Considerations for Academic Screening
Upon the Return to School

The loss of instruction due to COVID-19 closures and the loss of spring testing data creates a perfect storm for school psychologists who wish to meet the needs of diverse learners, including identifying and making eligible those students who are in need of special education. NASP has developed a series of resources and webinars to provide actionable how-to advice to cope with missing academic data, identify children in need of instructional supports, and use the resulting data to inform referral and eligibility decisions. These are available in the NASP COVID-19 Resource Center at www.nasponline.org/COVID-19.

New Screening Procedures Will Be Required

Schools—and school psychologists—will be eager to collect fall screening data to make decisions as quickly as possible upon return to face-to-face learning. However, fall screening must proceed differently than it has in the past.

There will be a higher prevalence of academic risk in nearly all schools. Children will be arriving at the next grade level having only received about a 75% dose of the prior year’s academic instruction. To deal with this higher base rate of risk (i.e., higher probability of academic failure without intervention), screening procedures must account for base rates.

The figure below shows the negative posttest probability (y-axis) of academic failure across varying levels of risk prevalence (x-axis). Negative posttest probability is the probability that a child who has passed an academic screener will fail the academic criterion. The greater the prevalence of risk (move toward the right on the x-axis), the less accurate the screening will be for ruling students out as not needing academic intervention, which is the purpose of academic screening. So at 50% risk prevalence, 10% of those students who pass a screening with .90 sensitivity and .90 specificity will actually experience academic failure. As prevalence increases, negative posttest probability climbs.

![Probability of Academic Failure for Students Who Have Passed the Screening Plotted Against Prevalence](image_url)

Once negative posttest probability is greater than 10% (VanDerHeyden, 2013) or greater than your local base rate of risk (which you can estimate from past year’s proficiency rates...
on the year-end test), the screening is not useful to rule students out as needing more intensive academic intervention than is currently provided in their general education environment. The key message here is that **single-point-in-time screenings will not be sufficient for determining academic risk in the fall**. Why? Because there will be too much risk and, therefore, even children who pass the academic screening, will have a too-high chance of failing the year-end test.

**We Use Class-Wide Intervention to Determine Risk**

![Diagram showing decision accuracy and student intervention.](image)

**Use Class-Wide Intervention to Improve Decision Accuracy and Provide Learning Gains for Students**

How can the school psychologist proceed in an environment in which academic screenings will not be useful to determine who is really at risk? Introduce instructional trials as rapidly as possible and measure students’ learning gains as the second screening gate. Class-wide intervention (e.g., PALS, class-wide peer tutoring, PRESS center reading, Spring Math class-wide intervention) lowers the base rate of risk to allow for academic screenings to function more accurately.

In a recent study, decision accuracy was examined for fall screening, winter screening, and response to class-wide intervention with above 20th percentile performance on the year-end test as the gold standard for students in kindergarten and grades 1, 3, 5, and 7 in mathematics. Negative posttest probabilities were stronger (lower) when response to class-wide intervention was used as the screening criterion (VanDerHeyden, Broussard, & Burns, 2019).

Here is another way to view the effect of class-wide intervention as a screening gate. In this class, at the beginning of intervention, the score range is highly restricted, which makes distinguishing which children are truly at risk technically difficult if not impossible. Introducing a daily 15-min class-wide intervention increases the score ranges over weeks of intervention and makes apparent the student who really requires intensified instruction or a comprehensive eligibility evaluation.
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Use Class-Wide Intervention as Gate in Screening

The figure below, reprinted from VanDerHeyden (2013), shows that the same screening is not useful due to a high base rate of risk before intervention, but following class-wide intervention becomes very useful for ruling students out as needing academic intervention.

Accuracy of the Mathematics Screener for Students Who Receive a Free or Reduced-Price Lunch

Illustration of the Use of Intervention to Reduce Overall Risk and Permit More Accurate Screening Decisions

Relying on a Waiting Period for General Education to Improve Base Rates Is Inefficient and Unlikely to Work

There will likely be a sense of urgency around completing pending evaluations and perhaps even new evaluations. All evaluation teams are required to determine if a student’s academic concerns are a result of a lack of instruction when considering specific learning disability (SLD) identification regardless of the approach to eligibility determination that is used. Assessing the quality of instruction provided during the COVID-19 school closing is fraught with problems. Some students may have had little to no access to instruction at home. For others, whether the instruction at home was delivered by caregivers or through an internet connection with teachers, decision teams cannot presume that the quality of core instruction replicated what would have happened in school. Except in unusual cases, the quality of instruction likely cannot be ruled sufficient.

Instruction as a cause (the most likely cause) of poor performance can only be ruled out by delivering a dose of instruction and measuring the child’s response directly. There is no substitute for that step, and, regardless of the method used to determine eligibility for SLD, you must ensure that underachievement is not due to lack of appropriate instruction.

School psychologists may be tempted to institute waiting periods before recommending Tier 2 or 3 interventions as a means to avoid overpopulating those intervention groups and depleting resources. Waiting times have not been shown to lower risk over time. At best, it is a tactic that will be highly variable (i.e., dependent on the quality of core instruction and teacher-initiated supplementation of core instruction), and at worst, it will be much less efficient.

School psychologists should not enter a hands-off waiting period with schools. Rather, school psychologists should return to school equipped to help teachers boost their core instruction, given that children will likely be arriving with skill gaps. School psychologists can support teachers in delivering class-wide intervention and small groups to provide acquisition instruction for missing prerequisite skills and fluency-building intervention for skills that are foundational for subsequent learning at each grade level.

Decision teams can use the resulting performance data of students to determine who really needs a diagnostic assessment, individualized instruction, and potentially an eligibility evaluation. Controlling the dose of instruction allows this identification to occur in a more rapid and nimble fashion than would be possible otherwise. It is possible to make a decision about the need for more intensive academic intervention following only 4 weeks of well-implemented class-wide intervention.

REFERENCES


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