DOINGWHATW⟳RKS

Screening All Students
Donald Compton, Ph.D. • September 2009

Topic: Response to Intervention in Primary Grade Reading
Practice: Universal Screening

Highlights

- Universal screening is used in Response to Intervention (RtI) to identify students at risk for reading problems and place them into appropriate tiered interventions.
- Evidence suggests that screening all children early is an effective way to identify students who are most at risk and improve their reading outcomes in the long run.
- Dr. Compton describes the purpose of universal screening and how it fits into a multi-tiered intervention system.
- A strength of universal screening is that it is data driven and not dependent on the context of the classroom. Dr. Compton discusses the need for structured assessments and explains how teacher judgment can play a role in decision making.
- Dr. Compton addresses the importance of accurate identification of at-risk students and talks about instrument reliability and validity.
- A developmental approach is essential in selecting a universal screener. Assessments need to be on target in terms of child development and predicting future reading performance.

- Dr. Compton outlines the components of an effective screening program and suggests ways that schools can implement screening.
- Effective classroom instruction in Tier 1 is vital to student learning. The more effective the classroom, the fewer number of children should be identified at risk.

About the Interviewee

Donald Compton is associate professor of special education and a John F. Kennedy Center Investigator at Peabody College, Vanderbilt University. He earned a Ph.D. from Northwestern University's School of Communication Sciences and Disorders. He worked as a learning disabilities resource teacher for five years in Skokie, Illinois. Dr. Compton then worked for four years as an assistant professor in the Department of Curriculum and Instruction at the University of Arkansas, Fayetteville. He then accepted a National Institute of Child Health and Human Development (NICHD) postdoctoral research fellowship at the Institute for Behavior Genetics, University of Colorado. From there he accepted his current position at Vanderbilt University.

Dr. Compton is experienced in designing, managing, analyzing, and disseminating data from cross-sectional and longitudinal studies. He is currently principal investigator or coprincipal investigator on five federal grants (two NICHD, three Institute of Education Sciences) using randomized controlled trials to evaluate academic interventions for children with learning difficulties. He is knowledgeable in the statistical modeling of growth in individuals and groups. His research involves modeling individual differences in the development of children's reading skills. He has written over 40 peer-reviewed publications and is on the editorial boards of the *Journal of Learning Disabilities, Scientific Studies of Reading, Exceptional Children*, and five other journals. Dr. Compton is currently coeditor of *Annals of Dyslexia* and vice president/president-elect of the Society for the Scientific Study of Reading.

Full Transcript

I am Don Compton. I am an associate professor of special education at Vanderbilt University.

Universal screening is the first part of a multi-tier system where we try to identify children who are at risk for poor reading outcomes. There is good and mounting evidence that screening all children early and trying to identify those who are at risk for poor reading outcomes is an effective practice and increases the outcome for those who are most at risk for reading problems.

What we try to do with universal screening is we screen all children—hopefully before reading development has started or right at the onset of reading development—try to identify the kids who are at risk and then move them into this preventive tutoring.

It's very hard to tell before reading instruction starts who is going to have a reading problem and who isn't unless we give structured assessments to these kids.

Accurate Identification

We like universal screening because it's very data-driven; it's not as dependent on context—you know a teacher is in a classroom with the set of children, they are going to make judgments based on the other children in the classroom. With universal screening, you can use national, district, school-based scores which are not as dependent on the context of the classroom. However, that being said, teacher judgment is a very good piece of data to bring to the table for making decisions. Teachers have insight into the actual learning and the progress children will make when exposed to instruction. And often times this is what can help us clear up those kids who actually have long-term reading problems versus those who are just struggling when they come into school or look as if they are struggling on a universal screener but are making good progress in the eyes of the teachers. So we think that using both, usually a universal screener first and then maybe clarification by teacher judgment, would be a good way to go about this.

Selecting Screening Assessments

In selecting a universal screener, it's very important to take a developmental approach to identify what screener is best for identifying kids who are at risk at that time. Reading development is something that changes very quickly, and we have to make sure that the assessment that we use is on target in terms of child development and also predictive of later reading skill.

When identifying a universal screener, there are certain things that the schools should look for. Probably the most important is classification accuracy. You want a measure that's going to identify as accurately as possible those kids who are most at risk. Along with that are issues of reliability and validity; these should be provided, and the measures should be fairly reliable, and it should be a valid measure of future reading performance.

Conducting Screening

Universal screeners are supposed to be fairly simple, fast assessments, so we recommend the schools use personnel flexibly. Universal screeners could be given by classroom teachers, special education teachers, psychologists, even paraprofessionals. The thing that we recommend is that people are trained up to high fidelity before giving these assessments and that they are observed once in a while to make sure that they continue to administer the assessment with high fidelity. By *high fidelity*, what I mean are assessments that are given the way they were meant or designed to be given, and that they are scored correctly.

In the Practice Guide, we recommend actually giving the universal screener twice, once in the fall and once in midyear, and this is particularly important for younger kids who are just beginning to learn how to read. The second screener, yes, will take more resources, but if you improve your classification accuracy by actually finding the right kids, then it may well be worth it to give a second screener. In the best-case scenario, what we would like to recommend is that schools give the universal screener in the fall and then follow up with six to eight weeks of progress monitoring. This will allow them to make judgments about whether kids are going to respond to classroom instruction faster than giving a midyear second screener. Although, both are considered best practice right now, so it's sort of up to schools to decide which works best for them.

Effective Classroom Teaching

In a system that combines universal screening plus progress monitoring, classroom instruction, and particularly the effectiveness of the Tier 1 classroom instruction, will interact with your identification criteria. So you may have children, a lot of children, identified by a universal screener; they may be in very effective classrooms, and their growth rate on the progress monitoring component of your screener may be high enough to show that they are no longer at risk. And the more effective that classroom teacher is, the more of those kids who were initially at risk will no longer be at risk, and vice versa for less effective classroom environments. So we have to remember that these universal screeners and progress monitoring are sensitive to actually how much kids are learning in the classroom and therefore are dependent on the effectiveness of the classroom. The more effective the classroom, the less number of children should be identified as at risk.