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Language Contributions to Early Word Reading Success

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Beall, Allison; Begger, Maria; Fahlman, Mary; Phelan, Melissa; Hege, Samantha; and Tolbert, Sophia, "Language Contributions to Early Word Reading Success" (2020). *University of Montana Conference on Undergraduate Research (UMCUR)*. 2. https://scholarworks.umt.edu/umcur/2020/socialsciences_poster/2

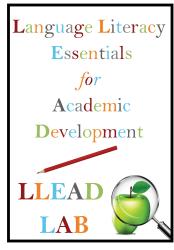
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Presenter Information

Allison Beall, Maria Begger, Mary Fahlman, Melissa Phelan, Samantha Hege, and Sophia Tolbert







Introduction

- Due to the high prevalence of Developmental language 630 kindergarten children (6;0; years; months) from the publicdisorder (DLD) and dyslexia in schools, there is a demand school system participated: 22 students with TLD and 22 to identify these early on in order to prevent language students with DLD. and literacy failure. • The children were 84.8% Caucasian and there were 34.4% differences between the groups on race.
- Currently, most schools screen students individually, which is time consuming and not cost effective. Many of these assessments do not assess all area of reading and language important to screen.
- Successful reading is defined as the product of word reading and comprehension (Simple View of Reading) (SVR; Gough & Tunmer, 1996).



- We developed a universal kindergarten screener using the SVR model to be used for identifying children in poor reader subgroups such as dyslexia, developmental language disorder (DLD), or both dyslexia and DLD in schools in an effective and efficient classroom setting.
- The screener measures children's knowledge of sounds (phonology; PA) and letters (orthography; OA) and grammar (morphological awareness; MA)

Research Question

Do PA, OA, and MA uniquely predict word reading success in typically developing children (TLD) and those with developmental language disorder (DLD)?

Hypothesis

We predicted that all three linguistic factors (PA, OA, MA) would have a different and unique influence on wordreading success in typically developing children and in those with DLD and/or dyslexia.

Language Contributions to Early Word Reading Success

Undergraduate Researchers: Allison Beall, Maria Begger, Mary Fahlman, Melissa Phelan, Samantha Hege & Sophia Tolbert Mentors: Julie A. Wolter PhD, CCC-SLP & Crystle N. Alonzo PhD, CCC-SLP

Methods

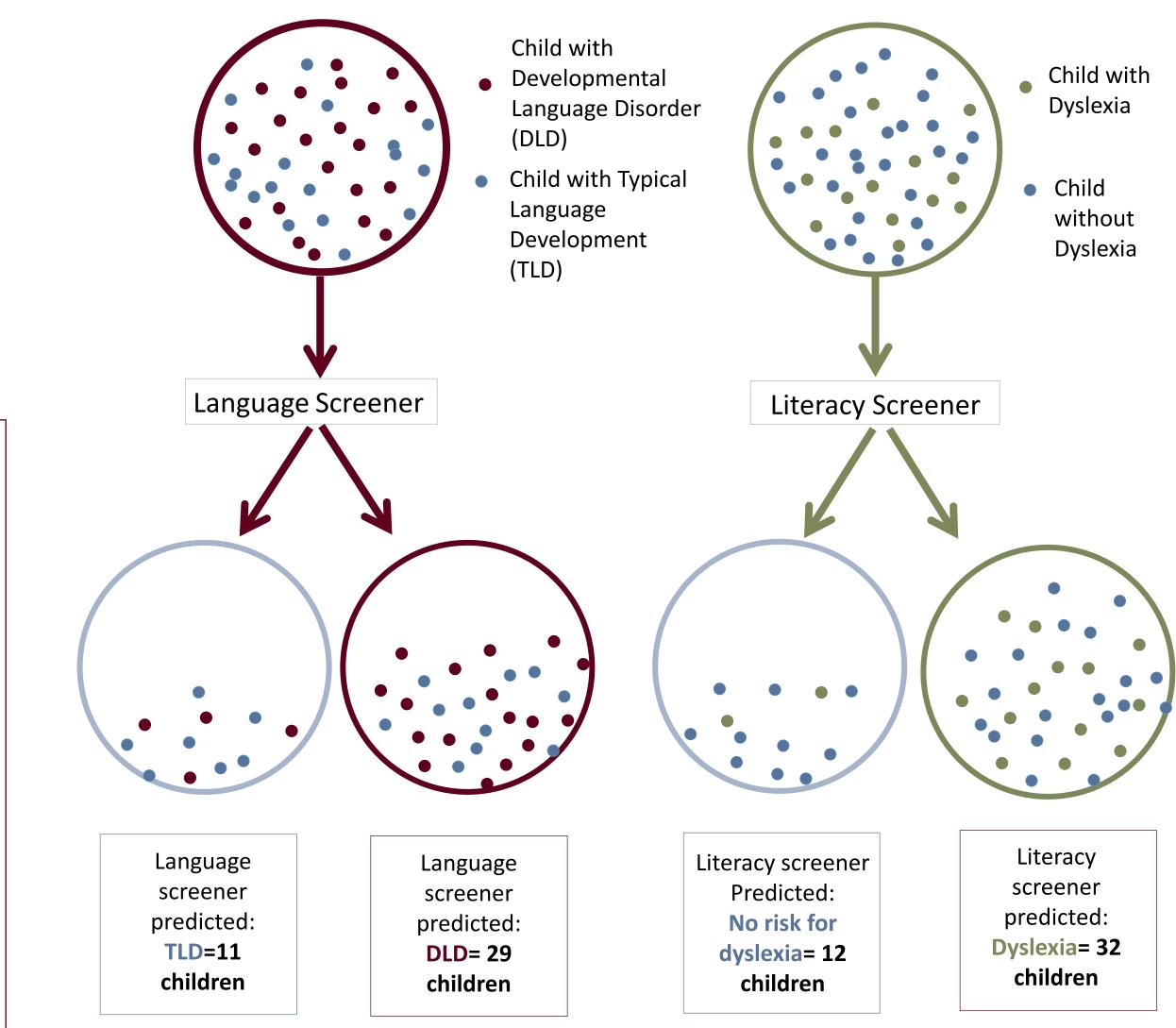
The children were administered the following standardized assessments (Table 1):

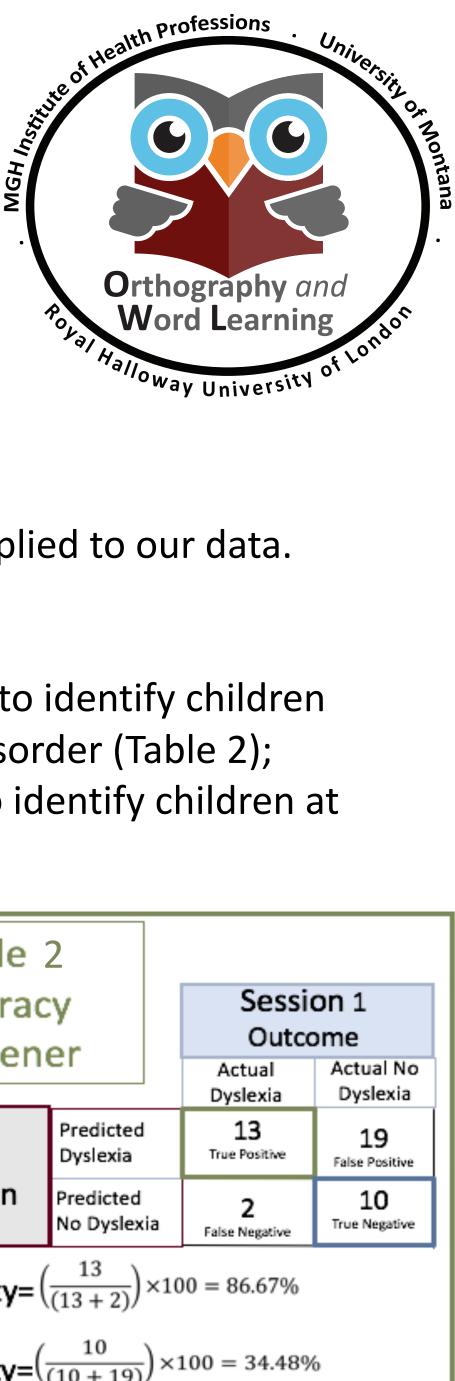
Table 1	D	LD	TLD	
	Μ	SD	Μ	SD
Language (CELF-5 SC, WS, FS, RS subtests) *	81.64	6.24	105.55	5.52
Nonverbal IQ (PTONI)	95.86	14.64	102.64	21.8
Word Reading (WJ-IV Letter- Word ID)	87.36	13.28	96.73	10.4

Core Language Score*

Results

Figure 1. Population Tested in Session 1





Sensitivity and specificity analysis was applied to our data. We used a cutoff score of:

- 12 or below on the language screener to identify children at risk for Developmental Language Disorder (Table 2);
- 12 or below on the literacy screener to identify children at risk of Dyslexia (Table 3).

Table 1 Language Screener					Table 2		
		Session 1 Outcome		Literacy Screener		Sess Out	
		Actual DLD	Actual TLD		Jereen		Actual Dyslexia
Screener DLD	Predicted DLD	18 True Positive	11 False Positive			Predicted Dyslexia	13 True Positive
	Predicted TLD	4 False Negative	7 True Negative			Predicted No Dyslexia	2 False Negative
Sensitivity= $\left(\frac{18}{(18+4)}\right) \times 100 = 81.82\%$				Sensitivity= $\left(\frac{13}{(13+2)}\right) \times 100 = 86.67\%$			
Specificity= $\left(\frac{7}{(11+7)}\right) \times 100 = 38.89\%$				Specificity= $\left(\frac{10}{(10+19)}\right) \times 100 = 34.48$			

Discussion

- The language classroom screener showed acceptable sensitivity and specificity for identifying children at risk for DLD
 - (sensitivity = 82% and specificity = 39%).
- The literacy classroom screener showed acceptable sensitivity and specificity for identifying children at risk for dyslexia
 - (sensitivity = 87% and specificity = 34%).
- Therefore, these whole classroom screens show potential for efficient identification of children at risk for DLD and dyslexia who may benefit from further assessment.
- The efficient nature of the whole classroom screen will save time and resources in addition to allowing for early identification of atrisk children.
- Further research should compare our language and literacy screeners with other individually administered screeners that are known to be highly valid.
- Until follow up validity research conducted, may want to raise the cut point (erring on the side of more false positives) to ensure we capture every possible at-risk child.

Acknowledgments

Research in collaboration with Dr. Tiffany Hogan, Dr. Jessie Rickets, & Rouzanna Komesidou and supported by NIDCD of the National Institutes of Health, R01DC016895; Special Thanks to SLHOS students who volunteered in the LLEAD LAB.

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