Considerations for evaluating universal screening assessments

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Abstract

Universal screening is a critical prerequisite to providing early school-based prevention and intervention services for students at risk for or with academic, behavioral, or emotional difficulties. Although use of academic and behavioral screening has become more prevalent, criteria for making informed decisions about appropriate screening tools are not readily available to those who work in educational settings. The purpose of this article is to (a) highlight several considerations about the appropriateness, technical adequacy, and usability of academic or behavioral screeners and (b) provide a general assessment of the current state of science pertaining to universal screening. The article concludes with considerations for policy and practice. The framework presented may be useful in guiding those interested in evaluating, selecting, and researching school-based universal screening assessments.
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Recent alternatives to the "wait-to-fail" model for service delivery involve the provision of systematic approaches for identifying and providing support to individuals at risk for or with academic, behavioral, or emotional difficulties. According to such models (e.g., Kratochwill, Albers, & Shernoff, 2004; Simmons, Kuykendall, King, Cornachione, &

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Kameenui, 2000; Walker & Shinn, 2002), early screening is a critical aspect in the provision of targeted prevention and intervention services. Although policymakers (e.g., see the Individuals with Disabilities Education Improvement Act of 2004 [IDEA, 2004]) and educators are beginning to adopt prevention-oriented school-based screening and intervention practices, the integration of these practices is still relatively new.

Correctly identifying individuals in an educational setting who are in need of specific instruction and services requires making use of universal screening tools that are contextually appropriate, technically sound, and usable. Yet specific criteria for making informed decisions about these tools are not widely available to those who conduct research or practice within schools. The present article highlights considerations for school psychologists, counselors, teachers, administrators, and others interested in evaluating universal screening assessments. The criteria presented here are among those most commonly used. The prioritization of these criteria vary depending upon the nature of the assessment under consideration.

Because criteria for evaluating an assessment are contingent on the assessment's purpose, it is helpful to make several distinctions between universal screening and other related forms of assessment—*readiness assessments* and *diagnostic assessments*—that are commonly conducted by school personnel. Typically, school-based *universal screening assessments* are conducted with all students in a classroom, school, or district to identify those at risk of academic failure and/or behavioral difficulties who could potentially benefit from specific instruction or intervention (e.g., Severson & Walker, 2002). Whereas universal screening assessments are used to define the risk status of students *currently* in school, *readiness assessments* are administered to children *prior to* their entering the education system to identify whether they have acquired specified prerequisites required for school participation (Meisels, 1987). Unlike universal screening or readiness assessments, which are conducted by individuals from a variety of backgrounds to detect the *potential* need or readiness for services, *diagnostic assessments* are typically administered individually by those with very specific qualifications (e.g., school psychologists, reading specialists, etc.; Satz & Fletcher, 1988) to evaluate the *nature and extent* of an individual's academic or behavioral problems (i.e., to provide a specific diagnosis; e.g., Adelman, 1982; American Educational Research Association [AERA], American Psychological Association [APA], & National Center on Measurement in Education [NCME], 1999; Gredler, 2000a; Streiner, 2003) and are often more lengthy and comprehensive (e.g., Sattler, 2001; Satz & Fletcher, 1988). Over the past two decades, distinctions among forms of assessment have been obfuscated by the popularity of multi-stage (e.g., the Systematic Screening for Behavioral Disorders [SSBD]; Walker et al., 1988) and curriculum-based (e.g., Dynamic Indicators of Early Literacy Skills [DIBELS]; Good & Kaminski, 2002) measurement approaches that are used both to identify those at risk and to guide intervention delivery decisions (Fuchs & Fuchs, 1998, 2002).

The present article focuses exclusively on considerations for evaluating *universal screening assessments*. Although, as shown in Table 1, these assessments vary widely in their approach—among other factors, they vary based on their targeted domain, targeted constructs, format of administration and content, informant type, and recommended frequency and timing of administration—, three aspects of all universal screeners (summarized in Table 2) are especially important: (a) their appropriateness for the intended