

Beery VMI Classroom Screening Options

A Pearson Assessments Occasional Best Practices Paper

Keith Beery, Ph.D., University of California, San Francisco, together with School-Site Based Occupational Therapists Corrie Cordrey, Arizona; Jean Dietz, Connecticut; Grace Jarchow, Washington; Pamela Prentiss, New Hampshire

The Beery VMI

The Beery-Buktenica Developmental Test of Visual-Motor Integration (Beery VMI, 2004) is an assessment of eye-hand coordination, of how well a child (or adult) can copy developmentally sequenced geometric shapes. Beery VMI screening results can be an early indicator of problems in visual perception, motor coordination, and visual-motor integration. Research indicates that the test is virtually culture-free and that it is sensitive to a number of medical and neurological problems as well as to academic difficulties such as handwriting. It has long been internationally respected and recognized as the best-researched and most valid test of its kind.

The Beery VMI is extensively used for both screening and diagnostic purposes. The complete 30-item Full Form Beery VMI can typically be administered to individuals in about 10 to 15 minutes. Small groups or entire classrooms of Kindergartners and older children or adults take about 20 minutes. The 21-item Short Form for children ages 2 through 7 years takes less time.

RTI and the Whole Child

The Federal Individuals with Disabilities Education Act (IDEA) 2004 legislation guidelines state that the primary focus of assessment and its follow-up interventions should be upon prevention of problems in early childhood education, which includes Kindergarten and other primary school children. IDEA also enables Response to Intervention (RTI) assessment in schools. The first step in RTI assessment calls for screening of entire classrooms (Fuchs & Fuchs, 2006).

RTI and other early childhood screening efforts in schools are very often limited to reading and math assessments, such as assessments of phonemic awareness. Important as such measures are, they are not sufficient. Schools need to attend to the whole child, including physical and other factors that affect academics as well as other important aspects of a child's life.

We know that a hungry child or one with various other physical limitations is less able to learn or perform. For example, a group of 35 four-and-one-half-year-old children with uncorrected refractive vision problems scored significantly below the Beery VMI norms. However, six weeks after their vision was corrected, the group scored above the norms (Roch-Levecq, et al., 2008).

We need to screen for the whole child, including neuropsychological and medical variables.

See the next page for basic classroom screening options.

Beery VMI Classroom Screening Options

We have tried a variety of different ways to screen entire Kindergarten classes. Some methods allow more opportunity to observe and immediately record pencil grips, page turning, and the like. Following is a summary of methods we have successfully used, together with their advantages and disadvantages. With reasonable care, all methods yield valid scores.

Basic Methods	Advantages	Disadvantages
A. 2 or more Adults with 20+ Children at one time	Faster (20 mins.) Thus, inexpensive	Less time to observe
B. 1 or 2 Adults with 2+ Children at one time	More observational information	Several times Method A's cost in time = \$
C. 1 Adult with 1 Child at one time	More diagnostic information	20+ times Method A's cost in time = \$

We believe that Method A, coupled with good follow-up by the specialist with the classroom teacher, is the most effective. It takes only about 20 minutes or so with help from the classroom teacher to complete the screening, versus many hours to screen 20+ children with Method C.

The specialist scans all of the Method A class protocols and scores at least the ones that suggest those children who may be at risk. Subsequently, the classroom teacher and/or the specialist observe at-risk children's pencil grips, page turning, and other relevant behaviors in class. They then meet to share ideas and materials for helping the children who seem to be at risk with their visual-motor integration. Method C can then be pursued for the few children who might require IEP diagnosis.

Especially after classroom teachers have participated in the initial Method A screening, they are typically very interested in follow-up with the specialist. Thus, Method A screening is also an excellent door-opener for consultation and follow-through regarding other matters as well.

OTs and other specialists are urged to utilize Method A Beery VMI screenings.

References

Beery, K.E., & Beery, N.A. *The Beery-Buktenica Developmental Test of Visual-Motor Integration (manual)* (2004). Bloomington, MN: Pearson Assessments.

The Beery VMI-6 will become available in mid-2010. It will include more information about OT usage, an update of medical, neuropsychological, and other research literature, and 2010 norms. Contact Pearson, 5601 Green Valley Dr., Bloomington, MN 55437, (800) 627-7271.

Fuchs, D., & Fuchs, L.S. (2006). *Introduction to Response to Intervention: What, why, and how valid is it?* *Reading Research Quarterly*.

Roch-Levecq, A., et al. (2008) *Ametropia, preschoolers' cognitive abilities, and effects of spectacle correction*. *Archives of Ophthalmology*, 126 (2), 252-258.

To order, or for more information please contact us today.

800.627.7271 | PsychCorp.com