

Screening Children with Special Circumstances

Children who have been held back a grade have a high degree of risk for academic difficulties. Fully 30% to 60% of children who have been retained or “redshirted” have undetected developmental problems (McLeskey and Grizzle 1992). This makes sense since it can be assumed that parents or teachers of many retainees felt they were unready or unable to handle age-appropriate academic tasks. Yet, because retained children are competing academically with younger children, retainees with undiagnosed developmental problems are often difficult to detect.

It is reasonable to wonder whether older children who compared favorably to younger classmates are actually at risk. However, all children are: (1) expected to perform well in comparison with others of their chronological age regardless of exposure; and (2) more importantly, it is possible that retained children are learning language or preacademic skills more slowly. If so, their initially adequate performance may be quite temporary and they may again fall behind during the school year.

To safeguard against underdetection of retained children, the following is recommended:

- Use the age-appropriate screen where possible.
- If using a screen best suited for younger children, rescreen retained children in three to four months to monitor progress and make appropriate referral decisions if these children score below age-appropriate cutoffs.

Making Appropriate Decisions Concerning Retention

Student retention remains a controversial issue among educators. There is abundant research about same-grade retention and much of it fails to support grade retention as an effective strategy for addressing the needs of children who show developmental delay or academic weakness. For example, the National Association of School Psychologists’ position statement does not recommend retention. According to NASP, “Grade retention is a costly intervention with questionable benefits to students because, for students who attended school regularly, having them repeat the same grade with the same instruction will yield no improvement for the student” (NASP 2011). Although a retained student may show initial academic improvement, many studies show that these initial gains decrease within two to three years of retention. Over time children who are retained either do not do better, or sometimes do worse, than similarly low-achieving groups of children who were not retained. Without specific targeted interventions, most retained students do not catch up (Jimerson et al, NASP 2004, rev. 2007).

Retention can be emotionally difficult for children and families, and it often delays identification of children with disabilities (McClesky and Drizzle 1992). Further, retention places students at risk for dropping out of school before

receiving a high school diploma. Students retained during elementary school are between 2 and 11 times more likely to drop out of high school than students who are not retained and overall, grade retention increases the risk of dropping out by 20 to 50% (Jimerson, Anderson, and Whipple 2002). For these reasons, many educational researchers have called for a moratorium on retention.

Because the *BRIGANCE® Screen* results may be used to inform decisions regarding retention, the following guidelines are offered to assist teachers and parents when considering the range of issues surrounding these decisions.

- Avoid retaining children who have mastered milestone skills but are “immature.” Often these children are simply young compared to their classmates and will typically outgrow their immaturity.
- Do not hold an “unready” child out of kindergarten without enrolling him or her in a prekindergarten program. If a prekindergarten program is not available, it is preferable to enroll the child in kindergarten.
- If a child has not mastered milestone skills and is a candidate for retention after a year of kindergarten or first grade, the child is likely to have undiagnosed difficulties. Quite possibly a referral for evaluation is needed.