Editorial

Recently, New Jersey passed legislation addressing the issue of early identification of reading disorders. A task force comprised of parents, professionals, and community members helped to guide the language of the legislation. Several other states including Mississippi and Virginia have also adopted state-wide policies on early identification of reading disabilities.

A colleague of mine in private practice, Karen T. Kimberlin, M.S., CCC-SLP approached me about conducting a pilot study to gather data on appropriate screening tools and screening procedures appropriate for children in kindergarten. The purpose of our study was to gather data on the feasibility of identifying children at risk for reading disorders in a grade level screening during the kindergarten year. The collaborative project included two public school districts, which varied from each other in the characteristics of their student populations. A compilation of screening tools was used that probed: oral language skills, phonological awareness skills, rapid naming, alphabetic knowledge, and encoding.

The preliminary results of the study indicated that among the children screened, 48% demonstrated at least one skill area below the expected performance range (a “red flag”) and 26% demonstrated a “red flag” score in at least two areas. We are currently working with the districts to implement strategies that the teachers can utilize in classrooms to address the areas of weakness. We are advocating for a response to intervention model.

One of the desired outcomes of the pilot study was to gather data that would help guide educational policy regarding screening procedures. Hofmeyer, Scott, and Lagendyk [1] suggested that policy can be influenced when policy-makers are also included as research partners. The authors offer guiding principles for collaborative research teams such as identifying individuals with links to the research setting.

Collaborative research partnerships are an excellent way to address clinical questions impacting the well-being of clients. Practitioners often encounter obstacles to conducting research in clinical settings such as: a) time constraints, b) lack of preparation or experience in designing and conducting a study, or c) lack of funding [2]. Practitioners, however, often generate valuable research questions with implications for evidence-based practice. Demers and Poissant [3] emphasized the importance of communication in collaborative research partnerships, “Group discussions and information sessions can be useful means for obtaining feedback, generating ideas, and sharing progress”.

Collaborative research partnerships can facilitate answering clinical questions that relate to evidence-based practice. Research addressing clinical questions posed by policy makers and or practitioners can help to guide policy impacting provision of services.

References