

Interpreting Results

When children receive scores on the Screens III that fall below cut-offs, it is important for examiners to consider reasons for poor performance. Reasons for poor performance can fall into three broad categories: (1) potentially unreliable performance, (2) destabilised performance or (3) likely deficits or disabilities. Each category is discussed below, along with implications for follow-up decisions.

UNRELIABLE PERFORMANCE The development of a child is never a straight line. Each child will experience periods of rapid growth and levelling plateaus. If, however, a child demonstrates very little of what he or she is reported to know by a parent/caregiver, it is a good idea to screen again after a short amount of time (one to two weeks) to ensure more reliable results.

Unreliable performance may be attributed to one of the following conditions.

- **Poor Testing Conditions.** Uncomfortable room temperature, noise, visual distractions or poor lighting may prevent a child from performing well. This is likely to occur when children are screened in groups (e.g. station screening) and is particularly problematic for a child who is new to a school environment or formal assessment situation. In addition, if a child finds the screening atmosphere uncomfortable, feels discouraged or unmotivated, or is tired, the child's performance may suffer. If screening conditions were not optimal, re-screen the child at a later date.
- **Poor Rapport.** When examiners have limited experience with young children and do not have a range of strategies to assist children who are reluctant to perform well, unreliably low scores are likely to occur.
- **Problematic Behaviour.** A child who refuses to comply with requests; demonstrates inappropriate behaviour; or is fearful, clingy or extremely shy may not demonstrate the skills he/she possesses during an initial screening. Such behaviours can also be symptomatic of developmental or emotional problems that require further assessment. In some cases, it may be helpful to have the screening repeated by an experienced diagnostician.

- **Health Issues.** Poor nutrition or an imbalance in body chemistry can cause a child to be lethargic or over-active, resulting in poor performance. Also, a child screened just prior to the onset of an illness or just after an illness may perform at a lower level than usual. Re-screening the child once symptoms subside is advised.

It is tempting to dismiss poor performance results as unreliable (e.g. due to limited rapport or poor testing conditions). However, it is critical to recognise that children who have true developmental difficulties or children who are at risk for school problems due to psychosocial risk factors also are likely to have scores that appear initially to be unreliably low. Children in such situations are likely to be distracted by environmental stimuli, have difficulty relating to examiners and exhibit problematic behaviour during testing. When examiners are concerned that performance is unreliable for any of the reasons described, prompt re-screening is essential in order to draw valid conclusions. Ideally, such re-screening should include a focused attempt to remedy any issues faced during the first screening (e.g. environmental, examiner, health factors).

DESTABILISED PERFORMANCE There are several factors that do not affect the reliability of the screening results (meaning that re-screening is likely to yield the same results) but that do destabilise performance (meaning that a screening repeated several months later, might show fluctuations in skill levels). This is likely to occur after a child with some of the following conditions receives treatment or relatively modest intervention. When these conditions are present, the results of screening should be considered valid. Some referrals are usually required, as is careful monitoring.

- **Untreated Vision or Hearing Problems.** When there are behavioural indicators of sensory deficits, parent or teacher concerns, or a history of hearing or vision difficulties, prompt referrals to paediatricians and paediatric ophthalmologists should be made. Although correction of vision problems may immediately improve performance, hearing problems, whether transient or long-standing, usually have a long-term impact on a child's development, especially in the area of language. For children with hearing problems, referrals for language or developmental intervention are almost always warranted.

- **Experiential Differences.** Children with numerous psychosocial risks are likely to do poorly when screened. These children may need prompt referrals for additional evaluation to determine if there is a disability or if poor performance is caused by the presence of risk factors. Issues associated with children identified as at risk are discussed in Chapter 5.
- **Chronic Health Problems.** Children often do not perform well when screened if they have long-standing health problems such as cancer, sickle cell disease, cystic fibrosis, severe asthma, metabolic disorders, partially controlled seizure disorders or have side effects from medications such as those given to control seizure disorders. Such conditions limit vitality and energy and can produce performance that varies considerably from one day to the next. Due to frequent school absences, hospitalisations, the changing effects of medical treatment, and variable health status, at times, children with these problems may be truly behind others in skill development. At other times, however, these children may demonstrate well-developed skills. Although it may seem generous to explain low screening scores as due simply to the transient effects of illness, health problems also interfere with performance in the classroom.

Such children require further academic and adaptive behaviour evaluations to determine their needs for classroom modifications, special programming, intermittent provision of home-bound instruction, and other support services.

LIKELY DELAYS OR DEFICITS Although low screening scores are sometimes the result of reliability issues or destabilising but potentially transient factors, scores below cut-offs carry a high probability that a child has either undiagnosed disabilities or substantial developmental deficits in one or more areas. For this reason, when a child's score falls below cut-offs, two questions should be considered:

- 1 What kinds of issues are suspected?
- 2 What referrals are needed?

Because children may have difficulties in more than one area of development (physical development, language development, academic skills/cognitive development and/or adaptive behaviour), it is important to identify the particular area that appears most concerning and to focus referrals accordingly. Analysing domain scores, as discussed below, can assist with this process.