

Early Childhood Screening, Intervention, and Information

What is a developmental screening?

Developmental screening is a method of quickly identifying a child's strengths and needs relative to achievement of foundational early childhood developmental milestones. Federal requirements indicate that the screening of a student to determine appropriate instructional strategies for curriculum implementation shall not be considered an evaluation for eligibility for special education and related services (34 CFR § 300.302). Developmental screenings are a relatively simple and quick method of determining strategies to more effectively teach children by tailoring a student's need to a specific intervention and/or as one piece of data that may support suspicion of a disability.

Are preschool aged children able to participate in tiered intervention?

Intervention for preschool aged children may not delay or deny an evaluation for a child suspected of a disability (OSEP, [2011](#), [2016](#) and SCDE, Office of Special Education Services, [2023](#)). However, if it is unclear whether or not there is suspicion of a disability, the child may participate in high quality research-based instruction in their general education setting with continuous monitoring of their response to intervention across multiple levels (tiers) of instruction that are progressively more intense based on the student's response to the instruction (OSEP, 2011).

The [SC MTSS Framework and Guidance document](#), Appendix B: MTSS and Early Learning, states:

High-quality early childhood classrooms are the first line of intervention to prevent academic, emotional, and social delays. SC EC-MTSS recognizes the connection between academics and self-regulation and addresses both areas simultaneously. The goal of SC EC-MTSS is to identify strengths and learning gaps in order to deliver early and effective support for every student who struggles to attain or maintain age-appropriate performance. This goal is met by effectively utilizing best instructional practices within an evidence-based instructional model. An ongoing, systematic process of using student data to document progress is used to guide instructional support decisions.

The [Child Early Reading Development and Education Program \(CERDEP\) guidelines](#) discusses intervention specifically relative to the following areas:

- Formative Assessment – “The results of the assessment and the developmental intervention strategies recommended, or services needed to address the child's identified needs must also be provided, in writing, to the parent or guardian.”
- Revocation of Enrollment – “Provide the progress monitoring data, timeline(s), and interventions used to help the child benefit from the class.” Documentation of both the circumstances surrounding the request for revocation and the provider's sustained and active efforts to resolve

these issues in partnership with the child’s parent(s)/guardian(s) are required before revocation can occur. The request must be presented in writing with appropriate documentation, and before revocation, the SCDE may provide technical assistance or referrals for additional support.

- Discipline – “CERDEP programs should provide appropriate interventions working towards eliminating suspension and expulsion practices.”

There is nothing that should prevent a preschool aged child from receiving intervention supports matched to their identified area(s) of need when a disability is not suspected in order to support academic readiness. If a disability is suspected, intervention cannot be used to delay or deny the provision of a full and individual evaluation pursuant to 34 CFR §300.8 though there is nothing that would prevent interventions from taking place **concurrently** with the evaluation timeline.

What if a preschool aged student struggles with the hearing and vision screening?

There is [updated guidance](#) on screening (vision, hearing, and speech) as well as [updated forms](#) reflecting current guidance. However, if/when a student does not pass a vision and/or hearing screening, the district is obligated to do everything in its power for more in-depths screenings to occur so as to not delay or deny access to a sufficiently comprehensive evaluation for students suspected of having a disability.

How does a developmental screening differ from an evaluation?

The difference between screening and evaluation is the **intent** of the activities. If the intent of the activity is to determine instructional strategies and/or to gather data to be used along with other types of data to support suspicion of a disability, that constitutes screening. On the other hand, evaluations are a comprehensive process of gathering data with parental consent using a variety of assessment tools and strategies to determine the presence of a disability, the needs of the child, and the content of any potential IEPs.

At what point does a screening necessitate an evaluation for suspicion of a disability?

Data gathered from a standardized screening tool is only **one piece of data** that may be used to determine if a student is considered as being “at-risk” for difficulties in specific areas of development. In addition to the use of a standardized screening tool, additional data must be gathered to determine suspicion of a disability. This information may include parent interview, health and developmental history, observation, etc.

Key Terms and Definitions:

- **Sensitivity** refers to the degree to which the assessment will accurately identify those who truly have a language disorder as having one (Dollaghan, 2007).

- **Specificity** refers to the degree to which the assessment will accurately identify those who truly do not have a language disorder as typical (Dollaghan, 2007).
- **Predictive Validity** – Predictive validity is a key criterion in determining the efficacy of a screening tool as it ensures that the tool provides not just a snapshot of how a child is developing at a specific time point but also allows some insight into the progression of their development in subsequent years (Sim et al., 2019).
- **Inter-Rater Reliability** - Inter-rater reliability is used to measure the influence of different test scorers or different test administrators on test results (McCauley & Swisher, 1984).

List of Various Standardized Screening Measures:

Below is a table outlining the information currently available for a variety of standardized screening for both global screening of development in addition to screening tools for speech and language. This is not a list of all standardized screening tools, but rather a sample of the tools commonly used and/or available at this time (which may or may not reflect the most current version of the tool). The data gathered is based on current screening manuals and subject to change based on normative updates by publishers. Information in the table should be considered as one piece of information in the selection of standardized screening tools to be used in conjunction with a variety of additional data sources. The table below does not reflect all psychometric properties for a given tool as this can only be found within the manual. As such, early childhood professionals are strongly encouraged to consult the manual for any and all standardized screening tools used.

Global Screening Tools

Instrument	Age range	Method of assessment	Developmental Domains	Predictive Validity, etc.	Inter-Rater Reliability
Ages & Stages Questionnaire; Third Edition (ASQ-3)	1 month – 5;6 years	Parent Completed Interview, Staff Conducted Parents/ Caregivers complete questionnaires early childhood, healthcare professionals score	Communication, Gross motor, Fine motor Problem solving, and Personal-social	Preschool ASQ-3 scores predicted school age performance (Schonhaut et al., 2020)	-93% agreement between parents and trained test examiners ICC = .43-.69 (Squires et al., 2009) -88% agreement between raters (Simpson et al., 2021)



Instrument	Age range	Method of assessment	Developmental Domains	Predictive Validity, etc.	Inter-Rater Reliability
The Battelle Developmental Inventory, Third Edition (BDI-3)	Birth – 7;11	Examiner	Social-Emotional, Communication, Motor, Cognitive, Adaptive	Strongly predicted academic achievement (Guidubaldi & Perry, 1984). Sensitivity 72– 93%, Specificity 79–86%	≥ .85 (Snyder et al., 1993) -.97 for infants with known or suspected disabilities (Boyd et al., 1989)
Brigance Early Childhood – The Early Childhood Screen III	Birth – 1 st grade	Examiner	Physical, Language Academic Skills, Cognitive, Self-help, Social-Emotional	Sensitivity 86–94%, Specificity 81–93%	Inter-rater reliability .93 -.96 (French, 2013)
The Developmental Assessment of Young Children, 2 nd Edition (DAYC-2)	Birth – 5 years	Observation, Interview, Direct assessment	Cognition, Communication, Social-Emotional, Physical Development, Adaptive Behavior	.91–.98;	Reliability exceeds .90;



Instrument	Age range	Method of assessment	Developmental Domains	Predictive Validity, etc.	Inter-Rater Reliability
The Developmental Indicators for Assessment of Learning, Fourth Edition (DIAL-4)	2;6-5;11	Teacher questionnaire, Parents questionnaire	Motor, Concepts, Language, Self-Help, Social Development	DIAL total score predicted achievement on standardized tests and student achievement from teacher ratings (Spagnola, 2009) . Moderate to high levels of sensitivity, specificity, and agreement; below 85 cut off = .67, .94, .81; below 90 cut off = .76, .86, .81	Average inter-rater agreement = .89-.98 (Coughlan, 2015). Reliability reported as .84-.95;
Early Screening Inventory (Preschool)– Revised (ESI-R)	3;0-4;5	Examiner	Visual Motor/Adaptive , Language and, Cognition, Gross Motor Skills	ESI inter-rater reliability >.98 (Meisels et al., 1993)	ESI-R predicted McCarthy Scales for older children (e.g., 5 years) with correlation of .83 and sensitivity and specificity values above .80 (Meisels et al., 1993)

Instrument	Age range	Method of assessment	Developmental Domains	Predictive Validity, etc.	Inter-Rater Reliability
Parents Evaluation of Developmental Status (PEDS)	Birth – 8 years	Interview	Language, Motor Self-help, Early academic skills, Behavior, Social-emotional mental Health	PEDS predicted lower academic scores (e.g., reading). Sensitivity 96%, Specificity 83%	High inter-rater reliability between author and trained examiner = .87 (Toh et al., 2017)

Speech, Language, Communication

Instrument	Age Range	Sensitivity	Specificity	Predictive Validity	Additional Information
Bayley – 4 Screening Test (Bayley Scales Infant and Toddler Development 4 th Edition)	6 months – 3;6	72%	68%	69%	Includes actionable follow-up instructions
Children’s Communication Checklist – 2 (CCC-2)	4;0 – 16;11	70%	85%	82%	
Clinical Evaluation of Language Fundamentals – 5 Screening (CELF-5 Screening)	5;0 – 21;11	90%	87%	87%	Compatible with dialects and includes actionable follow-up instructions

Instrument	Age Range	Sensitivity	Specificity	Predictive Validity	Additional Information
Diagnostic Evaluation of Language Variation – Screening Test (DELV-Screening)	4;0 – 9;11	75%	82%	70%	Compatible with dialects and includes actionable follow-up instructions
LanguageScreen	3;5 – 12;00	Validity - LanguageScreen correlated almost perfectly ($r = .95$) with a latent variable defined by the 4 individually administered language measures (West et al., 2021).	Reliability 92%		LanguageScreen is an app based screening tool connected with an intervention program called Nuffield Early Language Intervention (NELI)
Narrative Language Measure – Listening (Retell, Questions, Story Generation)	PreK-3 rd grade	89%	87%	40%	Includes progress monitoring function and is connected with an intervention program
Predictive Early Assessment of Reading and Language Screener (PEARL)	K5	1.00	88%	72%	
Preschool Language Scale – 5 Screening	Birth – 7;11	83%	84%	28%	Online administration is available and includes actionable follow-up instructions

Instrument	Age Range	Sensitivity	Specificity	Predictive Validity	Additional Information
Student Language Scale Screener for Language and Literacy Disorders (SLS Screener)	6;0 – 18;11	92%	90%	75%	Includes actionable follow-up instructions
Test of Early Grammatical Impairment (TEGI)	3;0 – 8;11	94%	84%	85%	
Well Screening	4;5 – 6;11	62%	97%	75%	Includes progress monitoring function

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