This information may help you plan assessment and intervention that enables you and other professionals to work with the student in the least restrictive environment. If many areas of difficulty are identified using the ORS or little success is obtained using classroom interventions, the educational team may decide that a diagnostic evaluation of the student is warranted.

## Devemmining ifthereis Evidence or Lungucge Disorder

Clinicians are routinely asked if an individual's language difficulties indicate that he or she has a language disorder. Parents/caregivers may ask the question of a private practitioner about their child who is having difficulty communicating with family and friends, or teachers may ask the question of a school clinician about a student who is not responding to in-classroom learning strategies. CELF-5 provides norm-referenced information to use as part of a total assessment process to help answer the question.

Examining the Core Language Score in combination with the Receptive Language Index and Expressive Language Index scores is recommended as best clinical practice yielding the most accurate diagnostic information. The six tests that make up the Core Language Score and the Receptive Language Index and Expressive Language Index scores best discriminate language performance typical of average or above average language users from language performance observed in children and adolescents with language disorders. Using this combination of scores, sensitivity at -1 SD is 1.00 and .85 at -1.5 SD. Specificity at -1 SD is .91 and .99 at -1.5 SD. Examine these scores first when interpreting test results to identify a language disorder and to determine if a student is eligible for special services.

An optimal cut score of -1.3 SD (standard score of 80 ) for the Core Language Score, Receptive Language Index score, and Expressive Language Index score was calculated. Using 80 as the cut score produces the best balance between accurately identifying language disorder (sensitivity of .97) and false positive identification (specificity of .97).

Report the Core Language Score and Receptive Language Index and Expressive Language Index scores with their confidence intervals, and corresponding percentile ranks. See Chapter 4 of the Technical Manual for a description of the sensitivity and specificity of Receptive and Expressive Language Index scores used in conjunction with the Core Language Score at $-1,-1.3,-1.5$, and -2 SD.
If time or resources are limited, you can choose to use the Core Language Score independently to identify a language disorder at -1 SD. At -1 SD sensitivity is. 99 and specificity is. 90 . It is not recommended that you use the Core Language Score independently of the Receptive Language Index or Expressive Language Index scores at -1.5SD and - -2 SD.

If the Core Language Score, Receptive Language Index score, and Expressive Language Index score are 86 or above (less than 1 SD below the mean of the comparison group), further testing in not necessary unless there is other evidence of a language disorder (such as other test results, language sample analysis, teacher observations, parents'/caregivers' reports, your clinical judgment, information gleaned from the ORS). If any one of these scores--the Core Language Score, Receptive Language Index score, or Expressive Language Index score-is 85 or below ( 1 or more SD below the mean), or if there is other evidence of a language disorder, additional testing is warranted to further identify specific weaknesses.

The severity of a language disorder is determined by the deviation of a student's scores from the mean of 100 . Table 4.6 presents descriptions of the severity of language disorders based on CELF-5 results.

Table 4.6 Guidelines for Describing the Severity of a Language Disorder


