### Reynolds Dyslexia Risk Assessment Sample Case Study

Source: Schoolhouse Educational Services, Inc. http://schoolhouseeducationalservices.com

A case study is presented here to illustrate appropriate interpretation of the RDRA. This case is taken from the concurrent validity study conducted during standardization of the RDRA. The child was evaluated in May 2020 after attending preschool for the first seven months of the school year and then being homebound for two months due to the COVID 19 pandemic. The child was a 5 year, 3-month-old male who was identified as being of mixed race/ethnicity. The mother had a 4-year college education, and the father's education level was that of high school graduate. Both parents were in their 30's at the time of the child's birth. The child's Apgar scores were both 9 at 1 minute and 5 minutes after birth. The parents reported that neither of them had problems with attention or difficulty learning to read when they were children. Also, there were no siblings who had difficulty learning to read. Further, the child had not had any difficulty learning to talk and did not have any diagnosed disability.

Both the mother and the child's female teacher, who had known the child for nine months, completed RDRA forms. The teacher had not seen the child in person for the past two months but felt comfortable rating the child's reading and pre-reading skills. The teacher's RDRA ratings resulted in a Dyslexia Risk Index T-Score of 55 and a Standard Score of 93. The T-Score percentile was 79, and the z-score was .49. The T-Score of 55 placed the child at the mildly elevated risk level. In contrast, the mother's ratings resulted in a RDRA Dyslexia Risk Index T-Score of 68 and the Standard Score of 73. These scores are classified as a risk level of moderately elevated. The results from the mother's ratings are displayed in the RDRA Parent score report displayed in Figure 3.2.

These mixed results might leave an examiner wondering how well developed the child's reading skills really are. The reading skills testing conducted as part of the validity study indicates that the parent ratings are more in line with the child's actual reading skills. When tested with the Woodcock-Johnson IV Tests of Achievement, the child obtained a Letter-Word standard score of 76, a Word Attack standard score of 69, and a Basic Reading Skills cluster standard score of 72. These low scores, if accurate, reveal that the child's reading skills are significantly delayed and are in the range often found with children who have a reading disorder. However, the results of the CTOPP-2 testing are more in line with the teacher's ratings. The child's CTOPP-2 subtest scaled scores (mean of 10; standard deviation of 3) were mid-average: Elision – 10, Blending Words – 10, and Rapid Object Naming – 9. The CTOPP-2 Rapid Letter Naming subtest could not be administered because the child did not know enough letters of the alphabet. Of course, if

this had been an actual assessment case, a more comprehensive evaluation should have been conducted.

Examination of the individual item responses on the parent and teacher forms revealed that the mother rated the majority of items as concerns, including nearly all of the items related to phonemic awareness and phonetic decoding. However, his preschool teacher generally rated the phonemic awareness items more favorably, perhaps because she was teaching the child phonemic awareness skills and was observing his progress on these skills.

# Reynolds Dyslexia Risk Assessment (RDRA)

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## Score Report – Parent Form, Ages 4-5

Child Information Rater Information

Name: Case Study
Gender: Male

Birthdate: 02/01/2015

Ratings Date: 05/01/2020
Name: Any Parent
Relationship: Mother

Age: 5:3

Grade: Pre-School

#### **RDRA Dyslexia Risk Index**

#### T-Score Metric (mean = 50, SD = 10)\*

Raw Score	T-Score	Percentile	z-Score	Risk Level
74	68	93	1.77	Moderately Elevated

<sup>\*</sup>Higher scores equal higher risk.

#### General Standard Score Metric (Mean = 100, SD = 15)\*\*

Raw Score	Standard Score	Percentile	z-Score	Risk Level
74	73	16	-1.77	Moderately Elevated

<sup>\*\*</sup>Lower scores equal higher risk.

The RDRA consists of a list of skills that are acquired sequentially by young children as they become successful readers. Parents and teachers rate the child's levels of skills acquisition based on their experience with and knowledge of the child. When compared with the skills acquisition of typical same age children in the RDRA standardization, Case has a T-Score of 68. For a T-score of 68 the risk level is moderately elevated. Case is likely displaying difficulties with reading. A performance-based assessment of reading is recommended. This will help identify areas where reading intervention can be targeted.

#### Figure 3.2 RDRA Score Report for Case Study

The discrepancy between the parent and teacher results in this case illustrates the frequency of disagreements between parent and teacher risk classifications and the importance of having both parents and teachers complete the RDRA, especially when there are younger children not yet in school full time. This case also makes the point that teacher ratings should not necessarily take precedence over parent ratings. As stated earlier in this chapter, action should be taken on the basis of the higher risk-classification of the two raters. Thus, in this case a performance-based assessment of reading should be recommended as it is in the sample report in Figure 3.2. Even if precedence were given to the teacher form results, action would be recommended because the teacher T-score of 55 is classified as mildly elevated, for which the recommendation is frequent progress monitoring of reading milestone achievements.

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