample presented with a disability (Manual, pg. 37)
- ADHD
- SLD
- DLD
- ID
- DD
- Other

Special Note on Social Communication

- Numerous studies show that both language and reading deficits are associated with depression, anxiety, attention, as well as behavioral problems (Arnold et al., 2005; Boyes, Leita, Claessen, Badcock, & Nayton, 2016; Kempe, Gustafson, & Samuelsson, 2011; Huc-Chabrolle, Barthez, Tripi, Barthelemy, & Bonnet-Brihault, 2010; Knivsberg & Andreassen, 2008; Mammarella et al., 2014).
- Studies also indicate that there's a significant correlation between psychiatric impairments and poor social pragmatic functioning.
 - Benner, Nelson, and Epstein (2002) examined 26 studies (n= 2,796) that addressed students with EBD and language deficits and found that ~ 71% of students were identified with pragmatic language deficits.
 - Cohen et al., 1998 found that most common difficulties were in the areas of emotion decoding and social problem solving
 - Bryan, 1991 found that these children present with significant difficulties understanding another person's affective state

Their Social Skills Are Just Fine

- Children with language deficits are impaired in multiple areas of language
- Researchers found evidence that children with language deficits manifested pragmatic difficulties in conversational contexts with partners and were unable to adequately adjust to the needs of others in social interactions (Brinton, & Fujiki, 1993; Brinton & Fujiki, 1995; Brinton, Fujiki, & Powell, 1997; Fujiki & Brinton, 1994; Fujiki, Brinton & Todd 1996)
- Children with language impairments were less accepted by peers, had poorer friendships, were perceived by teachers as being more withdrawn (as compared to peers) as well as presented with poor emotional competence and emotional intelligence (Brinton & Fujiki, 2012; Fujiki, Spackman, Brinton, & Illig, 2008; Spackman, Fujiki, Brinton, Nelson, & Allen, 2005)
- Research unequivocally indicates that children with language impairment or DLD, also present with concomitant social communication difficulties, which if left untreated will significantly adversely affect their academic outcomes (reading and writing) as well as future life success
- Due to the varying the nature of social communication deficits ([internalizing versus externalizing manifestations](#)) many social communication deficits will be missed without the [administration of appropriate social pragmatic language assessments](#)
- Social pragmatic assessments ARE NOT routinely administered in numerous school settings as part of comprehensive language assessments
- Assessment of social communication abilities should be a REQUIRED component of all language and literacy evaluations

CAPs™

Clinical Assessment of Pragmatics

Manual



Adriana Laxi, PhD, CCC-SLP

Assessing Pragmatics: Clinical Assessment of Pragmatics (CAPs)

- Video assessment comprised of 6 subtests for ages 7-18
- Instrumental Performance Appraisal
 - Awareness of Basic Social Routines
- Social Context Appraisal*
 - Reading Context Cues
- Paralinguistic Decoding
 - Reading Nonverbal Cues
- Instrumental Performance
 - Using Social Routine Language
- Affective Expression*
 - Expressing Emotions
- Paralinguistic Signals*
 - Using Nonverbal Cues
- The normative sample consisted of 914 individuals out of which 137 (or 15%) included individuals with atypical language development: ASD: N-18; SLI: N-27; Other (Learning Disabilities): N-92.
- Some subtests are more sensitive than others*

Core Composite SD	Sensitivity	Specificity
-1 SD	1.00	0.85
-1.5 SD	1.00	0.9
-2 SD	0.90	0.97

Assessment Tasks and What They Measure

- **Following directions** tasks correlate with working memory functioning and are sensitive to **reading deficits** ([Lahey & Bloom, 1994](#); [Cowan, 1996](#); [Baddeley, 2003](#))
- **Grammatical structure** deficits particularly in the area of tense-marking & agreement incl. past tense '-ed', third person singular '-s', 'be' and 'do' etc., is sensitive to language deficits ([Rice & Wexler, 1996](#); [Loeb and Leonard, 1991](#); [Rice and Wexler, 1996](#); [Oetting and Horohov, 1997](#); [van der Lely and Ullman, 2001](#)))
- **Vocabulary breadth, depth, quality as well as manipulation** tasks (e.g., naming definitions, synonyms, relationships among semantically related words, explaining multiple meaning words, etc.) are sensitive language deficits ([McGregor, Oleson, Bahnsen, & Duff, 2013](#); [Marinellie & Johnson, 2002](#); [Norbury, 2005](#); [Sheng & McGregor 2010](#))
 - Children with DLD possess not only “fragile knowledge of the core meaning of individual words, but fragile semantic connections between words” ([Nation, 2014, p.2](#))

Assessment Tasks (cont.)

- **Narrative deficits** place children **at risk for reading deficits** ([McCabe & Rosenthal-Rollins, 1994](#); [Reese, Suggate, Long & Schaughency, 2010](#); [Gilmore, Klecan-Aker, & Owen, 1999](#); [Griffin et al., 2004](#); [Stothard, Snowling, Bishop, Chipchase, & Kaplan, 1998](#)) and significantly correlate with **social communication deficits** ([Norbury, 2014](#); [Norbury, Gemmell & Paul, 2014](#))
- **Sentence recall and nonword repetition** tasks are sensitive to both language and literacy deficits ([Dollaghan & Campbell, 1998](#), [Alloway & Gathercole, 2005](#))
 - **Sentence recall** has been increasingly recognized as a useful indicator of learning difficulties including specific language impairment or SLI (reabeled Developmental Language Disorder, DLD), dyslexia, phonological short-term memory deficits, as well as reading comprehension deficits ([Alloway & Gathercole, 2005](#))
- **Nonword repetition** is commensurate with both spoken and written deficits as well as reflects deficits in phonology and verbal short-term memory ([Ramus et al, 2013](#); [Gathercole and Baddeley, 1990](#); [van der Lely and Howard, 1993](#); [Montgomery, 1995](#); [Gallon et al., 2007](#)).

Assessment Tasks (cont.)

- **Phonemic awareness and alphabetic knowledge** have been identified in a number of studies as key indicators of emergent reading mastery during the early elementary school years ([Anderson, Hiebert, Scott, & Wilkerson, 1985](#); [Adams, 1990](#); [Snow, Burns, & Griffin, 1998](#); [Wood & Mclemore, 2001](#))
- **Nonword reading** tasks are sensitive to phonologically based reading deficits ([Herrmann, Matyas, & Pratt, 2006](#); [Rack et al, 1992](#))
- **Nonword Spelling** tasks are more sensitive to the determination of spelling abilities in non-transparent languages because they allow acceptance of alternative plausible spelling patterns, as opposed to real word spelling assessments, which allow only one correct spelling ([Lovett & Steinbach, 1997](#))

Are Vocabulary Tests Useful for School Aged Children

- One-word vocabulary tests are often used in the assessment process to qualify children for speech and language services ([Betz, Eickhoff, & Sullivan, 2013](#))
- Studies have found that single word vocabulary tests have poor psychometric properties and/or are not representative of **linguistic competence embedded in life-activities** ([Gray et al., 1999](#); [Ukrainetz & Blomquist, 2002](#); [Bogue, DeThorne, Schaefer, 2014](#))
- Single word vocabulary tests can overinflate testing scores and not represent the child's true expressive language competence. Even when a student truly has solid or even superior vocabulary knowledge and naming skills, doesn't mean that s/he can **effectively utilize these abilities during the narrative production as well as reading and writing tasks.**

Clinical Assessment of Narrative Abilities

- Ask students to summarize a read book or a viewed movie
 - Quick and efficient way to assess multiple areas of language
 - Provide more detailed information regarding macrostructural (story grammar elements, perspective taking, etc.) and microstructural elements (vocabulary, syntax, and grammar) as well as child's thought processes and socio-emotional functioning
- Preschool (3-6 years old)
 - Wordless picture books
- Early Elementary (7-12 years old)
 - Picture books
- Middle School/High School (13-18 years old)
 - Delayed retelling favorite book or movie

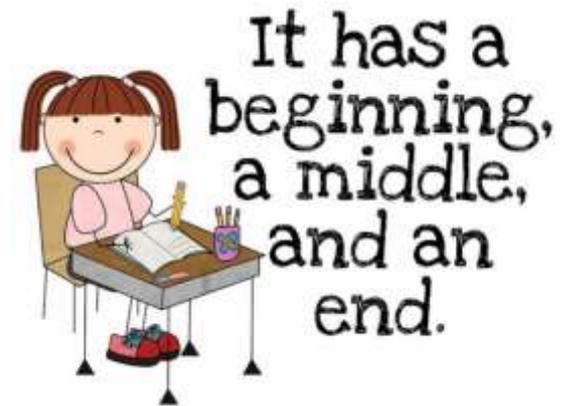
Narrative Assessment: Sample Materials

- SALT Elicitation Books (FREE Scripts and Rubrics)
- **Frog Where Are You** (Mercer Mayer, 1969)
 - Preschool-1st grade
- **Pookins Gets Her Way** (Helen Lester, 1986)
 - 2nd grade
- **Porcupine Named Fluffy** (Helen Lester, 1987)
 - 3rd grade
- **Dr. De Soto** (William Steig, 1982)
 - 4-6th grade



What do Narratives Reveal?

- Sequencing Ability
 - Story order
- Working Memory
 - Recall of relevant details
- Grammar
 - Sentence structure errors, run-on sentences, etc.
 - Use of temporal markers and cohesive ties to connect the story
- Vocabulary
 - Immature vs. age-level
 - Word retrieval issues vs. lexical fluency
- Pragmatics and perspective taking
 - Topic cohesion /coherence
 - Use of anaphoric references
 - Insight into character's feelings, beliefs, thoughts



Clinical PA Assessment: PAST Test

- The Phonological Awareness Screening Test (PAST) is a free public domain test which takes 5-8 mins to administer
 - Can be used with preschoolers
 - Multiple forms (A-D)
 - ACCESS <https://www.thepasttest.com/>
- Correlate more strongly with word-level reading than currently available phonological awareness tests ([PAST Initial Report pg. 2](#))
- Assessment areas:
 - Basic syllable
 - Onset-rime
 - Basic phoneme
 - Advanced phoneme

PHONOLOGICAL AWARENESS SCREENING TEST (PAST) FORM A

David A. Kilpatrick, Ph.D. © 2003, 2010, 2018
Adapted from the levels used in Melnits (1999) & Rosner (1973)

Name: _____ Date: _____ Grade _____ Age _____
Teacher: _____ D.O.B.: _____ Evaluator: _____

INSTRUCTIONS: *Equipped for Reading Success* Chapter 11: "Assessment of Phonological Awareness" for how to administer the PAST.

RESULTS:

	Correct	Automatic	Highest Correct Level:	_____
Basic Syllable	____/12	____/12	(Levels not passed below the highest correct level)	_____
Onset-Rime	____/10	____/10		
Basic Phoneme	____/10	____/10		
Advanced Phoneme	____/20	____/20	Highest Automatic Level:	_____
Test Total	____/52	____/52	(Non-automatic levels below highest automatic level)	_____

Approximate Grade Level:

Pre/K/K	K	late K/early 1st	1st	late 1st/early 2nd	2nd	late 2nd to adult
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Note: The grade levels listed throughout the PAST are estimates based on various research studies and clinical experience. They are not formalized norms.

I. SYLLABLE LEVELS

Basic Syllable Levels (D, E2 - preschool to mid kindergarten; E3 - mid to late kindergarten)

LEVEL D Say bookcase. Now say bookcase but don't say book.

FEEDBACK: "If you say bookcase without saying book, you get case."

D1 (book)case _____ (sun)set _____ space(ship) _____

D2 (sil)ver _____ (mar)ket _____ gen(tle) _____

LEVEL E Say umbrella. Now say umbrella but don't say un.

FEEDBACK: "If you say umbrella without saying un, you get brilla."

E2 (um)brella _____ (fan)tastic _____ (Oc)tober _____

E3 (al)phabet _____ (Sat)urday _____ (tri)cycle _____

Basic Syllable Total: _____/12 A: _____/12

II. ONSET-RIME LEVELS

Onset-Rime Levels (kindergarten to mid first grade)

LEVEL F Say feet. Now say feet but don't say /f/.

FEEDBACK: "If you say feet without the f, you get ait: feet-eat."

(f)eet → eat _____ (c)ough → off _____

(t)ame → aim _____ (t)ime → I'm _____ (c)one → own _____

LEVEL G Say guide. Now say guide but instead of /g/ say /r/.

FEEDBACK: "If you say guide, and change the g to r, you get ride: guide-ride."

(g)uide /r/ → ride _____ (m)ore /d/ → door _____

(g)um /th/ → thumb _____ (l)ed /s/ → said _____ (f)eet /s/ → seal _____

Onset-Rime Total: _____/10 A: _____/10

Clinical Assessment of Reading and Writing

COMPILED ORF NORMS

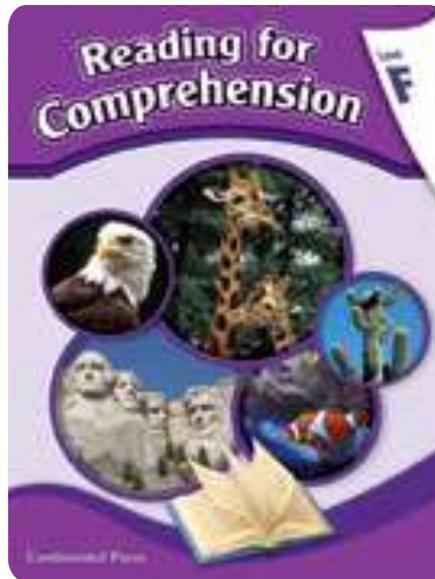
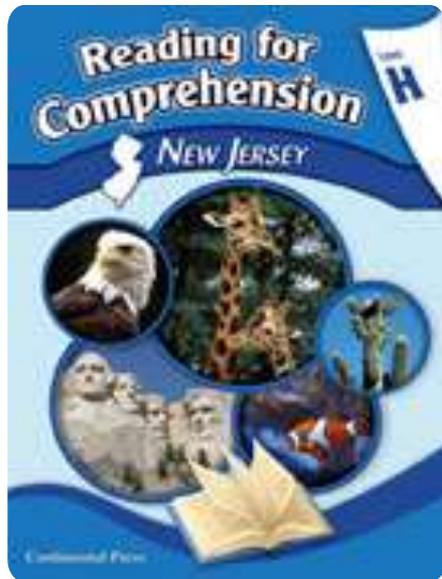
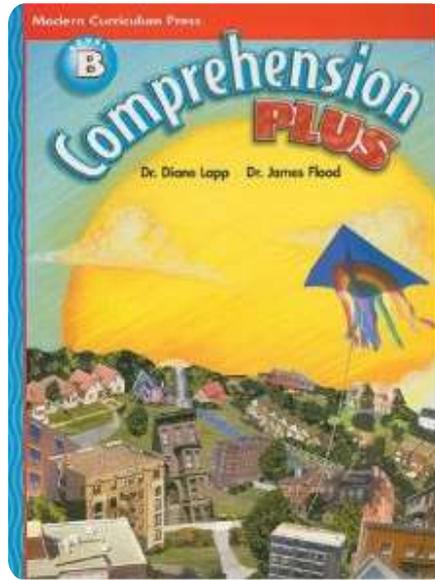
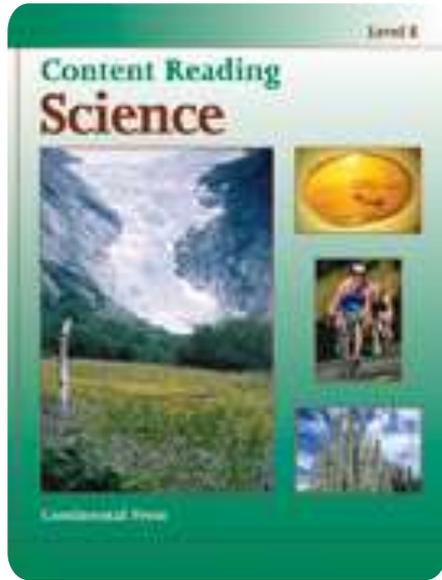
Hasbrouck & Tindal (2017)

From Hasbrouck, J. & Tindal, G. (2017). *An update to compiled ORF norms* (Technical Report No. 1702). Eugene, OR. Behavioral Research and Teaching, University of Oregon.

Grade	Percentile	Fall WCPM*	Winter WCPM*	Spring WCPM*
1	90		97	116
	75		59	91
	50		29	60
	25		16	34
	10		9	18
2	90	111	131	148
	75	84	109	124
	50	50	84	100
	25	36	59	72
	10	23	35	43
3	90	134	161	166
	75	104	137	139
	50	83	97	112
	25	59	79	91
	10	40	62	63

Grade	Percentile	Fall WCPM*	Winter WCPM*	Spring WCPM*
4	90	153	168	184
	75	125	143	160
	50	94	120	133
	25	75	95	105
	10	60	71	83
5	90	179	183	195
	75	153	160	169
	50	121	133	146
	25	87	109	119
	10	64	84	102
6	90	185	195	204
	75	159	166	173
	50	132	145	146
	25	112	116	122
	10	89	91	91

*WCPM = Words Correct Per Minute



Clinical Reading Comprehension Assessment

- Comprehension Plus (Grades 1-6)
- Continental Press ([HERE/HERE](#))
 - Reading for Comprehension (Grades 1-8)
 - General/Specific States (FL,IL, NJ, NY)
 - Content Reading (Grades 2-8)
 - Science
 - Social Science
 - Geography
- Select grade level text
- Ask student to read and summarize it
 - Calculate reading fluency sample (1 minute)
- Ask student the main idea of text
- Ask student abstract comprehension questions pertaining to the text



Clinical Writing Assessments

- Why assess adolescent writing abilities?
- Language impairments in childhood persist into adolescence ([Beitchman et al, 1996](#); [Stothard et al, 1998](#))
- Older students continue to experience difficulties with impaired vocabulary ([Johnson et al. 1999](#)); morphology ([Clahsen, et al, 1997](#)); and syntax ([Norbury et al, 2001](#))
- These impairments translate into written composition in the areas of vocabulary, clausal density as well as generation of novel ideas ([Puranik et al, 2006](#))
- Production of written text is an area of 'marked vulnerability' for adolescents with language impairment ([Dockrell et al, 2009](#))

Written Assessment Types (Nippold, et al, 2005, 2009, 2012)

- **Narrative Writing**

- “As adolescents mature, they pay more attention to the thoughts, emotions, motivations, and inner reactions of the characters in the stories they encounter ([Bamberg & Damrad-Frye, 1991](#); [Botvin & Sutton-Smith, 1977](#); [Stein & Glenn, 1979](#)), which may prompt them to use: abstract nouns (ABNs; e.g., anticipation, curiosity, loneliness) and metacognitive verbs (MCVs; e.g., decide, imagine, realize) in their writing” ([Sun & Nippold, 2012](#))

- **Expository Writing**

- The predominant genre used in the classroom beginning in 4th grade - high school ([Nippold & Scott, 2015](#))
- Requires more sophisticated level of syntactic development ([Nippold et al, 2009](#); [Scott & Windsor, 2000](#); [Verhoeven et al., 2002](#))
- Students with LD exhibit syntactic deficits in expository discourse ([Nippold et al., 2009](#); [Scott & Windsor, 2000](#))

- **Persuasive Writing**

- Highly valued (by schools) genre, which assesses the student’s ability to use sophisticated syntax, semantics, and pragmatics to convince readers to adopt a particular perspective or perform a desired action [Nippold, Ward-Lonergan, & Fanning, 2005](#)

Writing Assessment Scoring



MECHANICS – IS THERE APPROPRIATE USE OF PUNCTUATION, CAPITALIZATION, ABBREVIATIONS, ETC.?



GRAMMATICAL AND SYNTACTIC COMPLEXITY – ARE THERE WORD/SENTENCE LEVEL ERRORS/OMISSIONS? HOW IS THE STUDENT'S SENTENCE STRUCTURE?



SEMANTIC SOPHISTICATION – USE OF APPROPRIATE VS. IMMATURE VOCABULARY



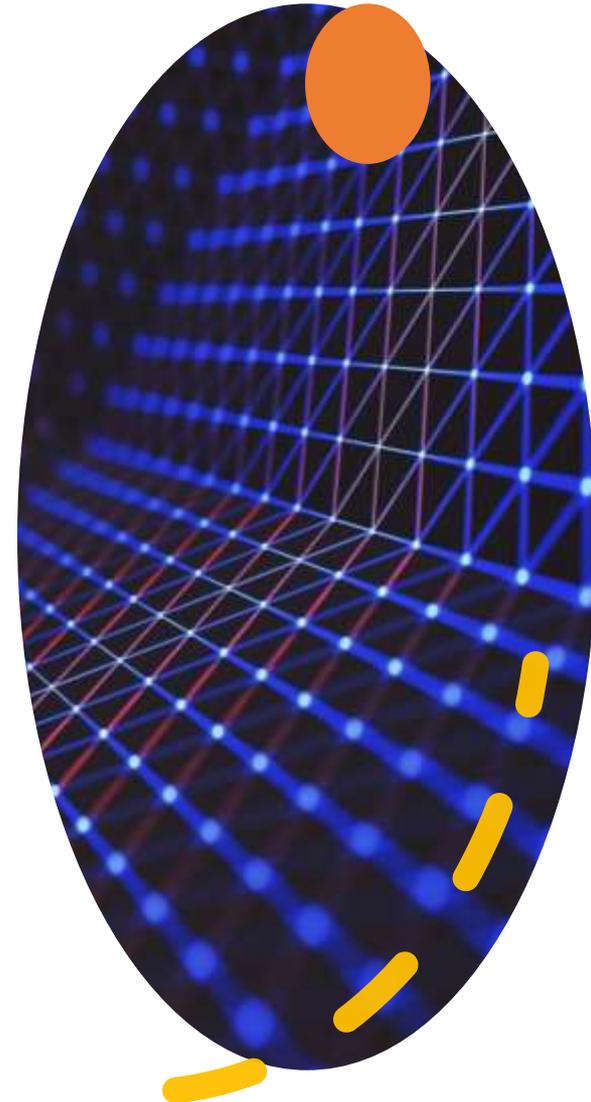
PRODUCTIVITY – DID THE STUDENT GENERATE ENOUGH PARAGRAPHS, SENTENCES, ETC.?



COHESION AND COHERENCE – IS THE WRITING ORGANIZED? DOES IT FLOW SMOOTHLY? DOES IT MAKE SENSE? ARE THE TOPIC SHIFTS MARKED BY APPROPRIATE TRANSITIONAL WORDS?



ANALYSIS – CAN THE STUDENT EDIT AND REVISE HIS WRITING APPROPRIATELY?



Select Questions to Ask for Decision Making Purposes



Which tests will be used and why these specific tests were selected?



Do these tests contain information on discriminant accuracy in their respective manuals?

Can they be used for the purpose of differentiating learning disabled from typically developing students?

What happens if the tests show that the student performed in the average range, but the student is struggling significantly in school? (quite common)



Will the assessment result in the student receiving targeted therapies in school setting or only in recommendations for accommodations, modifications, and educational classification?



Will the assessor formulate goals and objectives for treatment purposes or recommend additional testing only with other assessors?

Conclusion

- Because students with language and learning deficits continue to be underserved in the schools it is highly important to assess not just their oral language abilities by also their pragmatic and literacy skills via psychometrically-sound standardized assessments and clinical assessments (of relevant areas) in order to adequately reflect the learner's difficulties in the "real world".
- It is important to ensure that assessments yield diagnostic information needed to formulate treatment goals for the students in question
- All students need to receive fair and appropriate assessments which will result in targeted and relevant therapeutic services
- Anything less is a denial of [Free Appropriate Public Education \(FAPE\)](#) to which all students are entitled to
- It is NEVER too late to help!

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