AIM Institute for Learning & Research

A Key First Step to Literacy: Early Risk Identification in Pediatric Practice

With Dr. Shelley Gray and Dr. R.J. Risueño
Moderated by Kristen Wynn, Head of AIM Institute



The Road to AIM's 2027 Research to Practice Symposium.

EXPLORE THE IMPACT OF LANGUAGE ON READING AND WRITING

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SEPT. 16, 2026

Sowing Seeds of Literacy Through Language Development

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Language Is Literacy: Why Oral Language Drives Reading and Writing Success

Dr. Pamela Snow

DYSLEXIA AWARENESS MONTH CONVERSATIONS

OCT. 21, 2026

A Key First Step to Literacy: Early Risk Identification in Pediatric Practice

Dr. Shelley Gray + Dr. R.J. Risueño

NOV. 18, 2026

Integration of Reading and Writing: Comprehension and Composition

Nancy Hennessy & Julia Salamone

DEC. 1, 2026

Scaffolding Complex Text: Building Language, Comprehension, and Student Thinking

Dr. Mitchell Brookins

COMING SPRING 2027

More conversations coming in Spring 2027.

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The Impact of Language on Reading and Writing

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A Key First Step to Literacy: Early Risk Identification in Pediatric Practice



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March 8, 2027

2027 AIM RESEARCH TO PRACTICE SYMPOSIUM

The Impact of Language on Reading and Writing

The First Step to Literacy: Early Risk Identification in Pediatric Practice

Shelley Gray, Ph.D., CCC-SLP
R.J. Risueño, Ph.D., CCC-SLP

Aim Institute Webinar
October 21, 2026



Dyslexia and DLD Awareness Months



www.dyslexiaida.org



www.radld.org

www.dldandme.org

Presenters

Shelley Gray

- Professor Emerita of Speech and Hearing Science at Arizona State University
- Child Language and Literacy Lab CHILLL) focuses on language, early literacy, reading, and working memory development and disorders
- We develop and test assessments, interventions and curricula
- We provide professional development training in all of these areas

R. J. Risueño

- Assistant Professor of Speech-Language Pathology at Midwestern University – Glendale Campus
- Risueño Lab for Language and Literacy focuses on early identification and intervention of language and literacy disorders in children
- We work with monolingual and multilingual children

Every year, an estimated 400,000 U.S. kindergarteners—about one in ten children—begin school with an unidentified language or literacy disorder.



Let's DO SOMETHING about that!

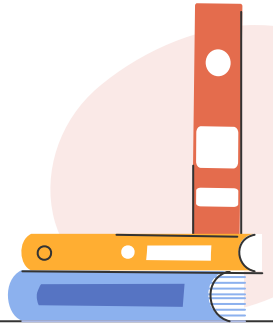
Developmental Language Disorder (DLD) in Children (aka Specific Language Impairment, Speech and Language Impairment, Language Impairment)

- **Language Disorder** (Bishop et al., 2017)
  *Language problems likely to endure into middle childhood and beyond, with
  *Significant impact on everyday social interactions and/or educational progress



- **Language Disorder Associated with X** (Archibald, 2024; Bishop, 2017; Luke, 2023)
  *Language disorder co-occurs with a differentiating biomedical condition (e.g., brain injury, sensorineural hearing loss, genetic syndromes, intellectual disability, autism spectrum disorder)

- **Developmental Language Disorder (DLD)** (Bishop et al., 2017)
  *Language disorder is not associated with a known biomedical etiology — "developmental" signifies that the condition emerges during development rather than being acquired or linked to an identified cause



Developmental Language Disorder (DLD) in Children

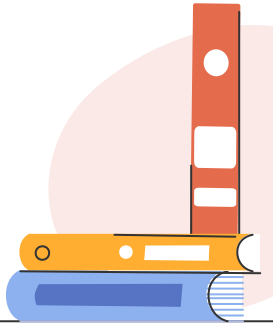
- Occurs in about 7% of school-age children (Shim et al., 2026)
- Often co-occurs with other neurodevelopmental disorders such as ADHD, dyslexia, and speech-sound disorders (Bishop et al, 2017; Iwamura et al., 2023; Shim et al., 2026)
- Persistent difficulties in language comprehension and/or expression that cannot be attributed to hearing loss, intellectual disability, autism spectrum disorder, neurological damage, or insufficient language exposure (Bishop et al., 2017; Luke et al., 2023; Nudel et al., 2023)
- Significant functional impact on everyday social interactions, educational progress, or social participation
- Clinical markers are language-specific (McGregor et al., 2025)
- Problems are unlikely to resolve without specialist help





Under-identification of DLD

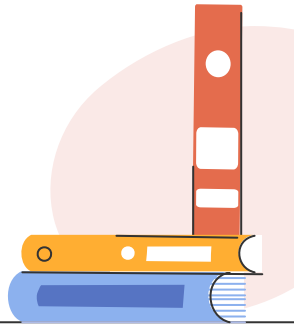
- One of the most under-identified neurodevelopmental disabilities in schools and clinical settings (Kirkley, 2026; Kazmiercazk-Murray et al., 2025; Shim et al., 2026)
- Often considered a ”hidden disability” (McGregor, 2020)
- In the US, only about 18% of children with DLD have been identified and are receiving professional help (Sheng et al., 2023)
- Girls are less likely to be identified than boys (Morgan et al., 2017)
- Children who speak English as an additional language are less likely to be identified than monolingual-English speaking children (Guendica et al., 2026; Morgan et al., 2017)



Late Identification of DLD

- DLD often goes undetected for years until academic, behavioral, or mental health challenges emerge (Iverson & Williams, 2025; McGregor, 2020)
- Some children pass early screening but develop late-emerging DLD around grade 4 as syntactic demands increase (Farnia & Geva, 2019)
- Children with DLD are often identified once difficulties with reading comprehension are observed (Georgan et al., 2023)
- DLD can remain undiagnosed into adulthood (Nudel et al., 2023)

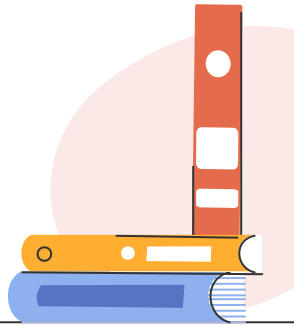




Services for DLD

- Clinical services rates are far below community prevalence estimates (Mcgregor, 2020; Kulkarni et al., 2022; Nudel, 2023)
- Support is often inadequate or poorly matched because referral models, narrow assessment, low teacher awareness, and inconsistent terminology reduce identification and continuity of care (Kirkley, 2026; McGregor, 2020; Ndou & Omidire, 2022)
- Children with poor self-regulation are more likely to receive services than children with better self-regulation (Morgan et al., 2017)
- Children with mothers from low socioeconomic status (SES) homes are less likely to receive services than children with mothers with high SES (Bishop & McDonald, 2009; Wittke & Spaulding, 2018)

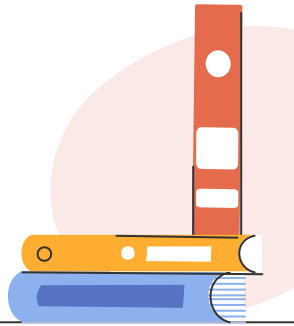




Dyslexia

- Prevalence estimates range from 4-21% depending on diagnostic cut off scores (Elliott, 2020; Elliott & Grigorenko, 2024)
- Agreement that dyslexia is a **word-level reading difficulty,** but debate persists on scope, causality, and diagnostic boundaries (Carroll et al., 2025)
- Difficulty reading and spelling associated with multiple factors (Carroll et al., 2025)
- Difficulty with accurate, fluent word recognition and decoding (Elliott & Grigorenko, 2024; Siegel et al., 2025)
- Reading fluency and spelling difficulties are key markers across ages and languages (Carroll et al., 2025)
- Underlying difficulties with phonological and morphological processing are common, but not universal (Shechter et al., 2026)

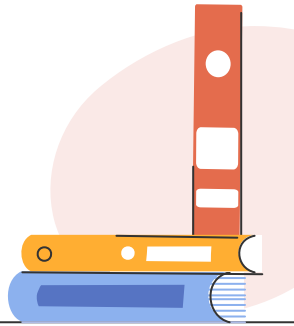




Under-identification of Dyslexia

- Across countries, diagnostic rates for dyslexia fall far below expected prevalence rates (Ozernov-Palchik & Gaab, 2016; Sunil et al., 2023; Yang et al., 2022)
- From elementary through middle school years, English learners are less likely to be identified with a learning disability than their monolingual peers (Morgan et al., 2015)
- In US Schools only 7% of students showing behavioral characteristics of dyslexia were identified in schools (Odegard et al., 2020)

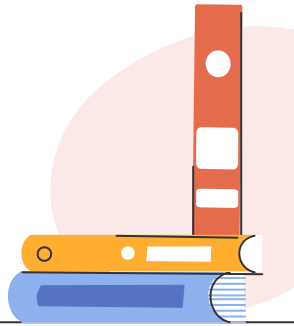




Late Identification of Dyslexia

- Children are typically diagnosed at the end of 2nd or 3rd grade after reading failure (Ozernov-Palchik & Gaab, 2016; Sanfilippo et al., 2019)
- Most children are not identified with a specific learning disability until later elementary grades (O'Connor et al., 2013)
- Educators often use a "wait to fail" approach for identifying dyslexia (Gaab, 2016)
- From elementary through middle school years, English learners are less likely to be identified with a learning disability than their monolingual peers (Morgan et al., 2015)
- While bilingual children can be labeled as English Learners as early as kindergarten, teachers are often hesitant to refer them for a special education evaluation, thereby delaying identification (Zehler et al., 2003)

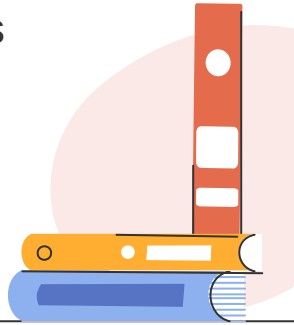




Services for Dyslexia

- Only 20-27% of children with dyslexia receive specialized support services (Duff et al., 2021)
- Intervention for in later elementary grades is less effective than intervention provided in the first one-to-two years of elementary grades (Wanzek et al., 2016)
- Parents around the world report that post-diagnosis support for dyslexia is inadequate (Anthony et al., 2025; Harding et al., 2023)

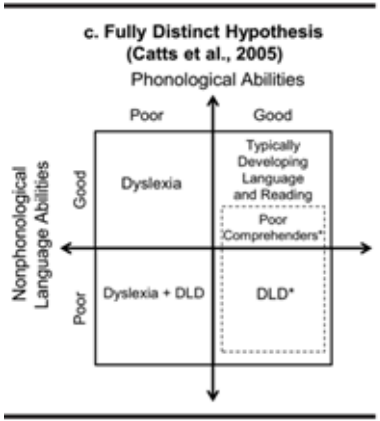




Co-Occurring Dyslexia and DLD

- Approximately 50% of children receiving services for dyslexia or DLD meet the diagnostic criteria for the other disorder (McArthur et al., 2000)

- Dyslexia and DLD are distinct but often co-occurring disorders (Catts et al., 2005; Adlof & Hogan, 2018)



Existing DLD Screening Tools

Current DLD screeners have limitations for routine pediatric use.

Tool	How It Is Completed	Limitation For Pediatric Screening
Student Language Scale Screener (Nelson et al., 2018)	Teacher or parent questionnaire	Screens language and reading risk, but was not designed for pediatric well-child visits or healthcare-school follow-up.
CELF-5 Screening Test (Wiig et al., 2013)	Individually administered by a trained examiner	Requires direct language testing, which is difficult to fit into a busy pediatric visit.
PLS-5 Screening Test (Zimmerman & Steiner, 2012)	Individually administered by a trained examiner	Requires direct administration and is not optimized as a brief caregiver-completed screener for six-year-olds.

DLD Screening

Health Care

No validated screening measures for DLD (Restrepo et al., 2026)

Schools

Few universal screeners at schools (Adlof & Hogan, 2019) and most are inadequate (Bao et al., 2024)

Needed

Validated screening measures needed to improve early identification of DLD in both healthcare and school settings (Restrepo et al., 2026)



Existing Dyslexia Screening Tools

Current dyslexia screeners have limitations for routine pediatric use.

Tool	How It Is Completed	Limitation For Pediatric Screening
Shaywitz Dyslexia Screen (Shaywitz, 2016)	Teacher questionnaire	Relies on teacher input rather than caregiver report during a well-child visit.
Tests of Dyslexia Screener (Mather et al., 2024)	Individually administered subtests	Requires direct testing with the child and trained personnel.
Primary Reading Inventory (Fletcher et al., 2021)	Teacher-administered screener	Designed for school use, not routine pediatric screening.
Early Bird Screener (Gaab & Petscher, n.d.)	Individually administered screener	Administration time is 20-50 minutes

Dyslexia Screening

Healthcare

Routine screenings are not available through health care in the US.

Schools

School screening is growing more common but screening methods are heterogeneous. Screening is mandated in about 44 states.

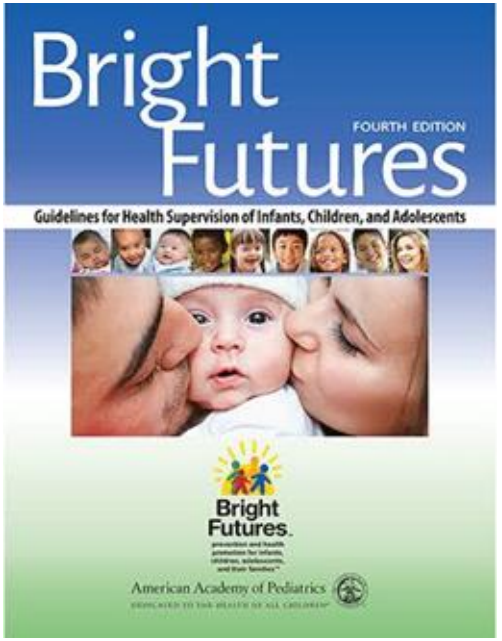
Needed

Screening measure to support early identification and agreed upon criteria for diagnosing dyslexia.

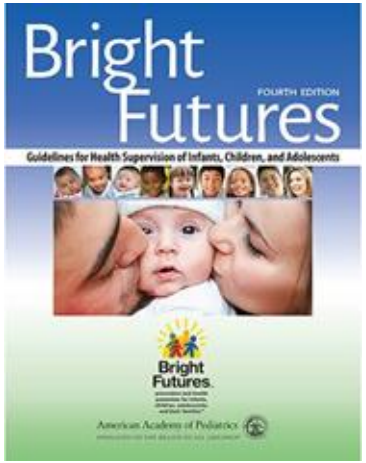


Bright Futures

- Developed with support from American Academy of Pediatrics
- Resource for pediatricians to promote healthy practices in infants, children, and adolescents
- Includes guidance on timing for screenings, assessments, and physical examinations for 31 age-based visits
- Does not yet include actionable, expert-driven screening guidance specific to DLD or dyslexia



Bright Futures



- Current recommendations focus on screening for broad academic performance, but there are no actionable recommendations for the PCP to screen for language and literacy disorders

- For the six-year-old well-child visit, the recommended screening tools include the Strengths and Difficulties Questionnaire and the Parents' Evaluation of Developmental Status-Revised (PEDS-R)

- PEDS-R includes two open-ended questions on expressive and receptive language, but those questions are insufficient for accurately assessing risk for DLD

- Validated measures are needed for pediatricians to identify risk for developmental disorders



Language and Dyslexia Screening Questionnaire

Cuestionario de detección de trastornos de lenguaje y lectura

LDYSQ

Let's DO SOMETHING about that!

A brief, parent-completed screener developed for both monolingual English and Spanish-English bilingual families administered just prior to their child's six-year-old well-child visit.

Why Target the 6-Year-Old Well Check Visit?



- By age 6, all kindergarteners have received some early literacy instruction
- Bright futures recommended screenings are light at this this age
- Nearly all U.S. children attend this visit

Best Practices for Scale Development

(Stefana et al., 2025) (preliminary phase)

Define the construct

- Identify need
- Literature review
- Level of measurement needed
- Formulate model
- Formulate operational definition

Check for existing measure

- What's already available
- Provide rationale for need for a new measure
- Explain how it improves available assessment options

Generate large item pool

- 3-4 times intended final scale
- Work with stakeholders to develop

Design instructions, get feedback

- Response scales
- Expert reviews
- Revise items
- Try out items with representative sample

Identify the factors & best items

- Identify functional items
- Eliminate problematic items



frontiers in Pediatrics

Original Research
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Development and item selection of the language and dyslexia screening questionnaire in primary care settings

M. Adelaida Restrepo[1]*, R. J. Risueño[2], Jeffrey M. Williams[3], Shelley Gray[2], Carla C. Allan[3,4], Nilam Patel Khurana[5], Jodi Carter[6], Rebecca Keller[7], Kathleen Swartz[7], Terrence Stull[8], Ryan Seltzer[2] and Savannah H. Romeo[2]

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Purpose: The study's purpose was to develop and select items for a caregiver-completed screening tool to assess children for dyslexia and developmental language disorder (DLD).

Method: Participants were recruited from community centers, schools and pediatric offices. Caregivers clicked a QR code on a flyer to access the consent and questionnaire, or contacted the research assistant to access them, and completed the screening measure designed to assess the risk of DLD and dyslexia. Then, children completed a gold-standard battery that included language, reading, phonological awareness, rapid naming, and memory measures.

Results: Participants included 149 children and their caregivers. We used unadjusted logistic regressions to estimate the predictive value of each individual survey question for dyslexia, DLD, and typical development (TD) to retain questions at $p < 0.05$. Then, three stepwise logistic regressions were run to obtain a final, restricted model using the outcomes of dyslexia, DLD, and TD vs. any other diagnosis. Analyses indicated that the best-fitting model predicting TD vs. other groups in the combined sample included 14 items. The AUC for this set was 0.84. The specificity and sensitivity were 0.69 and 0.80, respectively. For the monolingual and bilingual samples separately, AUCs and sensitivity values were all greater than 0.80, and specificity values were 0.69 or above.

Conclusions: The findings indicate that the 14-item screener may effectively identify children at risk for dyslexia and DLD. Further validation, including the development and testing of additional items in a large, representative sample, is needed to establish its validity at the population level.

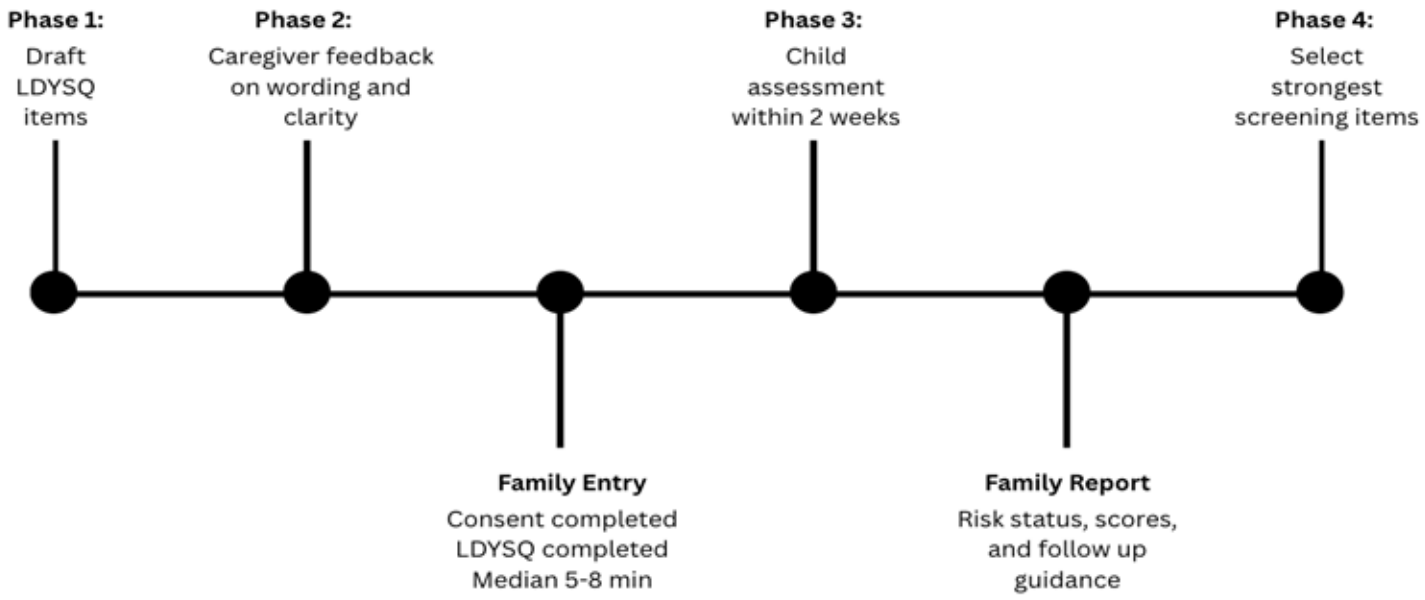
KEYWORDS
developmental language disorder (DLD), dyslexia, parent questionnaire, screening, well-check visit

This paper reports on steps we completed for the preliminary phase of the LDYSQ



LDYSQ Study Timeline

Shared timeline showing parent/caregiver and child roles acorss the major study phases



*Child testing took about 1-2.5 hours; breaks or 2 vists were allowed as needed

Key takeaways: Caregiver screening came first; child assessments anchored risk classification and item selection. Based on Restrepo et al., Development and Item Selection of the Language and Dyslexia Screening Questionaire

LDYSQ Pilot Phase I: Item Generation

(Restrepo et al., 2026)

- Developed by an interdisciplinary team of researchers, pediatricians, speech-Language pathologists, psychologists and parents of children with dyslexia

- Covered a variety of domains including family history, school history, medical or educational diagnoses, speech, language, and motor development

LDYSQ Pilot Phase II: Caregiver Focus Groups

(Restrepo et al., 2026)



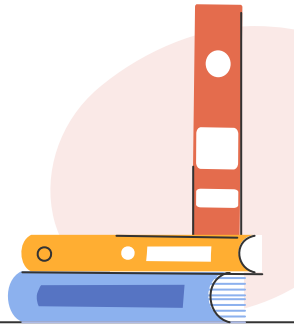
- Feedback was solicited from four English-speaking and four Spanish-speaking caregivers
- Caregivers were asked to evaluate the readability and comprehensibility of the LDYSQ based on the following criteria:
  - Clarity of the questions
  - Importance of the question for detecting dyslexia
  - Question formatting
  - Questionnaire delivery
  - Length of time to complete questionnaire

LDYSQ Pilot Study Phase II – Caregiver Feedback

Caregivers recommended the following changes to improve comprehensibility of LDYSQ questions:

1. Include examples with the questions
2. Clarify whether questions pertain to reading/writing or speaking
3. Write questions in simple terms and avoid medical jargon
4. Add headers to the questionnaire to improve readability





LDYSQ Pilot Study Phase III – Results

- Caregiver responses on the LDYSQ were compared with the performance of 149 six-year-old children on gold-standard language and reading assessments.
- The questionnaire showed promising preliminary accuracy for identifying children at risk for dyslexia, developmental language disorder, or both.
- Across the combined sample, the LDYSQ performed well, with an area under the curve (AUC) of 0.84 for combined dyslexia/DLD risk, 0.82 for dyslexia risk, and 0.80 for DLD risk.

LDYSQ Pilot Study Phase IV – Results

- The research team examined which individual questionnaire items best distinguished children in different risk categories.
- The final item-selection analyses identified six unique predictors of dyslexia risk and six unique predictors of DLD risk, with only two overlapping items.
- This suggests that the LDYSQ may capture both shared and distinct early indicators of reading and language risk.

Best Practices for Scale Development (Stefana et al., 2025)

- With the preliminary and item development phases successfully completed, we were ready to move on to the scale construction phase
- This takes funding because you must administer the screener to a large, representative sample
- We submitted a grant to the National Institutes of Health (twice) and were funded on the second submission!





NIH-Funded LDYSQ Research Project



Photo by Irham Setyaki

- This five-year study is designed to move the LDYSQ from a promising pilot tool toward a validated, practical screening system that could be used in pediatric care.
- The goal is not only to test whether the questionnaire accurately identifies children at risk for dyslexia and DLD, but also to understand how it can actually work in busy healthcare settings and how results can be shared with families and schools.
- The study will include both monolingual English and Spanish-English speaking bilingual children

Aim 1: Validate the LDYSQ

- *Does the LDYSQ work well, and does it work across language groups and settings?*
- Does it accurately identify risk for dyslexia, DLD, or both in six-year-old children.
- First test the screener in an initial school-referred validation sample and next in a pediatric healthcare sample.





Aim 2: Understand Best Way to Implement the LDYSQ in Pediatric Health Care

The second aim focuses on implementation.

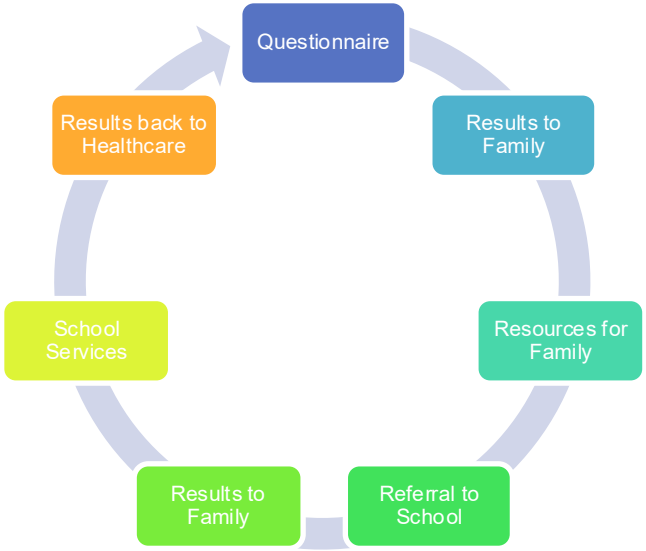
- *What will make the LDYSQ feasible and sustainable for healthcare providers?*
- Even a good screener will not help children if it is too hard to use in real clinics.
- This study will examine what helps or gets in the way of using the LDYSQ in pediatric offices, including time, staff readiness, workflow, technology, and reimbursement.



Aim 3: Improve Communication Among Health Care Providers, Families, and Schools

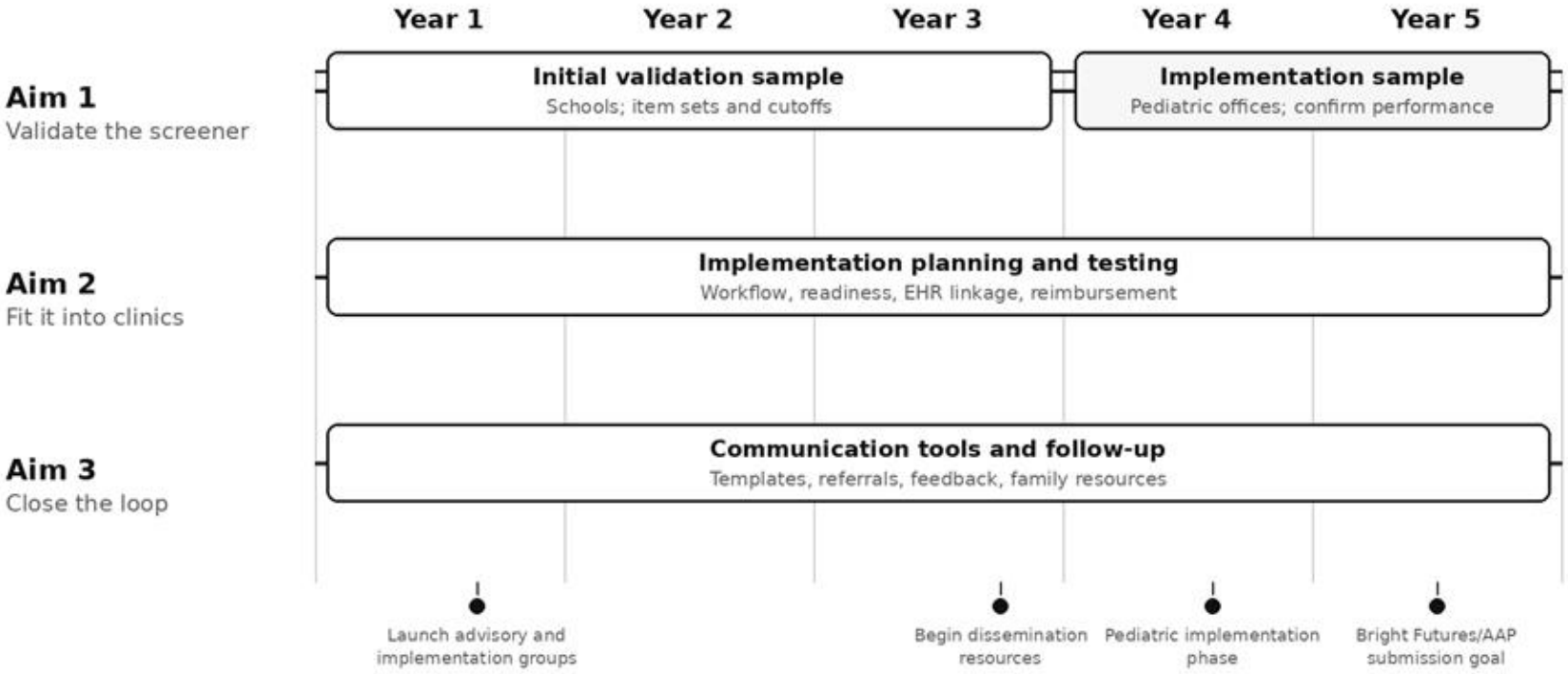
The third aim focuses on what happens after screening.

- *How do we close the communication loop so that LDYSQ screening leads to timely follow-up, support, and feedback?*
- If a child is flagged as at risk, families need clear information, and schools and healthcare providers need a better way to communicate.
- This study will develop and test practical tools such as result summaries, referral templates, feedback forms, and parent-facing resources.



NIH Validation Grant Timeline

Three aims run in parallel across the five-year LDYSQ validation study



Takeaway: The study validates the LDYSQ while preparing clinics, families, and schools to use results in real life.

Based on the funded LDYSQ Specific Aims and Research Strategy.

What this Study will Add

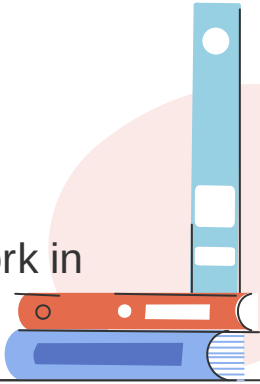
- Our new NIH study will move the LDYSQ from a promising screener to a validated tool for pediatric use.

- It will help answer three practical questions:
  - Does the LDYSQ accurately identify risk for dyslexia, DLD, or both?
  - Can pediatric offices use it without adding too much burden?
  - Can results be shared clearly so families, schools, and healthcare providers know what to do next?

- We look forward to sharing the results with you!

Key Takeaways

- Dyslexia and DLD are common, but many children are identified late or missed altogether.
- Early risk identification matters because support is most effective before children experience years of difficulty.
- Pediatric well-child visits offer an underused opportunity to screen for language and literacy risk.
- The LDYSQ shows promise as a brief caregiver-completed screener for dyslexia and DLD.
- Our new NIH-funded study will validate the LDYSQ and test how it can work in pediatric care, with communication back to families and schools.



Thank You!

- References are listed at the end of the slides.
- We look forward to your question and discussion!
- R.J. Risueño rrisue@midwestern.edu
- Shelley Gray Shelley.Gray@asu.edu





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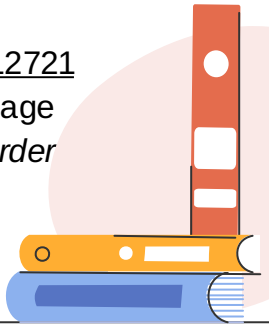
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Exit **04**

6:00 PM ET

Integrating Literacy Instruction: The Comprehension-Composition Connection



Nancy Hennessy
Author and Literacy Consultant
The Consulting Network



Julia A. Salamone
Instructional Specialist,
The Haverford School

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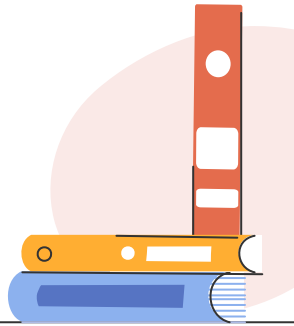
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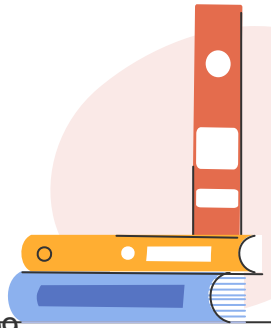
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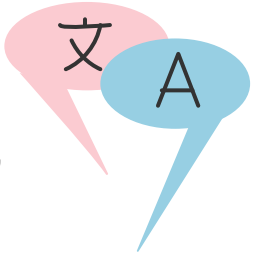
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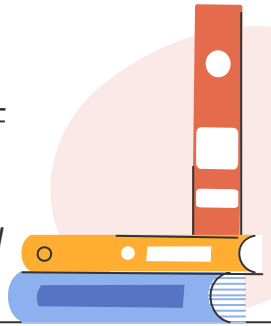
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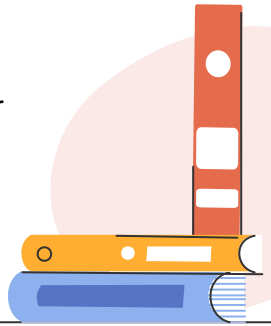
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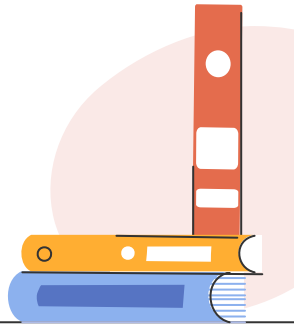
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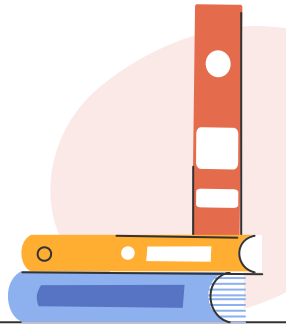
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