

Evaluation Report for Ira Tester

Report Date: 7-27-11

Client Information

Name: Ira Tester **Age:** 7-7 **Birthdate:**10-5-03 **Sex:** male
Address: Tester Drive **Phone:** 344-433-5544 **School:** Home school **Grade:**1st

Disorder Classification(s)

315.32 - Receptive-Expressive Language Disorder-Mixed; 784.60 - Symbolic Dysfunction Unspecified

Pertinent History

Ira came in today with his mother, Mrs. Mary Tester who completed the background information forms and observed the evaluation. Ira is home schooled and has just completed the 1st grade. He lives with his mother and father, Mary and Kevin Tester, and his brother (John, age 5) and his sister (Anna, age 1). Mrs. Tester requested this evaluation because she and her husband are concerned about Ira's difficulty learning to read and write. Ira was diagnosed with Attention Deficit-Hyperactivity Disorder (ADHD) at age 6 by his pediatrician. He has not had a comprehensive evaluation but his parents wonder if he may be dyslexic. They notice that he Mrs. Tester also noted that Ira has difficulties with regulating his emotions, group participation. Mrs. Tester reports that Ira enjoys playing with Legos and can play with them for hours, making elaborate structures. Mrs. Tester said that Ira has good listening comprehension, loves to listen to stories read aloud and remembers the story details and seems to understand subtle inferences and "between the lines" details.

Prenatal history: no problems
Birth history: no problems
History of Recurrent Ear Infections: yes
Developmental Milestones - Walking: 13 months
Developmental Milestones - First Words: 12 months
Developmental Milestones - First Combined Words: 24 months
Family History:
Speech Problems: no;
Hearing Problems: no;
Stuttering: no;
Reading Problems: yes (Father and grandmother have dyslexia)
Medical Problems: speech delay
Complete Hearing Evaluation: yes

Assessment Information

Oral Language: Subjective Observations	Scale: Problem - 1 2 3 4 5 - No Problem
Cooperative - 3	
Motivated -3	

Speech Intelligibility- 4

Speaking Fluency-3

Voice Quality- 5

Age Appropriate Oral Communication- 3

Comments:

Ira was cooperative with testing but required quite a bit of encouragement to complete tasks. A written agenda seemed to help him stay on-task. While Ira's speech was entirely intelligible he made occasional speech errors (e.g., "fum" for "thumb) not developmentally normal for his age. Mrs. Tester reported that she thought that Ira's attention was slightly better in the online testing format than she has observed when working with Ira at a table.

Phonological Awareness and Memory Skills

Prerequisite Neurolinguistic Processing Skills: Phonological Awareness, Phonological Memory and Rapid Naming

Several basic neurolinguistic skills have been found to be necessary for the smooth development of literacy skills. These include phonological awareness and memory skills and rapid (automatic) naming fluency. To assess these skills the *Comprehensive Test of Phonological Processing (CTOPP)* was administered. On this test the average Standard (subtest) Score is 10. Subtest Standard Scores of 7 and below are more than 1.5 Standard Deviations below the mean. Performance was as follows:

SUBTESTS	Subtest STANDARD SCORES	Subtest %-ile	Composite STANDARD SCORES
Elision	5	1 st percentile	
Blending Words	5	5 th percentile	64
Memory for Digits	7	16 th percentile	76
Non-Word Repetition	5	5 th percentile	
Rapid Digit Naming	8	25 th percentile	88
Rapid Letter Naming	8	25 th percentile	

Ira struggled with the tasks that required speech sound manipulation and memory. In contrast, he seemed more confident and more attentive when completing the tasks that involved rote naming (i.e., the Rapid Naming Subtests). His scores on the Phonological Awareness Composite and the Phonological Memory Composite are in the impaired range. His Rapid Naming Composite, while not strong, is in the broad average range.

Phonics Skills

Phonics skills were assessed using the *Lexercise Z-Screener*, an assessment that describes the accuracy of decoding the *rime segment* (i.e., the vowel and any following consonants) in simple nonsense words that begin with <z>. Children at 2nd grade and above would be expected to read at least 90% of these simple syllables accurately and first graders should read at least 50% of them. In addition to describing decoding skill these results can be used to suggest the starting point for intervention. Ira was able to read less than 10% of the words accurately, suggesting that he should begin treatment at Level 1 of Lexercise.

Percent Accurate	Lexercise Z-Screener
<10%	Three sound words with the vowel ä and ending with one of these consonant graphemes: <-b, -c, -f, -l, -m, s, -t> (Lexercise: Level 1)

Examples of Ira's errors on this assessment include:

Target Word: **ab** read as: **ad**

Target Word: **am** read as: **a**

Target Word: **ac** read as: **as**

Target Word: **zaf** read as: **z-a-fun**

Ira sounded out each sound (sound-by-sound reading) rather than reading the words fluently. His difficulty illustrates that his reading skills are not functional for even the most basic word forms.

Oral Language Skills: Vocabulary and Listening Comprehension

Verbal comprehension (i.e., listening comprehension) is an essential underpinning for reading comprehension. Comprehension requires word knowledge (i.e., vocabulary), sentence (syntax) processing and discourse processing. Ira's language comprehension was assessed in two different domains. *The Auditory Processing Subtest of the Test of Auditory Perceptual Skills-Revised (TAPS-R)* was used to assess listening comprehension.

Auditory Processing Subtest of the Test of Auditory Perceptual Skills-Revised (TAPS-R)

Standard Score: 69

Percentile: 58th

In addition, his **spoken vocabulary** was assessed using the *Expressive Vocabulary Test, 2nd Ed. (EVT-2)*, a single word test of expressive vocabulary.

Expressive Vocabulary Test, 2nd Ed. (EVT-2)

Standard Score: 99

Percentile: 66th

Ira's performance on the TAPS-R suggests language comprehension at the sentence level is in the average range. For example, asked what keeps a dog warm Ira said, "his fur" Asked why a ball rolls Ira said, "It doesn't have any edges to stop it," Asked why a rock sinks he said, "It's heavy." Ira's performance on the EVT-2 is also in the average range.

The San Diego Quick Assessment of Reading Ability was administered to assess un-timed reading accuracy for words commonly found at specific grade levels. Results were as follows:

The San Diego Quick Assessment of Reading Ability		
	Word Accuracy	Reading Level
Pre-Primer Words	30%	Frustration
Primer Grade Words	n/a	
1st Grade Words	n/a	
2nd Grade Words	n/a	
3rd Grade Words	n/a	
4th Grade Words	n/a	
5th Grade Words	n/a	
6th Grade Words	n/a	
7th Grade Words	n/a	

Ira was able to read only 3 of the 10 pre-primer words. He read the following words accurately: [see, go, look]. His errors were as follows:

Target word	Ira's response
play	"don't know"
me	my
at	"don't know"
run	"don't know"
and	"don't know"
can	are
here	dressed

Written Expression and Spelling Analysis

To assess narrative language, a spontaneous sample was elicited using the Test of Written Language-3 (TOWL-3) Form A picture (cavemen hunting mammoths). Ira was not able to write a story. Instead, he told the following oral story:

"Once upon a time there was a village of these people hunting bulls. They were bringing it to their palace and the bulls ran and the next morning all the people went to bed. The final part: The evil bulls are going to attack at night."

Ira used several narrative structure elements ("Once upon a time..." ; "The final part...") in telling his story. However, some elements in his story are not obviously connected to the picture (e.g., The picture prompt's prehistoric setting is not consistent with a "palace."), there is difficulty with pronoun reference (e.g., "The people were bringing *it*...") and the sequence is generally weak. In general, this sample suggests that Ira's needs therapy to improve his oral language formulation skills.

Clinical Impression

Disorder Classification(s)

315.32 - Receptive-Expressive Language Disorder-Mixed

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Summary

Ira's performance on standardized and descriptive assessments reveals a significant language processing impairment affecting both phonemic and orthographic domains. In contrast, syntactic (i.e., sentence) and semantic (i.e., vocabulary) processing are in the average range.

In general, Ira's literacy skills are not functional for grade level reading and writing and information processing. Ira can not access printed curricular materials at grade level. His phonological awareness and phonological memory are significantly impaired. These deficits need to be strengthened to provide a basis for higher level literacy. The typical approaches to teaching reading and spelling are not effective with students who have language processing disorders such as these, and students with language disorders often experience high levels of stress and anxiety when trying to learn language-literacy skills in group (i.e., school) settings.

Research (Torgesen, 2001) shows that by middle school children who begin school with weak phonological (speech sound) processing skills (as Ira apparently did) have reading skills on average 5.2 years lower than children who start school with strong skills. Adequate speech sound processing is clearly necessary for upper level reading; therefore Ira's therapy plan must include a strong language processing component.

Recommendations

Therapy

Effective treatment programs target the phonological processing and memory skills necessary for upper level reading and spelling, as well as the word and sentence processing skills needed for meaning comprehension and expression. Such a treatment program should be designed to improve:

- speech sound awareness and processing
- the accuracy of word reading (decoding) and spelling;
- fluency (accuracy and speed) of word and text reading;
- a habit of daily reading, moving toward independent reading;
- vocabulary knowledge;
- listening comprehension;
- the quality and independence of written expression.

Children with language disorders benefit most from treatment approaches in which all essential language units are introduced in a logical sequence, pointed out explicitly and practiced cumulatively using individualized, motivating daily practice. Effective neurolinguistic treatments tend to have these components: intensive (daily for >45 min.)

- administered individually or in a very small group
- systematic in progression
- adapted to the student's learning speed and error patterns (accuracy = 75%-90%).
- motivational
- immediate, specific error correction

Ira needs individualized treatment using an evidence-based, multisensory, structured language approach. (Structured language approaches are sometimes referred to as the Orton-Gillingham approach. See: http://www.interdys.org/ewebeditpro5/upload/Multisensory_Structured_Language_Teaching_Fact_Sheet_1_1-03-08.pdf)

Daily, distributed practice speeds any skill-building program. A recent double-blinded study has shown that intensive (daily) practice is more important than many other aspects of intervention. One way to provide intensive, daily practice is with a computer-assisted application available through clinicians who use an Orton-Gillingham approach, Lexercise: www.lexercise.com. Lexercise supports therapy with intensive, on-line daily practice and a customized curriculum for word study and spelling.

School Services

Reading and Writing Instruction: Since reading is the foundation for all scholastic success (see R.E. v. Jersey City Board of Ed., OAL Dlet No. EDS 7018-97, October, 1997) it is essential that reading difficulties be addressed as soon as possible. Language-literacy treatment that addresses these neurolinguistic deficits is essential to academic progress. School professionals should be aware that children with reading disorders have higher rates of stress, depression and suicide, so careful attention to social-emotional health is especially important.

Exceptional Children's Services and Access to the Curriculum:

Ira should be referred to his School Assessment Team to determine eligibility for an Individual Education Plan (IEP) under the Exceptional Children's (EC) Program and/or for a 504 Plan.

Section 504 of the Americans With Disabilities/Rehabilitation Act requires public schools accommodate any person with a documented disability. Today's results document a disability and point out barriers to accessing grade level printed material. Therefore, modifications that permit access are necessary. The school assessment team should consider the following accommodations:

- print-to-speech and/or speech-to-print assistive technologies
- extended time for assignments and tests
- visual (e.g., icon) menus and cuing to assist agendas and other directions

Universal Design Learning (UDL) can make instructional materials accessible to students with print disabilities. See Accessible Textbooks: A Guide for Parents of Children with Learning Disabilities by the Center for Applied Special Technology and LD OnLine (2007):

<http://www.readingrockets.org/article/16308>. Any school plan should list the specific elements of UDL that will be used to provide access to the curriculum.

Accommodations and Assistive Technology

Assistive technology can be useful for improving both attention and processing. For information about various assistive technologies see: <http://blog.lexercise.com/?tag=assistive-technology>.

The following technologies may be especially helpful:

- An assistive listening device for lectures can boost the signal-to-noise ratio and improve attention and understanding. An audiologist should be consulted in selecting an assistive listening device.
- Text-to-speech technologies that read text aloud can improve attention and language processing. (Read-aloud media in a "Digital Accessible Information System" (DAISY), such as *Learning Ally*. See: www.learningally.org.)

- Sentence correction software with a contextual spell checker (*Ginger Software* (<http://www.gingersoftware.com/store/consumers>) is good tool to use in conjunction with word processing. One version captures and categorizes errors so provide curricular guidance.
- Organizational software can help with the written language process.
 - Mind Maps
 - *Bubbl.us*: <https://bubbl.us/>
 - *Inspiration Software*: <http://www.inspiration.com/>

Regular Re-evaluation

Re-evaluate at least annually with a standardized, norm-referenced test. Consider tests such as the Test of Word Reading Efficiency (TOWRE) and the Test of Written Language (TOWL) with alternate forms that control for a practice effect.

Other Recommendations

Reading aloud can be a powerful way to foster vocabulary growth and syntax processing and a way to establish a reading habit. A daily family read-aloud time (~30 min. a day) can work even with older children, and it can significantly "stretch" vocabulary skills and listening level. Of course, it is important to select material that is interesting for all family members. For good read-aloud selections for different ages and other "tips" see *The Read Aloud Handbook* by Jim Trelease: <http://www.trelease-on-reading.com/>. Reading aloud also supports vocabulary growth which otherwise can be a challenge for reading-impaired students after 4th grade because most advanced vocabulary words are acquired through reading. Students in later elementary grades who don't do much discretionary reading can quickly fall behind their peers who do. Students with weak vocabulary skills have more difficulty fully comprehending what they read.

Limit visual media: Television provides impoverished language models and should be limited to less than 1 hour a day.

Emotional / mental health problems (e.g., stress, anxiety and depression) are common among people with reading disorders and can exacerbate learning and memory problems. Cognitive behavior therapy (CBT) can be helpful for the stress, anxiety and/or depression that can accompany learning disabilities. Consider a referral to a mental health professional experienced with CBT if these issues are a concern.

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