Marshall Street

How-To:
Assessment of Adolescent Readers

TURNING THE PAGE TO SECONDARY LITERACY

A collection of research-to-impact practices developed with the Networked Improvement Community for Students with Disabilities

How-To: Assessment of Adolescent Readers

Guidance Document for School and Network Leadership

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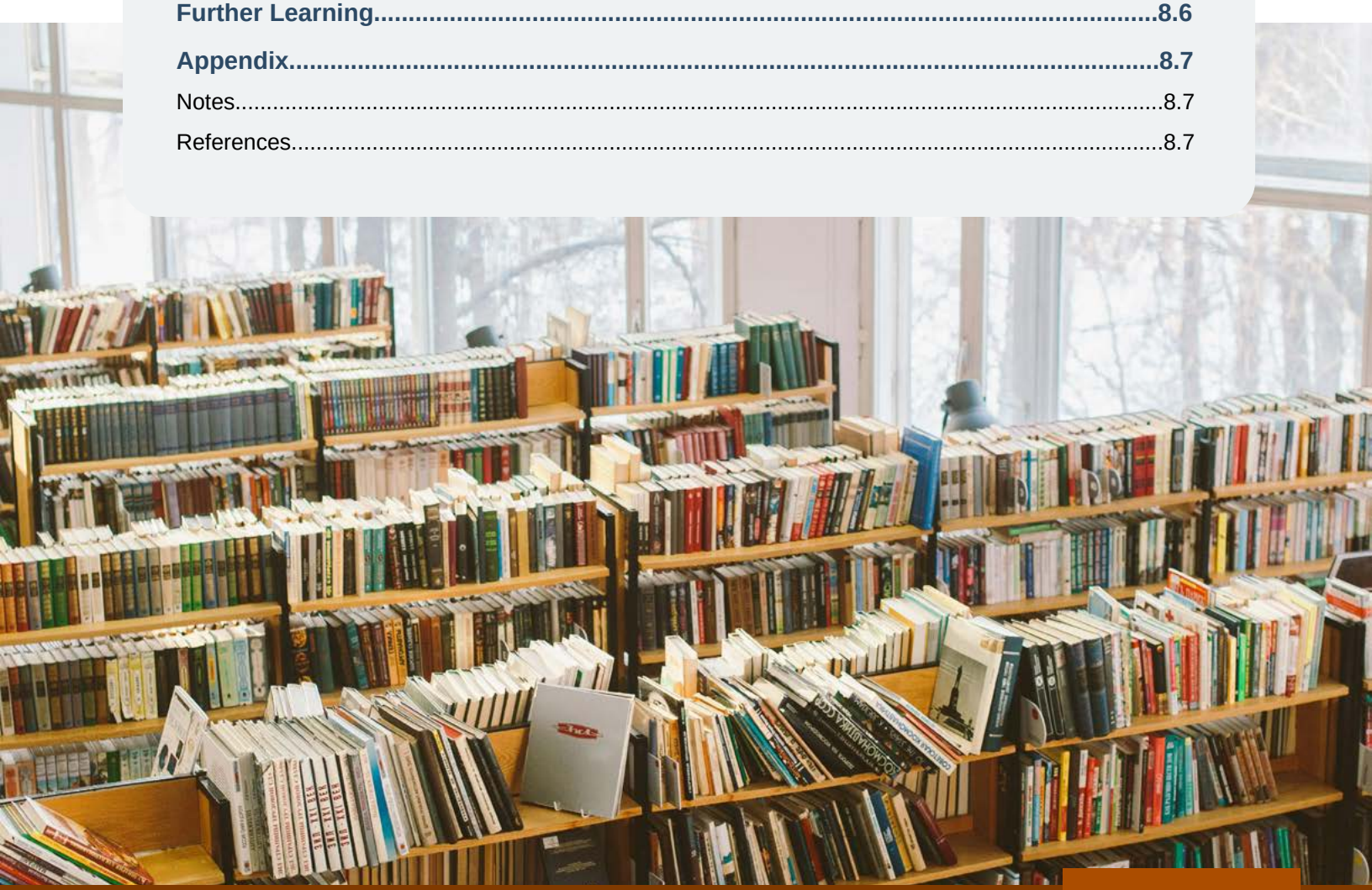
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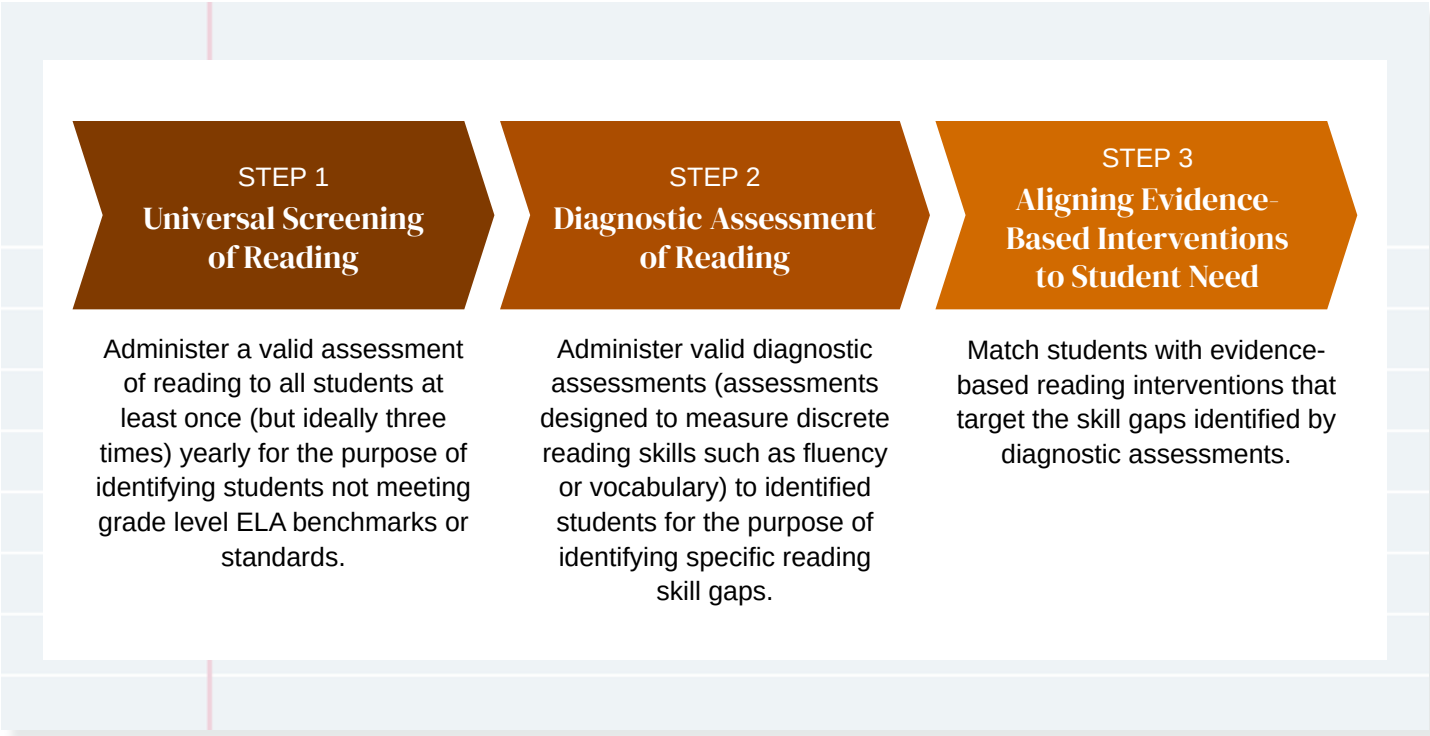
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Introduction

Multi-tiered intervention models are effective frameworks for supporting students with reading disabilities, including secondary students.[1] At its core, the MTSS framework leverages data to plan, monitor, and continually improve the academic, social-emotional, and behavioral instruction and intervention provided to students. To accomplish this, educators are encouraged to plan for three types of data collection: **universal screening, progress monitoring,** and **diagnostic assessment**. Additionally, teams are tasked with designing infrastructure and protocols to support ongoing **data-based decision-making**. Each of these components of assessment and decision-making within the MTSS framework is defined and described below.



Universal Screening

Universal screening refers to the practice of administering valid and reliable screeners of proficiency to all students within a school system at least once yearly.[2] A system for screening all students in reading can identify students at risk of not meeting grade-level ELA benchmarks and standards early in the school year as the first step in designing and tailoring interventions to support reading acceleration. Universal screening data can also be used to evaluate programs for disaggregated subgroups of students and to assess the extent to which programs are successful in helping all students meet grade-level ELA standards. This creates a system of accountability for ensuring access and progress for all students.

The basic process for conducting universal screening of reading is as follows:[3]

1. Identify screening measures
2. Set proficiency cut points to identify students with differing levels of risk or need
3. Determine the frequency of screening (at least one time yearly)
4. Identify personnel to conduct screening
5. Collect universal screening data
6. Input, organize, and summarize the data
7. Respond to the results

When considering universal screening measures, schools need to select measures that are valid and reliable, demonstrate classification accuracy, minimize statistical bias, and are representative of the school's population. The National Center on Intensive Intervention provides detailed guidance to support schools in evaluating assessment options against each of these criteria.[4] In some cases, schools may need to adopt new assessment systems to conduct universal screening of reading. In other cases, they may be able to leverage existing resources. Research has suggested that assessments such as state-level assessments and computer-adaptive tests can reliably identify students who are not reaching grade-level reading targets.[5] Early warning systems, which use indicators such as course performance, attendance, and suspension data to flag students at risk of not meeting academic or behavioral expectations, are also recommended at the secondary level.[6]

Proficiency cut-points categorize students as at risk or not at risk of not meeting academic or behavior benchmarks. Schools can utilize various methods to establish proficiency cutpoints (e.g., below a specific percentile on a norm-referenced assessment or within a predetermined standard, such as "below basic," on a state-level assessment). Cut points must be established thoughtfully as they have a significant influence on the number and characteristics of students who may be identified via the screening process.[7]

When planning for the administration of a universal screener, schools need to account for training both those who will administer the screener and those who will interpret the results. Schools should also plan to monitor implementation fidelity. Inconsistent assessment administration, scoring errors, and data entry errors can impact the accuracy and usefulness of screening data. Schools can minimize these errors by providing ongoing training, practice, and coaching in administration and data entry, using administration checklists and protocols, and checking periodically for consistency.[8]

Diagnostic Assessment

While universal screening can serve to identify students who are nonproficient readers, it is insufficient for informing the design of effective reading interventions. As established earlier in the **Collection Literature Review**, nonproficient adolescent readers have diverse reading profiles, and the degree and nature of support needs can vary greatly across individual students. Diagnostic assessment of the specific reading needs of students identified as nonproficient readers is an important supplement to screening measures and is necessary for effective intervention planning at the secondary level.[9]

Diagnostic data can be collected through formal (e.g., standardized measures) and informal approaches (e.g., error analysis of student work samples). Curriculum-based measurements (CBMs) of oral reading fluency are one reliable measure of reading rate and accuracy,[10] and analysis of student errors from CBMs can serve as a helpful diagnostic measure.

Educators and problem-solving teams can then use diagnostic data to develop hypotheses about the causes of student reading difficulties. These hypotheses can then inform the development of an intervention plan that targets those specific causes.[11] For example, educators can analyze CBM errors to determine if a student is reading accurately yet slowly and may benefit from intervention targeting reading rate or if the student is reading inaccurately with errors in multisyllabic word reading and may benefit from intervention targeting word study skills.

The National Center on Intensive Intervention recommends schools first confirm the fidelity of instruction and intervention implementation before engaging in diagnostic assessment.[12] This refers to a process of evaluating the extent to which instruction or intervention was delivered as planned and designed. This includes assessing the level of student engagement in instruction, adherence to the instructional plan, duration of instruction, quality of instructional delivery, and the degree to which the intervention aligned with identified student needs.

Progress Monitoring

Progress monitoring, or the ongoing collection of data to assess student responsiveness to instruction, is an essential component of MTSS.[13] The steps to implementing a progress-monitoring system include:

1. Designing the progress-monitoring process
2. Selecting progress-monitoring tools
3. Training staff
4. Developing student progress-monitoring plans
5. Collecting progress-monitoring data and monitoring fidelity
6. Analyzing progress-monitoring data

Progress-monitoring assessments should be administered at least monthly for students receiving interventions at the Tier 2 level within an MTSS and at least weekly for students receiving interventions at the Tier 3 level.[14] Fidelity of administration, scoring, and data entry should be monitored using the approaches described above (see **Universal Screening**).

As with universal screening measures, progress-monitoring measures must be valid and reliable. Further, they should (1) have a sufficient number of alternative forms to allow for frequent administration, (2) specify what would constitute sufficient progress, and (3) provide benchmarks of progress.[13] Curriculum-based measurements of oral reading fluency have been established as a valid and reliable tool for monitoring the progress of secondary students participating in reading interventions,[15] although the frequency of progress monitoring may be more widely spaced for secondary students than the weekly administration typically recommended for elementary students.[16]

Developing student progress-monitoring plans includes setting individual student goals. Strategies for setting individual student goals include using benchmarks for middle- or end-of-year performance, establishing a rate of improvement (ROI) based on normative data, or using the intra-individual framework.[17] See the **Further Learning** section of this appendix for a resource from the National Center on Intensive Intervention that provides comprehensive guidance for each of these approaches.

Data-Based Decision-Making

The previous sections of this resource have outlined the types of data that are collected within a well-functioning MTSS, and data-based decision-making refers to the processes and protocols that schools use to translate those assessment results into actions for students. Using data to inform decisions while intensifying instruction for students can result in improved outcomes for students with disabilities,[18] and using established criteria to inform decision-making can reduce bias and ensure equitable services and access for all students.

Data-based decision-making occurs at all levels of the MTSS. MTSS teams analyze universal screening data to identify students requiring academic or behavioral interventions, evaluate the effectiveness of programs, determine needs, allocate resources, and set schoolwide goals. Once sufficient progress-monitoring data has been collected (typically six to nine data points[19]), MTSS teams review data to determine whether students have met progress-monitoring goals and no longer require intervention, are responding favorably to intervention and should continue to participate in the intervention as it has been planned, or are not demonstrating sufficient progress and require a more intensive or individualized intervention plan.

Ultimately, data-based decision-making is the vehicle for supporting continuous improvement from the school to the individual student level.

Summary

This resource has outlined the types of data that are collected within a well-functioning MTSS and the ways in which schools can leverage this data to design, monitor the effectiveness of, and continually improve intervention plans for individual students and to evaluate the effectiveness of all levels of instruction.

FURTHER LEARNING

Using Diagnostic Data to Inform Intervention Planning

Academic Progress Monitoring Tools Chart

Strategies for Setting High-Quality Academic Individualized Education Program Goals

NATIONAL CENTER ON INTENSIVE INTERVENTION

Assessment Practices Within a Multi-Tiered System of Support

CEEDAR CENTER

Universal Screening

Progress Monitoring

Data-Based Decision Making

CENTER ON MULTI-TIERED SYSTEMS OF SUPPORT, ESSENTIAL COMPONENTS

Appendix

Notes

1 Vaughn and Fletcher, “Response to Intervention”

2 American Institutes for Research, “Screening”

3 Kurns and Tilly, *Response to Intervention Blueprints*

4 American Institutes for Research, “Understanding Screening”

5 Pyle and Vaughn “Remediating Reading Difficulties; Vaughn and Fletcher, “Response to Intervention”

6 Bailey, Colpo, and Foley, *Assessment Practices*

7 Jenkins and Johnson, “Universal Screening for Reading Problems”

8 American Institutes for Research, “Ensuring Fidelity”

9 Klingbeil et al., “Universal Screening with aimswebPlus”

10 American Institutes for Research, “Diagnostic Data”

11 Vaughn and Fletcher, “Response to Intervention”

12 Weingarten and Steinle, *Using Diagnostic Data to Inform Intervention Planning*

13 American Institutes for Research, “Essential Components of MTSS”

14 Bailey, Colpo, and Foley, *Assessment Practices*

15 Espin at al., “Creating a Progress-Monitoring System”

16 Vaughn and Fletcher, “Response to Intervention”

17 Bailey and Weingarten, *Strategies*

18 Austin and Filderman, “Selecting and Designing Measurements”

19 Bailey, Colpo, and Foley, *Assessment Practices*

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