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Current Preschool Screening Practices in Illinois and the Role of the School Psychologist

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Current Preschool Screening Practices in Illinois and the Role of the School Psychologist

BY

Susan M. Kapper

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Current Preschool Screening Practices in Illinois and the Role of the School Psychologist

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Abstract

Current preschool screening practices in Illinois and the role of the school psychologist in these practices were investigated. A survey focusing on current screening practices and the role of the school psychologist in the development and implementation of screening programs was developed and sent to 200 randomly selected members of the Illinois School Psychologists Association (ISPA). Results indicate that some consistency in the procedures and administration of preschool screening do exist between programs within the state of Illinois. These consistencies include consensus on the purpose of preschool screening programs, personnel involved in the administration of these programs, assessment tools utilized during screening, and if the evaluation of screening programs is occurring.

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Introduction

The federal Child Find Mandate of P.L. 94-142 in 1975 was the initial driving force behind states developing and implementing ways to identify and serve school-aged (and in some states preschool) children with disabilities. In 1986, P.L. 99-457 expanded the focus to mandate special education services for children aged 3 to 5. As a result, all states have developed and implemented preschool or early school screening programs to meet these requirements (Ysseldyke, Thurlow, & O'Sullivan, 1987). Preschool screening is the administration of brief forms of assessment to large numbers of children to identify those who are most likely to develop behavior and learning problems and may need special services (Harrington, 1984). Preschool screening typically includes outreach procedures to notify parents of available screening services, procedures to identify children who may be at-risk, and decision making about whether or not a child should be referred for further evaluation (Ysseldyke, et al., 1987). Federal laws, however, did not specify how to carry out screening procedures. As a result, the procedures vary widely across states. Although most states mandate preschool screening, instruments and procedures are decided at the local level. As a result, preschool screening within a state can have as much variation in its procedures as preschool screening procedures between states (Thurlow & Gilman, 1992). Also contributing to the variation in preschool screening procedures is the varied purposes of preschool screening (Rafoth, 1997) in addition to the special education purpose of identifying children from the general population likely to be eligible for special education. This study will focus on screening practices for special education services, the use of screening most likely to involve participation by school psychologists.

Literature Review

Preschool screening is the only time in which the general population is scanned to identify children who may need special education assessment and it plays a significant role in children's education (Ysseldyke & O'Sullivan, 1987). Preschool screening is typically the first contact between families and the educational setting and is the initial opportunity for a child to be determined eligible for special education programs (Ysseldyke & O'Sullivan, 1987). As a result, the impact of preschool screening can result in long-term, far-reaching changes in the lives of children and families (Ysseldyke & O'Sullivan, 1987). For example, if a child and family have a positive screening experience this may lead to positive family and school relationships in the future, whether the child needs special services or not. However, if a child is not identified as needing further diagnostic evaluation when in fact he or she does, this may lead to more severe problems in the classroom in the future that will need to be addressed.

Preschool screening for special education purposes uses brief forms of normative assessment to identify children who are most likely to develop learning disabilities and/or behavior problems within the classroom and who may need special services (Harrington, 1984). Children who are identified during the screening process are then referred for further evaluation. Identifying these children also provides school personnel with the opportunity to develop relationships with parents and assist them in making necessary changes to accommodate their child with his or her difficulties (Gridley, Mucha, & Hatfield, 1995).

The development and implementation of a successful preschool screening program should consider several factors. From the perspective of special education,

preschool screening is typically used to distinguish between those students who need further evaluation and those who do not. As a result, a low-cost, quickly administered, multipurpose screening approach is frequently used. It is important to select the specific mandated domains to be assessed, including the child's health, cognitive ability, speech and language, and other areas (Gridley, et al., 1995). Assessment measures and procedures should have adequate psychometric properties to ensure validity and reliability. It is also critical to select appropriate personnel and have the preschool screening program planned in a way that will result in efficient outcomes; that is, accurately identifying children who need further evaluation and recognizing children who perform at age appropriate levels (Thurlow & Gilman, 1992).

Reviewing the function of preschool screening and the various factors required to successfully implement such a program, raises questions regarding the role of the school psychologist in this process. The function of preschool screening, to identify children who may need diagnostic evaluations to determine eligibility for special services, is different than the function of diagnostic evaluations with which school psychologists are most familiar. However, the role of school psychologists is important in screening as well as the diagnostic evaluation of some children following screening (Harrington, 1984). No federal standards are set that specifically focus on the role of the school psychologist in preschool screening; however, school psychologists are required to follow federal and state standards with regard to providing services to all age groups, including preschool children. The National Association of School Psychologists (NASP) (1999) encourages school psychologists to become involved at the local, state, and national levels in efforts to advocate for quality early intervention services for children

from birth through age 5. As a result, NASP also states that it is important for school psychologists and other professionals to promote and assist in "Child Find" or "Child Check" programs which identify children as early as possible who may be at risk or have a disabling condition through the use of unbiased, reliable, and valid screening procedures with complete follow-up assessment when needed (NASP, 1999).

Harrington (1984) focused extensively on the important potential role of school psychologists in the preschool screening process and discussed specific screening activities that parallel the skills of school psychologists. Preschool assessment is viewed as a continuum, consisting of five phases: case finding, screening, diagnosis, educational assessment, and program evaluation. Although school psychologists typically enter the preschool screening process during the diagnosis stage, their valuable contributions during the screening phase have not been emphasized.

Harrington (1984) outlined the development and implementation process of the screening phase of preschool assessment, placing emphasis on the importance of professional contributions by the school psychologist as a member of the preschool screening team. During the development of a preschool screening program, the school psychologist should be concerned that the screening activities have specific criteria to determine if further evaluation is needed, that specific diagnostic assessments are available if further evaluation is needed to confirm or refute the screening results, and that there are services available to meet any educational needs of the child.

Psychometrically sound preschool screening instruments are essential to successful screening outcomes. In selecting appropriate screening instruments, the school psychologist may represent one of the most qualified individuals on the preschool

screening team with regard to psychometric knowledge. As a result, the school psychologist should assume a primary role in selecting these assessment tools, and may also be responsible for training paraprofessionals involved in screening (Harrington, 1984).

School psychologists' training and experience allow them to assume several other roles in the preschool screening process. School psychologists can provide more cognitive screening information than what is typically available due to their expertise in cognitive assessment (Harrington, 1984). Comprehensive screening programs should also measure children's early literacy abilities, verbal memory, and phonemic awareness, due to their significant impact on academic success (Rafoth, 1997). School psychologists also have experience with questions regarding personality and social development (Harrington, 1984).

Extensive experience working with parents qualifies school psychologists for several roles. School psychologists may interview parents to obtain developmental information about a child. Within this interview, the school psychologist may acquire information about a child's developmental progress and any other areas of parental concerns. After screening has been completed and results have been reported to the parents, school psychologists may act as a liaison between parents and the preschool team, as well as a resource for parents' questions regarding community agencies (Harrington, 1984).

School psychologists may also assume an active role in the evaluation or efficacy of preschool screening programs. Of primary importance is that children who need further evaluation that may lead to special services or interventions are not overlooked.

Of secondary importance is that resources are not wasted by providing further evaluation and services to children identified inaccurately (Rafoth, 1997). Evaluation of preschool screening programs and the use of longitudinal tracking will allow these issues to be closely reviewed. Based upon these evaluations, important changes can be made to develop and implement more accurate and effective screening practices.

Abbott and Crane (1977) indicated that emphasis is placed on preschool screening due to the evidence that early identification and placement in special education programs significantly increases the chances of remediation (cited in Ysseldyke, Thurlow, O'Sullivan, & Bursaw, 1986). NASP also states that early identification and implementation of interventions not only benefit children and families but also accrues long-term cost savings to school districts and society (NASP, 1999).

Despite the importance of screening programs and their impact on children and families, relatively little attention in the literature has been given to the school psychologist's role in the preschool screening process. The school psychology literature contains very little regarding preschool screening since the 1980's, and virtually all of this research was conducted by James Ysseldyke and associates at the University of Minnesota.

Ysseldyke, Thurlow, O'Sullivan, & Bursaw (1986) surveyed screening and diagnostic practices used to identify young handicapped children in Minnesota. Screening instruments, professionals involved in screening practices, and criteria used to make decisions regarding screening results were discussed. Results showed that preschool screening programs relied heavily on a limited number of instruments for screening, despite technical inadequacy of many of these instruments. The special

education teacher was typically the professional most often involved in conducting preschool screening. A significant number of respondents (91%) indicated the use of some kind of criterion to make decisions about screening results, also indicating that a small number of respondents did not report using any criteria to make these important decisions. Despite the majority of preschool screening programs using fairly objective criteria to determine if children need further evaluation or diagnostic assessment, subjective clinical judgment was used by many respondents to make decisions regarding further assessment. Thurlow, Ysseldyke, and O'Sullivan (1985) indicated that decision-making criteria for further evaluation may account for findings showing variability in the percentage of children who are referred for services and the percentage of children receiving services in different school districts across the state (cited in Ysseldyke, et al., 1986). As a result, a child who is referred for services in one area of the state may not be referred in another. The study provided a thorough investigation into screening procedures being used at the time, especially with regard to the wide variability within the state.

Lehr, Ysseldyke, and Thurlow (1987) examined assessment instruments and other assessment methods being used in model early childhood special education programs on a national level. Fifty-four Handicapped Children's Early Education Program's (HCEEP) demonstration programs who served children ranging from prenatal care to 6 years of age with mild to moderate handicaps were asked to list tests and informal methods of assessment that were used for five assessment purposes, which included screening. The purpose of screening was defined as identifying students for further diagnostic evaluation. Factors that influenced the selection of these tests, including

technical adequacy, were examined. This study showed that for screening purposes, the most commonly used test in the early 80's was the Denver Developmental Screening Test and test selection was most frequently based upon professional recommendations and technical consideration.

Lehr, et al. (1987) also asked respondents to list other methods of assessment used to complete screening procedures. Screening was also completed through the use of parental involvement (56.0%), observation (59.1%), teacher/staff input (25.0%), referral information/records (72.7%), home visits (25.0%), and family needs assessment (33.3%). Both tests and these other methods of assessment were used equally to help make decisions with regard to the screening purpose.

Overall, the examination of assessment practices for various purposes, such as screening, placement decisions, and/or pupil evaluations, by Lehr, et al. (1987) on 54 HCEEP programs from throughout the nation revealed extreme variability. Results showed that only 19 tests were used by at least five of the programs and only one test, the Bayley Scales of Infant Development, was used by more than half of the programs. Nearly all of these 19 tests, including the Bayley Scales of Infant Development, were used for more than the purpose of screening, including classification/placement, instructional planning, and pupil and program evaluation. Of these 19 tests, only three were found to be technically adequate for screening purposes. These results highlight the importance of using other methods in addition to testing to complete screening procedures.

In addition to evaluating screening instruments used, their technical adequacy, professionals involved in the development and implementation of screening programs,

and criteria used for decision making purposes, Ysseldyke and associates also focused on variables influencing preschool screening referral rates.

Ysseldyke, Thurlow, and O'Sullivan (1987) looked at the influence of various preschool screening procedures on referral rates. Four early childhood special education screening programs were studied in an exploratory manner to determine what factors influenced participation in these programs, as well as the extent to which screening procedures, including setting, personnel, and tests, influenced referral rates. This study also placed emphasis on the extent to which screening referral criteria influenced screening referral rates. Results showed that few screening and referral practices influenced screening outcomes in a consistent manner. Participation in preschool screening programs was dependent on district size, screening schedules, and the accessibility of the screening program to the public. Referral rates were influenced by screening purposes, rescreening practices, and subjective judgment. Relationships between community agencies also appeared to influence both participation and referral rates. With regard to the influence of referral criteria on referral rates, results show that even when screening tools used were highly similar, the referral criteria used to make decisions was not the same. Despite variability in the criteria used to make decisions, referral rates did not appear to be related in any obvious way to whether the criteria used was the total score of the screening tool or subtest scores of the screening tool.

In an extension of the Minnesota study, Ysseldyke and O'Sullivan (1987) looked at various social, economic, and educational variables of school districts to predict screening referral rates among school districts in Minnesota. These variables included socioeconomic status of families in the school district, school district size, percentage of

minority students and federal revenue, school expenses, and local revenue. Results indicated that belonging to a group of screening programs with extremely high or low referral rates was not predicted accurately by these global social, economic, and educational characteristics of the school district. The same combination of global demographic and educational variables did not contribute significantly to the prediction of screening referral rates in Minnesota's statewide screening programs.

Ysseldyke and O'Sullivan (1987) suspected that screening programs that differ in their purposes, relationships with community agencies, and perspectives of handicapped children and special education might experience variability in referral rates. For example, screening program administrators who have different opinions about the proportion of children who need further assessment or screening programs that may aim to provide special education services as soon as possible to potentially handicapped children may utilize more lenient referral criteria. Ysseldyke and O'Sullivan suggested examining variations in local preschool screening practices in order to better identify common bases for comparing and evaluating screening programs and outcomes. Developing a consistent way to evaluate screening programs will result in better methods to identify young handicapped children.

Thurlow, O'Sullivan, & Ysseldyke (1986) indicated that evaluation of the efficacy of preschool screening and procedures should be given high priority. Maintaining accurate records of decision outcomes, including the number of children screened, referred, and assessed, as well as the number of children placed in special education programs and exiting from them, are important components of an effective screening program. Evaluating this information, will allow preschool screening teams to

determine what changes need to be made and implemented to create more effective and efficient preschool screening programs.

The purpose of this investigation is to assess the role of school psychologists and current screening procedures in Illinois. So little information regarding preschool screening has appeared in the literature in the last 15 to 20 years that current screening procedures, screening instruments, members of preschool screening teams, criteria used to determine the need for further diagnostic evaluation, techniques used to evaluate screening programs, and the current role of school psychologists in preschool screening are unknown. Harrington (1984) emphasizes that school psychologists have skills and experience to make effective decisions with regard to preschool screening practices and should contribute to the development and implementation of these services. This study investigates the role of the school psychologist in current screening practices in Illinois.

Method

Participants

Participants were school psychologists who are current members of the Illinois School Psychologists Association (ISPA). Two hundred school psychologists were randomly selected from ISPA's roster of 625 members in order to obtain a representative sample of Illinois. All participants were sent a cover letter (see Appendix A for cover letter) and a survey to complete and return via an enclosed stamped and addressed envelope.

Materials

The survey was developed for this study to obtain information regarding current preschool screening practices and the role of the school psychologist in the development

and implementation of screening programs. The content of the survey used was based on many of the previous research topic questions (Lehr, Ysseldyke, & Thurlow, 1987; Thurlow, O'Sullivan, & Ysseldyke, 1986; Ysseldyke, Thurlow, & O'Sullivan, 1987; Ysseldyke, Thurlow, O'Sullivan, & Bursaw, 1986), as well as concerns and questions arising during class discussions in a graduate level preschool assessment course at Eastern Illinois University (see Appendix B for preschool screening survey). Each survey was coded with a number to keep participants' responses confidential. To provide the participants with follow-up, they were given the option to request a copy of the completed paper with the findings of the study.

Procedure

The survey was mailed with a cover letter to the 200 potential respondents in March 2003. A follow-up reminder postcard was sent to those participants (n =117) who had not responded by April 2003.

Analysis

Similar to statistical analysis completed by Ysseldyke, et al. (1986), current preschool screening practices and the role of the school psychologist in these practices were described using percentages and frequency counts for each question.

Results

Overall return rate of surveys by participants was 44% (n=88). The rate of completed surveys was 34% (n=67). Twenty-one surveys could not be used in the analysis of the data because retired school psychologists or school psychology students or interns completed them. Retired school psychologists were not able to provide a current view of what was occurring with preschool screening while school psychology students

and/or interns may not have exposure or access to preschool screening. Analysis of each question in the survey is based upon the total number of completed surveys (n=67). However, all participants did not provide a response to each question and on some questions participants selected more than one of the choices provided. As a result, all percentages may not equal 100% and all frequency counts may not equal 67. Table 1 presents the frequency of responses from all participants to each question in the questionnaire.

Fifty-five percent of participants indicated employment with a school district while 33% of participants indicated employment with a special education cooperative (question 1). Twelve percent of participants provided no response. School psychologists' work with preschool children was addressed by several questions (questions 2-4). Fifty-one percent of participants indicated that their district or cooperative does not employ a school psychologist to work specifically with preschool children; 45% of participants indicated that their employment setting does employ a school psychologist to specifically work with this population. Forty-three percent of all participants indicated that they do not spend any time working with preschool children while 40% of all participants noted they work on average with preschool children 1 to 10 hours per month. Nine percent work on average 11 to 20 hours per month with preschool children and 3% work more than 20 hours per month with preschool children. Four percent of participants did not indicate the number of hours they work with preschool children a month.

In question 4, twenty-seven participants (40%) indicated they are involved in preschool screening in some manner, while 40 participants (60%) stated they are not

involved in screening procedures. Of the 27 participants who indicated they were involved in preschool screening, 22 indicated they are typically involved in the administration of screening measures. Nine participants indicated that they were involved in the selection of assessment instruments for screening purposes as well as in the planning of screening procedures and seven indicated that they were involved in the evaluation of screening program efficacy.

Ninety-nine percent of the total participants indicated that the purpose of preschool screening within their employment setting was to identify preschoolers who need further diagnostic evaluation to determine if they are eligible for special education (question 5). Sixty-three percent of participants indicated that the preschool screening is also used to determine if a child should be placed in educational programs such as at-risk or transition programs. Forty-two percent of participants stated that preschool screening includes assessing Pre-K/K skills for teacher information.

The frequency of professionals noted to directly participate in preschool screening (question 6) by participants are shown in Table 2. Speech therapists participate most frequently in preschool screening (79%). School psychologists were the second most frequently involved persons in preschool screening (76%).

Table 2
Frequency of Professionals Noted to Participate in Preschool Screening

Title	**Frequency**	**Percentage**
Speech Therapist	53	79.1
School Psychologist	51	76.1
Social Worker	44	65.7
Teacher/Sp.Ed. Teacher	43	64.2

Nurse	37	55.2
Occupational Therapist	20	29.9
Paraprofessional	16	23.9
Physical Therapist	14	20.9
Parents	12	17.9
Volunteers	10	14.9
Audiologist	5	7.5
Physician	1	1.5
Optometrist	0	0

When asked, in question 13, to indicate any personnel involved in the selection of screening instruments and procedures, 52% of participants stated that school psychologists were involved in this process, and 34% of participants indicated that early childhood coordinators and speech language therapists were involved in selecting screening instruments and procedures as well. At the same time, in question 16, ninety-one percent of participants felt that it was important for school psychologists to be involved in determining preschool screening measures and procedures.

In response of question 7, the Developmental Indicators for the Assessment of Learning – Third Edition (DIAL-III) and play based assessment were the assessment instruments used most frequently. Thirty-nine percent of participants indicate the use of each of these instruments. Thirteen percent of participants indicated they used Early Screening Profile(s) while 12% of participants indicated they used Brigance Screeners to complete preschool screening. Six percent of participants indicated they used locally developed assessments. Two percent of participants stated they used the Developmental Assessment of Young Children (DAYC). Thirteen percent of participants stated that they

did not know what assessment instruments were used to complete preschool screening while 10% stated that some other form of assessment was used.

Participants were asked to indicate the specific criteria used to make decisions regarding the need for further evaluation of children based upon preschool screening results, question 8. Twenty-eight percent of participants were unaware of the criteria that were used to make these decisions. Twelve percent of participants indicated that a delay needed to be identified, but only 7% gave additional detail regarding the number of delays required and/or specific areas the child may be delayed in. Participants indicated a need for a six-month developmental delay, eight-month delay, or significant weakness in one or more areas, such as speech and language, cognitive, or social-emotional skills. Twelve percent of participants followed the standards of the DIAL-III to make judgments or required that students perform a certain number of standard deviations below the average or below a specific score in order for further evaluation to be completed. Seven percent of participants indicated that deciding if a student needs to be referred for further evaluation is a team decision and is based upon the professional judgment of the team members. Individualizing the decision to refer a student, rank ordering, and using local norms were identified by 1% of participants. Thirty-one percent of participants did not provide a response.

Questions 9 and 10 regarding the administration of preschool screening revealed that screening occurs in elementary school buildings (45%), in early childhood school buildings (30%), and in community settings (25%). Forty-nine percent of participants indicated that preschool screenings are scheduled throughout the year on an as needed basis. And 36% of participants indicated that preschool screening programs are

scheduled during the spring. In question 11, forty-five percent of participants indicated that a station approach is used to administer preschool screening. Participants indicated a team approach (34%) and individual assessments (22%) are also used in the administration of preschool screening.

Almost half of participants (48%) indicated that they did not know if anyone evaluated the efficacy of screening measures, question 14. Thirty-nine percent of participants indicated there is no person responsible for checking on the efficacy of screening measures in the school district or cooperative. Only 12% indicated that efficacy of preschool screening is measured and the school psychologist was responsible in seven of eight instances. One percent of the participants did not provide a response.

Over half of the participants indicated that they did not have concerns regarding the adequacy of preschool screenings in their school districts or cooperatives, question 15. However, 19% did state that they had concerns regarding the adequacy of preschool screening in their schools and/or cooperatives. Participants were concerned that parents as well as low-income or limited English speaking families were not being adequately informed that preschool screening was available within the community. Concerns with the DIAL-III were noted as well. Some participants felt that the DIAL-III was too short and may overlook some important developmental skills. The DIAL-III was also noted to be a weak instrument that scored high and as a result might not refer children who need special education services. Concerns regarding the availability of appropriate screening measures for Spanish speaking students and certified personnel to work with this population were also noted. Concerns were also noted with over-identifying and under-identifying students with needs. This concern relates to the importance of measuring the

efficacy of preschool screening programs. These four concerns appeared to be the most consistently noted. Twenty-five percent of the participants failed to indicate if they had concerns regarding the adequacy of preschool screening in their schools.

Question 12 addressed which specific early literacy skills are assessed during preschool screening. Forty-three percent of participants noted that they did not know which early literacy skills were screened. However, thirty-nine percent of participants indicated that the identification of letter names is assessed while 25% stated that rhyming skills are assessed. Twenty-two percent of participants noted that letter sounds are screened and 16% indicated that initial sounds in words are also screened.

Table 3
Summary of Key Results

Are Participants Involved in Screening?	**Frequency**	**Percentage**
Yes	27	40.3
No	40	59.7
Purpose of Preschool Screening	**Frequency**	**Percentage**
Identifying preschoolers requiring a diagnostic evaluation who are possibly eligible for special education services	66	98.5
For placement in education programs, such as at-risk or transition programs	42	62.7
Assessing Pre-K/K readiness skills for teacher information	28	41.8
Professionals Involved in Screening	**Frequency**	**Percentage**
Speech Therapist	53	79.1
School Psychologist	51	76.1
Social Worker	44	65.7

Teacher/Sp.Ed. Teacher	43	64.2
Assessment Instruments Used	**Frequency**	**Percentage**
DIAL-III	26	38.8
Play-based Assessment	26	38.8
Early Screening Profile(s) (AGS)	9	13.4
Brigance Screener(s)	8	11.9
Is Efficacy of Screening Evaluated?	**Frequency**	**Percentage**
Yes	8	11.9
No	26	38.8
Do Not Know	32	47.8

Discussion

Preschool screening plays an important role in children's education. It is typically the only time during which the general population is scanned to identify children who may need special education assessment and it is frequently the initial meeting between parents and educational personnel. As a result, the impact of preschool screening can have long-term and far-reaching effects on both students and their families. School psychologists are trained in assessment techniques and child development, which are essential components of a successful screening program. Harrington (1984) described the important role of the school psychologist in preschool screening.

Despite federal laws, such as the Child Find Mandate of P.L. 94-142 in 1975, that require states to develop and implement ways to identify and serve children with disabilities, how these procedures are to be implemented is not specified. As a result, procedures vary widely across states. Although states mandate that preschool screening be completed, they do not implement specific guidelines to follow. As a result, the

variation that exists among screening programs within the state maybe as great as the variation that exists in preschool screening between states (Thurlow & Gilman, 1992). This study provided information on current screening practices in Illinois and the role of school psychologists in these practices.

Responses from participants indicate that some consistencies exist across preschool screenings within school districts across the state. In addition to preschool screening uniformly identifying preschoolers who require diagnostic evaluations and are possibly eligible for special education services, the screening is also frequently used to determine placement in educational programs, such as at-risk or transition programs. There is consistency regarding school personnel involved in conducting preschool screening as well. Speech therapists, school psychologists, teachers/special education teachers, and social workers are most frequently involved.

The DIAL-III and play-based assessment were found to be the most frequently used screening measures in Illinois. The DIAL-III is a standardized, individually administered, screening test using a station format. It was specifically designed to identify young children who need further diagnostic assessment. This measure demonstrates adequate validity and reliability for a screening measure and was standardized between November 1995 and June 1997 using a nationally representative sample. Since the research of Ysseldyke and associates in the 1980's, a number of screening measures with adequate psychometric properties have been developed. Play-based assessment has also been developed. Play-based assessment is a non-standardized, newer technique to use in the area of screening and assessment; however, little research exists that examines the reliability or validity of play-based assessment (Farmer-Dougan

& Kaszuba, 1999). It would have been helpful if the questionnaire directly identified whether or not play-based assessment (or other non-standardized approaches) were used in combination with standardized measures.

Forty percent of respondents described the criteria that are used to identify children who need further diagnostic evaluation, and the criteria to make these decisions varied among respondents. In accordance with Ysseldyke, Thurlow, Sullivan, and Bursaw (1986) a majority of the participants who responded, about 24%, reported using fairly objective criteria to identify children needing a diagnostic evaluation, including standards of the DIAL-III or specific delays. However, there were a number of participants who were more subjective in their decision-making, such as those who allowed the decision to be team-based. A significant number of participants (59%) were not aware of the criteria used to make these decisions or did not provide a response. It is unfortunate that school psychologists are unaware of these criteria because the number and accuracy of identifying children needing diagnostic evaluations is based upon these criteria.

Over half of the respondents indicated that they are not involved in preschool screening. It does not appear to be a routine aspect of the school psychologist's job. At the same time, nearly half of the respondents indicated that their school districts or cooperatives employ a school psychologist to work specifically with preschool children. It appears that working with preschoolers is becoming a specialty within the field.

Over half of the respondents did not know if their school districts measure the efficacy of their preschool screening programs and almost 40% of the respondents specifically stated that efficacy is not reviewed, that is, the effectiveness of the screener

and the cut-off criteria are not being evaluated. Despite this lack of evaluation, over half of the participants indicated that they did not have any concerns regarding the adequacy of preschool screening in their schools. NASP encourages school psychologists to collect data to support practices they engage in, such as assessment, counseling, and consultation, to determine if they are effective in their practice. Determining if preschool screening programs are effective would be an ideal role for the school psychologist as well as best practice. Harrington (1984) suggests the school psychologist is the person to do this.

Despite less than half of participants indicating they were involved in preschool screening, 91% of the participants felt it was important for school psychologists to be included in determining the preschool screening measures and procedures. Participants who felt that school psychologists play an important role in preschool screening noted that school psychologists are trained in child development as well as assessment procedures used to measure cognitive ability. School psychologists have knowledge regarding the development of children, specific children's pathologies and identification of various incidence populations. They also have a good understanding of validity and reliability of assessment tools, administration procedures of these tools, and the interpretation of results that are obtained from these. Based upon the skills and knowledge of school psychologists, it is unknown why only 13% of participants involved in screening were involved in the selection of screening measures. Harrington (1984) supports the reasons provided by participants that state why school psychologists are important in the development and administration of successful screening procedures.

Summary and Recommendations

Responses provided by the participants of this study demonstrate that some consistency in the procedures and administration of preschool screening between programs within the state of Illinois do exist. Based upon the participants' responses, some consistency is occurring with regard to the purpose of screening procedures, personnel involved, and screening tools being implemented. However, these questions could be more clearly addressed if information was obtained from a larger sample of school psychologists directly involved with preschoolers. While the information from the sample of all school psychologists was informative, e.g., only about 50% of school psychologists in Illinois work with preschoolers and 91% of psychologists feel it is important to be involved in determining the measures and procedures for preschool screening, the specifics about the school psychologist's role in screening could best be answered by a sample of only those directly working with preschoolers. A further investigation with these psychologists should include more specific questions about the use of play-based assessment, especially whether or not normative information is derived through the play-based assessment or in other components of the screening.

The result that only half of the participants were directly involved with screening procedures indicates that working with preschoolers is not a routine part of the school psychologist's role and appears to be developing as a specialty within the field. While it was clearly indicated that school psychologists feel they should play a role in the selection of measures and implementation of preschool screening, only 12% indicated that preschool screening was evaluated to determine the efficacy of their screening practices, and 55% of the participants did not have any concerns with their current

screening practices. This indicates that the important component of evaluating screening practices is often overlooked. This is a significant issue and additional questions regarding assessing the efficacy of preschool screening should be investigated. These questions should address why this important aspect of screening is often overlooked, and whether continuing education opportunities for specific training in evaluating screening are needed for school psychologists working with preschool screening programs.

Preschool screening is a critical aspect of a child's educational experience and it is the initial experience for the parents with the school setting as well. Many school psychologists play a critical role in this experience, yet these potential roles are not being fulfilled. It is important for school psychologists to recognize these roles and assume responsibility in filling them in order to make preschool screening more effective and efficient in the identification of possible handicapped children.

Table 1
Frequency of Responses to Preschool Screening Survey

ISPA Region____ PRESCHOOL SCREENING SURVEY

Please check all that apply.

1. Employment Setting:

❑ District (37)
❑ Special Education Cooperative (22)
❑ No Response (8)
❑ Other _____
❑ Practicing School Psychologist (43)
❑ Graduate Student/Intern (1)
❑ University Faculty
❑ Full-time (36)
❑ Part-time (9)

2. Does your district/cooperative employ a school psychologist specifically to work with preschoolers?

❑ Yes (30)
❑ No (34)
❑ Do not know (3)

3. On average how many hours per month do you spend working with preschool children?

Response	**Frequency**
0 hours	29
0-20 hours	1
.5 hours	1
1 hour	6
1.5 hours	1
2 hours	2
2.5 hours	1

3 hours	4
4 hours	2
5 hours	2
6 hours	2
6-8 hours	1
9.5 hours	1
10 hours	3
12 hours	1

12-15 hrs.	1
15 hours	2
16 hours	1
20 hours	1
21 hours	1
28 hours	1
No Response	3

4. Are you involved in preschool screening in any way? __Yes (27) __ No (40)
If yes, please check those that apply.
   - ❑ Selection of assessment instruments for screening purposes. (9)
   - ❑ Planning of screening procedures. (9)
   - ❑ Participate in administration of screening. (22)
   - ❑ Evaluation of screening program efficacy. (7)

   Explain briefly. _____
   _____
   - (1) Completing parent interview.
   - (2) Completing parent exit conference and providing explanation of screening results.
   - (1) Completing computer scoring and making decisions as to which children go to at-risk programs, are referred, etc.

5. Check any of the following which, which describe the purpose(s) of preschool screening in your school district or cooperative.
   - ❑ Identifying preschoolers requiring a diagnostic evaluation who are possibly eligible for special education services (66)
   - ❑ For placement in education programs, such as at-risk or transition programs (42)
   - ❑ Assessing Pre-K/K readiness skills for teacher information (28)
   - ❑ Other (2)

   Explain briefly. _____

   _____

   (1) To identify those eligible for preschool and those who may struggle in kindergarten.
   (1) To determine placement in a gifted program

6. Who directly participates in the preschool screening at your school district or cooperative?
   - ❑ Physician (1)
   - ❑ Audiologist (5)
   - ❑ Optometrist (0)
   - ❑ Speech Therapist (53)
   - ❑ Physical Therapist (14)
   - ❑ Nurse (37)
   - ❑ Social Worker (44)
   - ❑ Occupational Therapist (20)
   - ❑ Teacher/Sp.Ed. Teacher (43)
   - ❑ School Psychologist (51)
   - ❑ Paraprofessionals (16)
   - ❑ Volunteers (10)
   - ❑ Parents (12)
   - ❑ Don't know (6)
   - ❑ Other (5)

   (1) Any health provider who may be needed.
   (1) Hearing/Vision Screener
   (1) Special outside group
   (1) Supervisor/Administrator

7. What assessment instrument(s) are used for preschool screening?
   - ❑ Brigance Screener(s) (8)
   - ❑ Early Screening Profile(s) (AGS) (9)
   - ❑ Gesell Readiness (0)
   - ❑ DIAL-III (26)
   - ❑ Play-based Assessment (26)
     Formal (9)
     Informal (13)
   - ❑ Developmental Assessment of Young Children (DAYC) (1)
   - ❑ Locally Developed Assessment (4)
   - ❑ Don't know (9)
   - ❑ Other (7)

   (1) Chicago Early
   (1) Daberon
   (1) CIP
   (1) Miller Assessment (MAP)
   (1) Nonverbal Measures
   (1) DAS
   (1) WPPSI

   Please describe briefly. _____

   _____

   (1) School psychologists will engage a child in informal play sessions for social/emotional skills, problem solving, and creativity in play.
   (1) All areas of development are screened. Tasks vary by age and prior information about the child's needs. Children are grouped by age.
   (1) Observation and comparison of skills to developmental norms.

8. Briefly describe the cut-off used to identify children needing a diagnostic evaluation.

(3) Standards of the DIAL-III
(1) A child exhibits a potential delay in one or more areas. Children are sometimes slated for a rescreen if their performance is "ok" but weaknesses within any areas are found. Evaluations can also be suggested by any professional.
(1) Scoring below average in two or more areas.
(1) No real cut-off. However, further assessment is based on child's history, performance on the DIAL-III (2 SD), social emotional skills, and previous history of services and intervention.
(5) A delay in a specific area. Six month, nine month, eight month, and one year delays were identified.
(3) One or one and a half standard deviations below the mean.
(3) Based upon team consensus regarding the child's performance on the preschool screening.
(1) Below the 25% or if the evaluators feel there is a need for further evaluation.
(1) Low language ability
(1) Children "significantly" delayed in verbal, perceptual-motor, or social learning skills as identified first by parents, through teacher observations, and health providers.
(1) Early Screening Profiles and impressions of screening teams.
(1) Based upon a combination of factors and not just one cut-off score.
(1) Individualized
(1) Any two areas on the DIAL-III in the potential delay range.
(1) Children who receive less than or equal to 70 are rescreened. File reviews, records, observations, and interviews are taken into consideration.
(1) Rank order
(1) Local norms
(19) Don't know
(21) No Response

9. Where does preschool screening take place?

- ❑ In a community setting (17)
- ❑ In elementary building (30)
- ❑ In early childhood school building (20)
- ❑ In the child's home (2)
- ❑ Don't know (4)
- ❑ Other (4)

(1) Junior High School
(1) Off-site
(1) Classroom for birth to three
(1) District administration building

10. When does preschool screening take place?

- ❑ During the spring (24)
- ❑ During the summer (6)
- ❑ Scheduled as needed during the year (33)
- ❑ Don't know (3)
- ❑ Other (19)

(7) During the Fall
(3) Once a month

(1) Every Friday
(1) Throughout the school year
(2) Four times per year
(1) Two times a month
(1) Three scheduled screenings per year: Sept., Dec., Mar.
(1) In August

Explain briefly. _____

_____

11. What format does preschool screening use?
- ❑ Station (30)
- ❑ Team approach (23)
- ❑ Individual assessment (15)
- ❑ Don't know (14)

Explain briefly. _____

_____

12. Please check any of the following early literacy skills included in screening:
- ❑ Letter names (26)
- ❑ Rhyming (17)
- ❑ Letter sounds (15)
- ❑ Initial sounds in words (11)
- ❑ Don't know (29)

13. Please check any personnel involved in <u>selecting</u> screening instruments and procedures.
- ❑ School psychologist (35)
- ❑ Early Childhood Coordinator (23)
- ❑ Speech Language Therapist (23)
- ❑ Preschool Teacher(s) (14)
- ❑ Don't know (19)
- ❑ Other (9)

(1) Occupational Therapist
(1) Social Worker
(1) At-risk preschool teacher
(1) Administrator
(2) Special Education Director
(1) Physical Therapist
(1) LD teacher (K-2)
(1) School Nurse
(1) Assistant superintendent for Special Education
(1) Currently a team is looking into this.

14. Does anyone evaluate the efficacy of screening measures used? E.g. longitudinal follow-up on predictive validity, hit rates, or how many children identified as needing diagnostic evaluation do receive special education services?
- ❑ Yes (8)
- ❑ No (26)
- ❑ Don't know (32)
- ❑ No Response (1)

Who is responsible for this? _____

_____

(2) Informally through district
(4) School psychologist
(1) Early Childhood Teacher
(2) Special Education Director
(1) Early Childhood Supervisor
(1) Early Childhood Coordinator

Explain briefly what data is evaluated. _____

_____

(1) The number of referrals to keep the center's program viable.
(1) Central office personnel constantly review instruments and obtain feedback from field users.

(1) Normative data, annual review of placement decisions as based on screening/assessment results, field testing
(1) A longitudinal study was completed one time.

15. Do you have any concerns regarding the adequacy (e.g. that children who might need special education services are not missed) of the preschool screening in your schools?

❑ Yes (13) ❑ No Response (17)
❑ No (37)

Explain briefly. _____

_____

(1) Parents in the community may be uninformed about availability of screenings for children age 2-10 to 3-0.
(1) The DIAL-III is so short that some skills may be missed. Especially for students who are slow to warm up.
(1) The DIAL-III is a weak instrument that scores high, which makes it difficult to identify students with needs.
(1) Too many that are not necessarily needy are referred for full case studies instead of a simple screening.
(1) Lack of Spanish screening tools
(1) Low-income or limited English-speaking families do not hear about and participate in screening.
(1) Any parents that do not see community notices may not be aware or may choose not to call to make an appointment.

16. From your perspective is it important for school psychologists to be included in determining the preschool screening measures and procedures?

❑ Yes (61) ❑ No Response (1)
❑ No (5)

Explain briefly. _____

_____

(6) School psychologists have knowledge about reliability and validity of assessment tools as well as interpretation of results.
(2) The school psychologist can evaluate both cognitive and psychosocial aspects.
(3) School psychologists typically have extensive training in assessment and usually know more about assessment tools and procedures than other members of the team.
(2) School psychologists should be involved because of their training.
(3) School psychologists possess a great deal of knowledge concerning early childhood development and appropriate use of test measures.
(1) School psychologists' experiences are valuable in assessing the degree of delay and its significance in each individual child.
(1) Knowledge of psychometric properties of instruments and appropriateness of tests with specific children.

(1) School psychologists have training in identifying developmental and clinical pathologies.
(1) School psychologists have been trained to look at the whole child.
(1) School psychologists are able to identify skills that are/are not age appropriate.
(1) Better collaboration and more valid referrals are made if school psychologists and school social workers are involved.
(1) Psychologists play an important role in reviewing the effectiveness of instruments and procedures.

17. Please add any additional comments you have regarding preschool screening. _____

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(1) Rescreens are valuable when using the DIAL-III.
(1) There seems to be a dramatic increase in children in this area that need early interventions.
(1) It is important for the psychologists to have freedom to add individual formal evaluations when play based screening are not judged to be adequate. The caregivers information and comments are an integral part of the screening.
(1) The play-based assessment used is vague. It does not give a good point in time to compare when the student enters reading and another evaluation is required to convert then develop initially delayed DD eligibilities.
(1) Preschool screening used properly is critical and can be the first step in identifying children in need of early intervention.
(1) When the district does not have a Pre-K program, it limits your options.
(1) In many cases this is the first time the parent is dealing with the public schools. If there is a problem identified, the psychologist needs to verbally hold the parent's hand through the procedure because some may "bolt and run" and you won't see the child until K. As a result two years will be lost. Two years when services could have helped the child before K.
(1) Team members that are too eager to identify behavioral concerns; other than speech and language, which is very important and easy to identify, often make referrals for evaluations when symptoms are more developmental than realistically problematic.

References

Bracken, B. (2000). *The Psychoeducational Assessment of Preschool Children*. Needham Heights, MA: Allyn & Bacon.

Farmer-Dougan, V. & Kaszuba, T. (1999). Reliability and validity of play-based observations: Relationship between the PLAY behaviour observation system and standardized measures of cognitive and social skills. *Educational Psychology, 4*, 429-440.

Gridley, B., Hatfield, B., & Mucha, L. (1995). Best practices in preschool screening. In A. Thomas & J. Grimes (Eds.), Best Practices in School Psychology (pp. 213-225). Washington D.C.: National Association of School Psychologists.

Harrington, R. (1984). Preschool screening: The school psychologist's perspective. *School Psychology Review, 13*, 363-374.

Lehr, C., Ysseldyke, J., & Thurlow, M (1987). Assessment practices in model early childhood special education programs. *Psychology in the Schools, 24*, 390-399.

NASP (1999). Position statement on early intervention services. Retrieved November 4, 2002, from http://www.nasponline.org/information/pospaper_eis.html

Nuttall, E., Romero, I., & Kalesnik, J. (1999). *Assessing and screening preschoolers: Psychological and educational dimensions*. Needham Heights, MA: Allyn & Bacon.

Rafoth, M. (1997). Guidelines for developing screening programs. *Psychology in the Schools, 34*, 129-142.

Thurlow, M. & Gilman, C. Issues and practices in the screening of preschool children. In E. Nuttall, I. Romero, & J. Kalesnik (Eds.), Assessing and Screening

Preschoolers: Psychological and Educational Dimensions (72-77). Needham Heights, MA: Allyn & Bacon.

Thurlow, M., O'Sullivan, P., & Ysseldyke, J. (1986). Early screening for special education: How accurate? *Educational Leadership, 44*, 93-95.

Ysseldyke, J., & O'Sullivan, P. (1987). Predicting preschool screening referral rates from district demographic data. *Journal of School Psychology, 25*, 119-129.

Ysseldyke, J., Thurlow, M., & O'Sullivan, P. (1987). The impact of screening and referral practices in early childhood special education: policy considerations and research directions. *The Journal of Special Education, 21*, 85-96.

Ysseldyke, J., Thurlow, M., O'Sullivan, P., & Bursaw, R. (1986). Current screening and diagnostic practices in a state offering free preschool screening since 1977: Implications for the field. *Journal of Psychoeducational Assessment, 4,* 191-201.

Appendix A Cover Letter

April 14, 2003

Dear School Psychologist,

My name is Susan Kapper. I am a graduate student at Eastern Illinois University working on a Specialist Degree in School Psychology. I have developed an interest in preschool screening and have chosen to focus on this area for my thesis. I am surveying current preschool screening practices in Illinois as well as the role of the school psychologist in the development and implementation of screening programs. Enclosed you will find a survey focusing on these areas.

Your name has been randomly selected from ISPA members. If you are willing to participate in this survey, please take a few minutes to complete it. Then return it in the enclosed self addressed and stamped envelope. If you are currently a graduate student, intern, or university faculty, I ask that you please mark the appropriate box on question 1 and return the unanswered survey. However, please do include your ISPA region. Please note that all responses are confidential; do not put your name on the questionnaire. Participation in this study is voluntary.

If you have any questions please call Dr. Christine McCormick or myself. We will be happy to speak with you at any time. Thank you for your time and participation. It is greatly appreciated.

Thank you,

Susan Kapper
School Psychology Graduate Student

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Survey results will be available at the completion of the study. Please fill in your name and address if you would like to receive a copy of results, and return this portion with your questionnaire.

____
____
____

Appendix B Preschool Screening Survey

ISPA Region ____ PRESCHOOL SCREENING SURVEY

Please check all that apply.

1. Employment setting:
   - ❑ District
   - ❑ Special Education Coop.
   - ❑ Other _____
   - ❑ Practicing School Psychologist
   - ❑ Graduate Student/Intern
   - ❑ University Faculty
   - ❑ Full-time
   - ❑ Part-time

2. Does your district/cooperative employ a school psychologist specifically to work with preschoolers?
   - ❑ Yes
   - ❑ No
   - ❑ Do not know

3. On average how many hours per month do you spend working with preschool children? _____

4. Are you involved in preschool screening in any way? ___Yes ___No

   If yes, please check those that apply.
   - ❑ Selection of assessment instruments for screening purposes.
   - ❑ Planning of screening procedures.
   - ❑ Participate in administration of screening.
   - ❑ Evaluation of screening program efficacy.
   - ❑ Other

   Explain briefly. _____

Even if you do not participate in the diagnostic evaluation of preschool children, please answer the following questions as completely as you can. Thank you.

5. Check any of the following, which describe the purpose(s) of preschool screening in your school district or cooperative.
   - ❑ Identifying preschoolers requiring a diagnostic evaluation who are possibly eligible for special education services.
   - ❑ For placement in education programs, such as at-risk or transition programs.
   - ❑ Assessing Pre-K/K readiness skills for teacher information.
   - ❑ Other

   Explain briefly. _____

6. Who directly participates in the preschool screening at your school district or cooperative?
   - ❑ Physician
   - ❑ Audiologist
   - ❑ Optometrist
   - ❑ Speech Therapist
   - ❑ Physical Therapist
   - ❑ Nurse
   - ❑ Social Worker
   - ❑ Occupational Therapist
   - ❑ Teacher/Sp. Ed. Teacher
   - ❑ School Psychologist
   - ❑ Paraprofessional
   - ❑ Volunteers
   - ❑ Parents
   - ❑ Don't know
   - ❑ Other _____

7. What assessment instrument(s) are used for preschool screening?
   - ❑ Brigance Screener(s)
   - ❑ Early Screening Profile(s) (AGS)
   - ❑ Gesell Readiness
   - ❑ DIAL-III
   - ❑ Developmental Assessment of Young Children (DAYC)
   - ❑ Play-based Assessment:
     Formal _____
     Informal _____
   - ❑ Locally Developed Assessment
   - ❑ Don't know
   - ❑ Other

   Please describe briefly. _____

8. Briefly describe the cut-off used to identify children needing a diagnostic evaluation. _____

_____

_____

9. Where does preschool screening take place?
   - ❑ In a community setting
   - ❑ In elementary school building
   - ❑ In early childhood school building
   - ❑ In the child's home
   - ❑ Don't know
   - ❑ Other _____

10. When does preschool screening take place?
    - ❑ During the spring
    - ❑ During the summer
    - ❑ Scheduled as needed during the year
    - ❑ Don't know
    - ❑ Other _____

    Explain briefly. _____

    _____

11. What format does preschool screening use?
    - ❑ Station
    - ❑ Team approach
    - ❑ Individual assessment
    - ❑ Don't know

    Explain briefly. _____

    _____

12. Please check any of the following early literacy skills included in screening:
    - ❑ Letter names
    - ❑ Rhyming
    - ❑ Letter sounds
    - ❑ Initial sounds in words
    - ❑ Don't know

13. Please check any personnel involved in <u>selecting</u> screening instruments and procedures.
    - ❑ School psychologist
    - ❑ Early Childhood Coordinator
    - ❑ Speech Language Therapist
    - ❑ Preschool Teacher(s)
    - ❑ Don't know
    - ❑ Other _____

14. Does anyone evaluate the efficacy of screening measures used? E.g. longitudinal follow-up on predictive validity, hit rates, or how many children identified as needing diagnostic evaluation do receive special education services?

    ❑ Yes ❑ No ❑ Don't

    Who is responsible for this? _____

    Explain briefly what data is evaluated. _____

    _____

15. Do you have any concerns regarding the adequacy (e.g., that children who might need special education services are not missed) of the preschool screening in your schools? _____

    _____

    _____

16. From your perspective is it important for school psychologists to be included in determining the preschool screening measures and procedures?

    ❑ Yes ❑ No

    Explain briefly. _____

    _____

17. Please add any additional comments you have regarding screening: _____

    _____

    _____