

Getting the Whole Picture: Assess Receptive and Expressive Concept Abilities

Bracken Case Study 1

The following case study provides an example of interpretation of the BBCS-3: Receptive and BBCS: Expressive.

Reason for Referral:

Angie is 3 years 7 months old and her teacher (in the Head Start program) referred her for testing. The teacher reports that Angie's speech seems delayed. Angie follows directions; however, she seldom speaks and prefers to communicate by pointing and gesturing. When Angie does speak, she uses two- or three-word phrases rather than complete sentences.

Background Information:

Background information was collected from conversations with Angie's mother and preschool teachers.

Family:

Angie lives with her mother and older sister Margaret, age 5. Angie's mother is a full-time student at the community college. She also works part-time as a sales associate for a local retail store. Angie's father is not in contact with the family.

Health and Development:

Angie's mother reports that Angie weighed 6 pounds, 3 ounces at birth and was pronounced a healthy baby. Other than occasional colds, Angie continues to be healthy. Angie's mother reports that Angie's motor skills "are about the same as other children her age;" however, Angie seems "slow to talk."





School:

Angie began attending a Head Start program at age 3 years 2 months. She attends a Head Start program in the morning and the community college-sponsored preschool program in the afternoon. Angie's teachers report that she seems eager to interact with others. She follows teacher instructions, participates in class activities, and has three to four friends that she plays with at recess. Angie communicates mainly through gestures, but she is making more effort to "use her words" as the school year progresses.

Standardized Assessment Results:

Angie's communication skills were assessed using the Bracken Basic Concept Scale—Third Edition: Receptive (BBCS–3:R) and the Bracken Basic Concept Scale: Expressive (BBCS:E) on February 1, 2007 and February 5, 2007, respectively.

Angie's BBCS-3:R and BBCS:E Results

BBCS-3:R			
	Scaled	Percentile	Descriptive
Subtest	Score	Rank	Classification
1–5 School Readiness Composite	9	37	Average
6 Direction/Position	8	25	Average
7 Self-/Social Awareness	7	16	Delayed
8 Texture/Material	7	16	Delayed
9 Quantity	8	25	Average
10 Time/Sequence	7	16	Delayed
Composite	Composite Score	Percentile Rank	Descriptive Classification
Receptive TC	86	18	Average
Receptive SRC	94	34	Average

BBCS:E			
	Scaled	Percentile	Descriptive
Subtest	Score	Rank	Classification
1-5 School Readiness Composite	6	9	Delayed
6 Direction/Position	6	9	Delayed
7 Self-/Social Awareness	5	5	Delayed
8 Texture/Material	6	9	Delayed
9 Quantity	5	5	Delayed
10 Time/Sequence	5	5	Delayed
	Composite	Percentile	Descriptive
Composite	Score	Rank	Classification
Expressive TC	72	3	Delayed
Expressive SRC	84	14	Delayed

iscrepancy Comparison							
			Significant	Prevalence in			
Receptive TC	Expressive TC		Difference at .05	Normative			
composite score	composite score	Difference	level?	Sample			
86	72	14	Yes	5.8			
			Significant	Prevalence in			
Receptive SRC	Expressive SRC		Difference at .05	Normative			
composite score	composite score	Difference	level?	Sample			
94	84	10	Yes	13.4			

Interpretation of the Standardized Assessment Results:

Angie's performance on the BBCS–3:R indicates that her receptive abilities are equal to those of children her age in some basic concept categories, but delayed in other concept categories. The School Readiness Composite score (subtests 1–5) indicate that her understanding of the basic concepts that correlate with being ready for kindergarten appears to be developing like that of her age peers.

Angie's performance on the BBCS:E indicates that her ability to verbally label basic concepts is delayed in comparison to children her age.

To summarize, looking at Angie's Receptive scores in isolation (i.e., without examining her expressive abilities) it is predicted that if her skills continue to follow this trend, Angie will most likely be ready for kindergarten. However, when Angie's expressive scores are also considered, her complete communication profile shows that she needs intervention to promote kindergarten readiness.

Intervention Planning:

The focus of Angie's intervention should be to improve her expressive communication skills while supporting her continued development of receptive communication skills. In planning Angie's intervention, consider the following:

- Complete the Parent/Teacher Conference Form for the BBCS-3:R and the BBCS:E. The forms will identify which basic concept items Angie has mastered or not mastered. Compare the items that Angie has mastered/not mastered receptively versus the items she has mastered/not mastered expressively. This will guide where to begin and proceed with instruction.
- Foster Angie's motivation to learn by beginning intervention at a level where Angie can experience 80% success with the tasks. Introduce more challenging items by incorporating them in with items that Angie has mastered.
- Share the Parent/Teacher Conference Forms (Receptive and Expressive forms) with Angie's mother. Angie's mother, teacher, and clinician can discuss which concept categories Angie demonstrates relative strength in and which categories she needs help developing. Make copies of the forms so that the concepts focused on in class can generalize to the home and vice versa.

- Use Angie's relative strength in understanding basic concepts to foster her labeling the same concepts. For example, during instruction, ask Angie to show you the red crayon. After she successfully shows you the red crayon, label the crayon as you praise Angie. Then prompt her to label the color (e.g., You're right! That is the red crayon. What color is the crayon?)
- Teach concepts in natural contexts rather than contrived situations to promote generalization. For example, support Angie's understanding and labeling of time/sequence concepts during circle time when the calendar and the day's schedule is discussed.
- As instruction progresses, combine concepts rather than focus on single concepts. For example, after instruction of colors and size, ask Angie to please go get the big red ball. Encourage Angie to label objects using multiple concepts, such as little triangle, long straight hair, and many shiny pennies.
- Refer to the Bracken Concept Development Program (BCDP) as a resource when planning intervention.
 The BCDP provides specific lessons and materials that correspond to the concepts assessed in the BBCS-3:R and BBCS:E.







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