

Assisting Children Now Prevents Reading Difficulties Later

Early identification and prevention is essential to ensuring children have the necessary reading skills for leading productive lives as adults. Scientifically-based prevention and instruction depend first and foremost on an early and accurate identification and assessment of young children at-risk for reading difficulties.

To demonstrate the importance of early identification for reading disability, let's consider Sally Ann, a child that we evaluated recently. Sally Ann was just completing her kindergarten year at a highly ranked public school. While teachers perceived Sally Ann to be a bright child who listened well, followed instructions, exhibited a rich spoken language vocabulary, and used well-formed sentences, she was struggling in several emergent literacy areas as indicated by performance on an end-of-year achievement test. Sally Ann was struggling to learn the letters of the alphabet, and she had difficulty remembering the few sound-letter associations that had been taught during the school year. While nearly all of her classmates could write their names, Sally Ann continued to have great difficulty remembering the letters in her name. Sally Ann's mother brought her to a local University Speech, Language and Hearing Clinic, because the school suggested that Sally Ann might benefit from repeating kindergarten. Sally Ann's mother, who described herself as a slow reader and poor speller, was concerned that Sally Ann may have "inherited" a reading disorder from her.

The [*Assessment of Literacy and Language*](#) (ALL), a new test for pre-kindergarten through first grade children, evaluates both language and emergent literacy and can assist in determining the underlying challenges facing Sally Ann. ALL assesses skills identified in the reading literature as core cognitive-linguistic processes necessary for normal reading achievement. These skills include: *emergent literacy* (print awareness); *phonological processing* (sound categorization); *single word decoding and encoding skills* (word identification and invented spelling); and *oral language skills* (word relationships and syntactic structures). ALL subtests, shown in Table 1, are consistent with our Nation's Early Reading and Reading First Initiatives.

Table 1: Matching Legislative Initiatives with All

Early Reading and Reading First Initiatives	All Subtests
Language	Basic Concepts, Receptive Vocabulary, Word Relationships, Parallel Sentence Production
Print Awareness	Book Handling, Concept of Word, Matching Symbols
Phonological Awareness	Rhyme Knowledge, Sound Categorization, Elision
Alphabet Knowledge	Letter Knowledge, Phonics Knowledge, Invented Spelling
Fluency	Sight Word, Rapid Automatic Naming, Word Retrieval
Comprehension	Listening Comprehension

Performance on ALL may be profiled into one of four patterns shown in Table 2. The development of emergent literacy and language profiles prior to reading acquisition aids in predicting later reading achievement and determining the nature of future reading difficulties. Further, profiles provide educators and clinicians with a framework for making informed decisions when translating assessment findings into appropriate, precise, quantifiable, and empirically-based prevention and instruction programs. ALL uses information from a caregiver questionnaire and from the children’s performance on the ALL battery of tests to determine profile types.

Table 2: ALL Emergent Literacy and Language Profiles

Profile 1	Language Disorder
Profile 2	Language Disorder and Emergent Literacy Deficit
Profile 3	Emergent Literacy Deficit
Profile 4	Weak Language and/or Emergent Literacy

When tested with the ALL, Sally Ann’s parent and teacher observations were confirmed. Sally Ann had well-developed spoken language skills, yet she was struggling with phonological awareness, alphabet knowledge, and rapid naming. Sally Ann was a clear example of Profile 3: **Emergent Literacy Deficit**. We were able to identify the nature of Sally Ann’s difficulties and recommend that she receive an intensive, multi-sensory intervention program designed for children who have difficulty learning and sustaining sound-letter correspondences needed for fluent reading and accurate spelling. Further, we recommended that Sally Ann not be retained in kindergarten; rather, she should be promoted to first grade and be supported with alternative strategies and accommodations for learning to read.

While it is often difficult to predict with a high degree of reliability which young children will develop reading difficulties, nearly 75% of poor readers in 2nd grade have an early history of spoken language deficits (Catts, 1999). Growing up in poverty appears to be the most pervasive cause of poor reading achievement (Hart & Risley 2003); however, biological factors account for a substantial portion of children who are not learning to read in spite of coming from adequate home environments and receiving good instruction (Vellutino et al., 2004).

At least 20% to 30% of young children struggle when learning to read (Lyon, 1998). Without explicit, systematic, and appropriate instruction, these children may continue to read poorly throughout their lives. In 1992, the National Assessment Governing Board in conjunction with the National Center for Educational Statistics conducted two literacy studies, one on 140,000 children in grades 4, 8 and 12 in U.S. schools and the second on 26,000 adults ranging from 16 to 65 years. Overall an average of 43% of fourth grade children read “below basic level” nationwide. Results for adults are equally alarming. Forty-eight percent of adults “read and write so poorly that it is difficult for them to hold a decent job” (NAEP, 1992).

Therefore, early identification ensures that children who need the most help in acquiring emergent literacy and language skills for later reading achievement and school success will receive them. In many cases, children placed in effective prevention programs achieve sufficient emergent literacy skills and language to ameliorate or eliminate the need for later intervention. This is especially true for children who come from diverse backgrounds, disadvantaged economic environments, or who are English language learners. Other children with severe pre-school oral language difficulties or those who appear to be headed for a diagnosis of specific reading

disability (e.g., dyslexia), will benefit from scientifically-based intervention practices that are delivered “early, intensively, and appropriately” (Torgesen, 2004, p. 6). Although the literature is clear that these deficits will follow the children throughout their lifetimes, it is also clear that with early identification and appropriate intervention these children can achieve a level of literacy and language function that will support them in achieving their social, economic, and vocational goals.

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