

Interpretation and Follow-Up

This chapter describes how to interact with and interpret the child’s Learning Profile, which the Well Screening automatically generates after the Scoring Form is submitted. This chapter also covers additional factors to be considered when interpreting the results.

INTERPRETATION OF THE LEARNING PROFILE

As discussed in Chapters 3 and 4, the Well Screening includes 10 subtests measuring skills in eight domains that are associated with success in academic growth. Refer to Table 4.1 (repeated below) for a reminder of how the subtests are aligned across the domains.

Table 4.1. The domains and corresponding subtests in the Well Screening®

Domain	Subtest
Receptive Language	Subtest 1: Language Processing
Expressive Language	Subtest 4: Confrontational Naming Subtest 7: Language Formulation
Social Communication	Subtest 5: Pragmatics
Early Literacy	Subtest 3: Word Sound Play Subtest 8: Letter Recognition
Reading	Subtest 9: Real Word Reading Subtest 10: Nonsense Word Reading
Attention	Subtest 2: Number Sequences
Math Calculation	Subtest 6: Calculation
Speech Sound Production	Per report and supplemental testing
Supplemental	
Speech Sound Production Subtest	Downloadable answer form and video on web site
Motor Skills Checklist	Downloadable checklist on web site

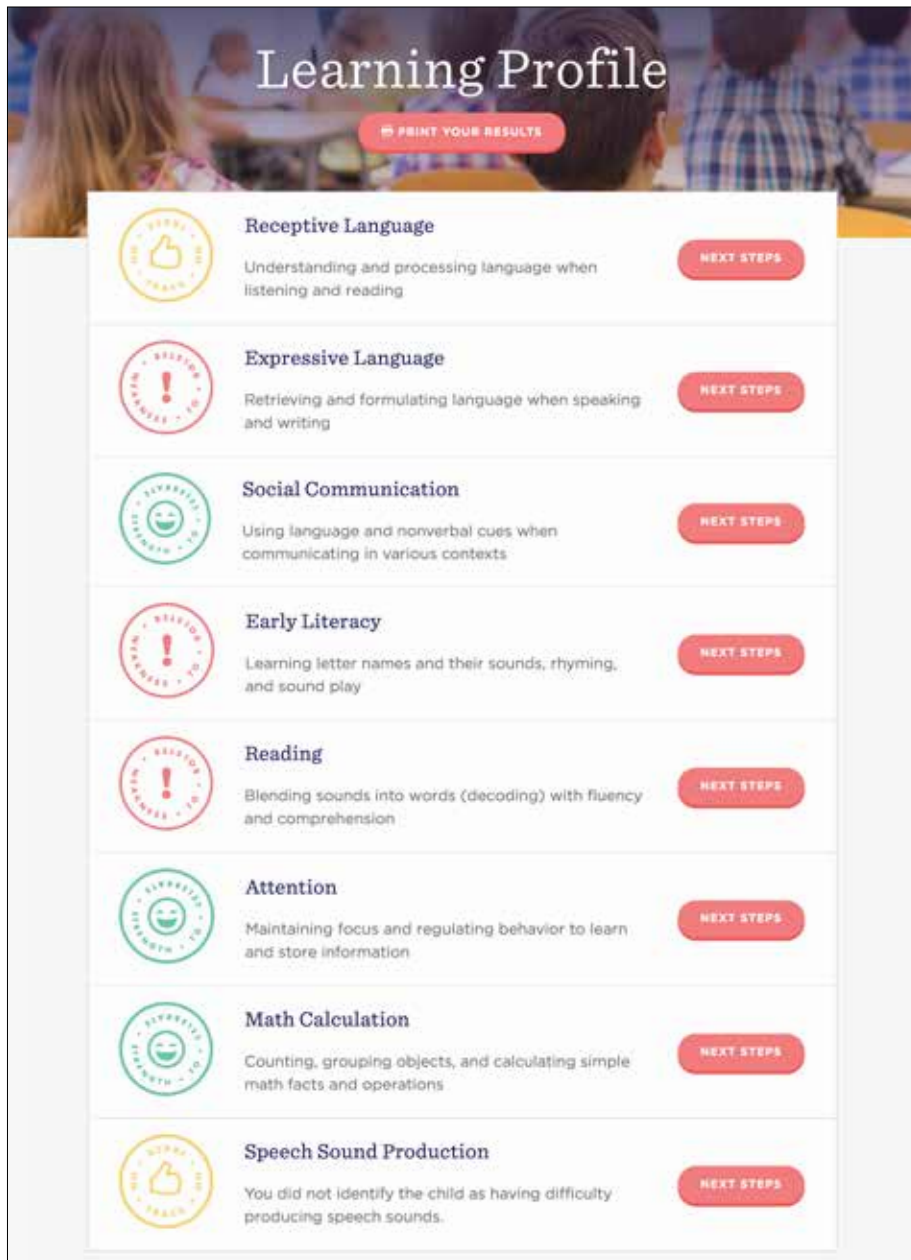


Figure 6.1 A sample Learning Profile.

As discussed in Chapter 5, after the child completes the 10 subtests, the Learning Profile is automatically generated. To begin evaluating the child’s screening results, first look at the domains at the top of the profile: receptive language, expressive language, social communication, early literacy, reading, attention, math calculation, and speech sound production. The child’s performance on the domains is marked in colors labeled: Strength to Celebrate (green), On Track (yellow), or Weakness to Bolster (red). See Figure 6.1 for an example.

For each child, identify the domains that are in red on the Learning Profile. The previous sample shows that the child scored low on the following domains: Expressive Language, Early Literacy, and Reading.

Next, scroll down to the bottom of the Learning Profile (Figure 6.2). The table to the right, *How to Interpret Child's Scaled Scores*, shows the classification scores for the subtests. If a child's scaled score is 11 or above on a subtest, that subtest area is classified as a Strength to Celebrate. If a child's scaled score is 8 to 10 on a subtest, that subtest area is classified as On Track. If a child's scaled score is less than 7 on a subtest, that subtest area is classified as a Weakness to Bolster.

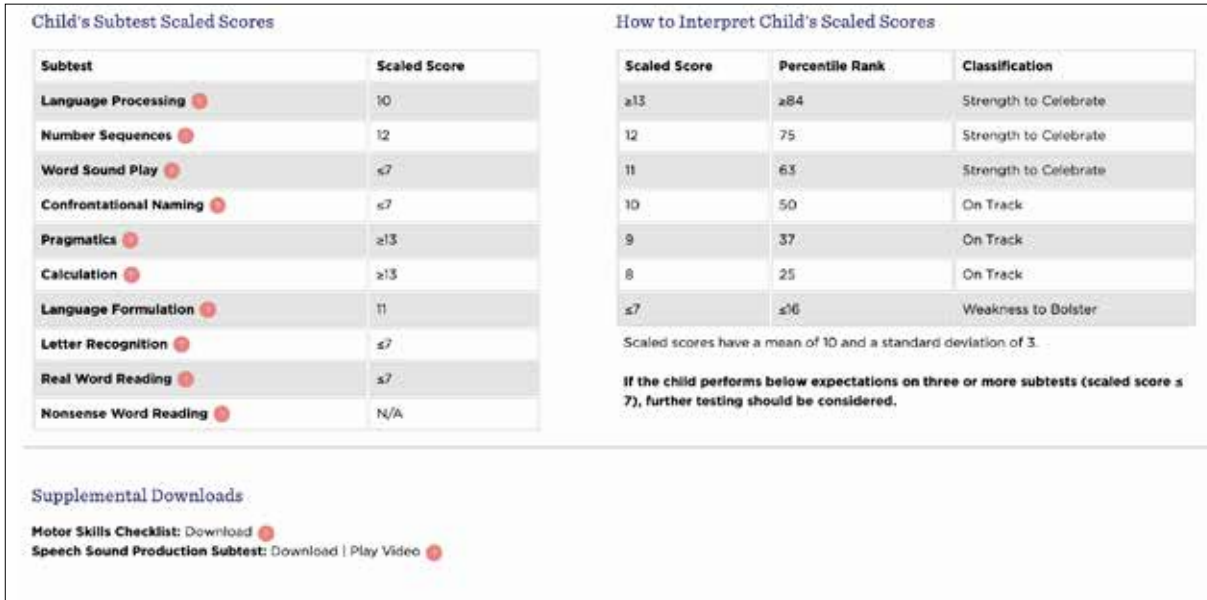


Figure 6.2 Scaled Scores.

The table to the left, *Child's Subtest Scaled Scores*, shows the performance of the child screened. Look at the child's scaled scores by subtest in this table. Using the How to Interpret Child's Scaled Scores table, determine the subtests where the child is exhibiting difficulty. Ask: On which subtests does the child have a scaled score of ≤ 7 ? *If the child has difficulty on three or more subtests (scaled score ≤ 7), further testing should be considered.*

Looking at the results shown in Figure 6.2, the child scored low on both of the Early Literacy subtests: Word Sound Play and Letter Recognition. She also scored low on the Real Word Reading subtest, among others.

Of note, this child was tested in K-Winter. There are different developmental expectations depending on the time of the school year and academic exposure. This has been taken into consideration when evaluating performance on the subtests. Notice, the Nonsense Word Reading subtest for this child is scored N/A for Not Applicable because reading nonsense words is not an expected skill to be taught by K-Winter. The Reading domain in K-Winter is based solely on the child's ability to read real words. The Reading Domain is coded as Not Applicable when students are not able to read real or nonsense words at Pre-K-Spring or K-Fall, since reading is not an expected skill at those time periods.

Because the child scored ≤ 7 on more than three subtests, she should be evaluated further. Based on her profile, the child may be at risk for reading and expressive language challenges. Chapter 7 provides additional samples of students with a variety of learning profiles, to further guide interpretation.

OTHER INFORMATION TO CONSIDER

As part of the screening process, professionals may be able to gather supplementary information to gain additional insight into the child's background. Such observational and family information may influence performance on the Well Screening and impact considerations of next steps. Areas of query include:

Is there a family history for speech, language, or learning difficulties?

Familial aggregation, twin, and molecular genetic studies have provided strong evidence that children whose parents have a history of speech, language, and/or reading disorders are at greater risk for exhibiting similar disorders (Lewis et al., 2006; Raskind et al., 2013). This is the first question to ask if a child performs below expectations on the Well Screening.

Is English the child's second language?

The American Speech-Language-Hearing Association (ASHA) recommends that a bilingual child be tested in both languages (ASHA, 2004). Typically developing bilingual children will score higher in their primary language and lower in the secondary language due to limited exposure, whereas bilingual children with a language impairment will demonstrate lower performance in both the primary and secondary languages (Boerma & Blom, 2017). There is considerable research addressing language and learning disorders in children who are bilingual (Kohnert, 2010; Kohnert & Medina, 2009). Because the Well Screening has not been normed for bilingual populations, it is not recommended to be used as a screener when English is not the primary language spoken in the home.

Does the child have a hearing problem?

Hearing is critical for speech-language development, social interaction, and academic success. Research has documented that hearing loss affects receptive and expressive language skills, including vocabulary, syntax, morphology, speech sound production, social competence, and literacy skills, including phonological awareness and print knowledge (Shojaei et al., 2016; Werfel, 2017). If a hearing loss is suspected, the child should be referred for a thorough audiological evaluation to determine if a hearing loss is present and, if one is present, to determine the type (conductive, sensorineural) and severity (mild, moderate, severe) of the hearing loss. Children with moderate to severe hearing losses should have a comprehensive psychological, speech, language, audiological, and learning evaluation.

Is the child young for the grade? Do they have a summer or fall birthday?

Research has shown that age alone is not a reliable predictor of school success. While age is often a factor that educators and parents consider to influence kindergarten performance, there is a growing body of evidence to show that teaching effects are much greater than age effects for alphabet recognition, word decoding, phonemic awareness, and simple addition (NICHD Early Child Care Research Network, 2007). Further, simply repeating kindergarten has not been shown to be effective for children who are exhibiting language learning challenges (Raffaele et al., 2015). Children at risk need to be identified early and have programs targeting their language-learning needs (Ekelman & Lewis, 2019).

RECOMMENDATIONS

The need for additional testing is at the discretion of the screening team, as many factors influence this decision. Further testing should be considered if:

1. The child performs below expectations (scaled scores ≤ 7) on three or more subtests,

2. There is a family history of language-learning problems, and/or
3. An educator, pediatrician, specialist, or parent is concerned.

The Well Screening can be used to follow the child's progress throughout the school year. A Weakness to Bolster may simply indicate that more exposure to a skill area(s) is needed, especially if the student is in Pre-K-Spring or K-Fall. The team should decide whether monitoring or referring for a more thorough evaluation should be the course of action. To locate information, activities, and game suggestions by domain that need bolstering, press the Next Steps button located to the right of each domain on the web site.

The Well Screening is not a diagnostic tool and should not be used as a substitute for the professional judgment of educators, psychologists, speech-language pathologists, or health-care professionals in diagnosing and treating children. With a deeper understanding of each child's learning profile, instruction and early intervention can be individualized to foster growth and academic success for every child.